



Regional Update EW 09

Influenza
(March 15, 2011 - 17 h GMT; 12 h EST)

The information presented in this update is based on data provided by Ministries of Health and National Influenza Centers of Member States to the Pan American Health Organization (PAHO) or from updates on the Member States' Ministry of Health web pages.

- In Canada, influenza activity continued but mostly in British Columbia, Ontario, and Quebec. Nationally, the ILI consultation rate remained within the expected levels for this time of year, but increased as compared to the prior week. In the United States, at the national level, ILI activity was decreased but remained above the baseline, and the proportion of deaths attributed to pneumonia and influenza remained above epidemic threshold. In Canada, influenza A/H3 has predominated since the beginning of the influenza season. In the United States and Mexico, there has been a co-circulation of influenza A and B.
- Influenza activity in Central America, the Caribbean, the Andean Region and the South Cone remained low. There has been a co-circulation of influenza A and B.

Epidemiologic and virologic influenza update

North America

In Canada¹, in epidemiological week (EW) 09, influenza activity continued, but primarily in British Columbia, Ontario, and Quebec. In EW 09, the national ILI consultation rate increased compared to the prior week but remained within expected levels. Children under 5 years of age had the highest ILI consultation rate (108.1 per 1,000 consultations). The percentage of samples positive for influenza was 15.8%, which represents a slight decrease from the prior week (17.8%). Since the beginning of the influenza season, influenza A/H3N2 has been the predominant strain circulating in Canada. In EW 09, of the positive tests reported (n=870), 38.9% were untyped influenza A, 36.4% were influenza A/H3N2, 17.9% were influenza B, and 6.8% were influenza A/H1N1 2009. Among the other respiratory viruses, the proportion of specimens positive for respiratory syncytial virus (RSV) remained similar (19.2%) to prior weeks.

In Mexico², as of EW 07, the number of acute respiratory infection (ARI) cases was slightly below the 75th percentile for what is expected for this time of year. In the last eight weeks (EW 02-09), influenza B has been the predominant circulating influenza virus.

In the United States³, in EW 09, at the national level, the proportion of outpatient consultations for ILI (3.1%) was above the baseline, but decreased as compared to EW 08. At the regional level, eight of ten regions reported ILI activity to be at or above their region-specific baseline. The proportion of deaths attributed to pneumonia and influenza remained above the epidemic threshold. Five influenza-associated pediatric deaths were reported this week. During EW 09, 24.7% of samples tested were positive for influenza [untyped influenza A (36.3%), influenza A/H3 (35.4%), influenza type B (33.2%), and influenza A/H1N1 2009 (28.2%)]. Of characterized influenza B viruses, 94.8% belong to the B/Victoria lineage, which is included in the 2010-2011 Northern Hemisphere vaccine, and 5.2% belong to the B/Yamagata lineage.

Caribbean

CAREC^{*}, in EW 09, reported that the proportion of admissions for severe acute respiratory infection (SARI) decreased and was < 1%. No SARI deaths have been reported in the last three EWs.

In Cuba, in EW 09, of all samples tested, the percentage of samples positive for respiratory viruses slightly increased to 37% as compared to EW 08 (27%), and the percentage of samples positive for influenza

* Participating CAREC member countries, which include, Barbados, Dominica, Jamaica, St Vincent and the Grenadines, St. Lucia and Trinidad and Tobago, were assessed together

viruses remained low (~10%). To date in 2011, influenza A/H3 has been the predominant influenza virus circulating.

In the Dominican Republic, to date in 2011, parainfluenza has been the primary respiratory virus circulating.

In Jamaica, to date in 2011, influenza type B has been the predominant respiratory virus detected.

Central America

In Costa Rica, to date in 2011, influenza B and adenovirus have been the primary viruses circulating.

In Guatemala, the proportion of positive respiratory viruses, among the tested samples, has increased in EW 09 (37%) as compared to the previous week (6%). In the last two weeks, influenza A/H3 was the predominant influenza virus circulating.

In Honduras⁴, in EW 09, the proportion of admissions for SARI among all hospital admissions was 3%, representing a large decrease as compared to EW 08 (21%) and no SARI deaths have been reported since EW 06. To date in 2011, small numbers of respiratory viruses have been detected and no influenza viruses have been detected since EW 05.

In Nicaragua, to date in 2011, influenza B has been the predominant influenza virus circulating. Parainfluenza and adenovirus have been also detected in the last two weeks.

In Panama, to date in 2011, adenovirus, parainfluenza, and RSV have been co-circulating. No influenza viruses have been detected since EW 04.

South America – Andean

In Colombia⁵, in EW 08, the number of the acute respiratory infection (ARI) cases remained similar to EW 07—representing approximately half as many as were seen during the same period in 2010. To date in 2011, there has been a co-circulation of multiple respiratory viruses, with influenza A/H3 being the predominant influenza virus.

In Ecuador, in EW 09, the percentage of samples positive for respiratory viruses (~30%) increased slightly as compared to EW 08. To date in 2011, influenza A/H3 and influenza A/H1N1 2009 co-circulated in similar percentage (each ~38% of the positive influenza viruses). According to the laboratory data (from EW 47, 2010 to EW 10, 2011) influenza A/H3N2 was the predominant virus detected in children between 1-14 years of age, and influenza A/H1N1 2009 was the predominant virus detected in those 15-54 years of age.

In Peru⁶, in EW 08, the ARI activity and the pneumonia activity in children under 5 years of age remained within the endemic channel and similar to the levels observed during the prior week.

In Venezuela⁷, in EW 08, the number of ARI and pneumonia cases decreased as compared to EW 07, remaining below the highest expected counts for this time of year. The highest rates for both ARI and pneumonia were observed in those less than one year of age. Of a total of 113 samples tested, 56.6% were positive for influenza- 82.8% influenza A/seasonal, 10.9% influenza/H1N1 2009, and 6.3% influenza B.

South America – Southern Cone

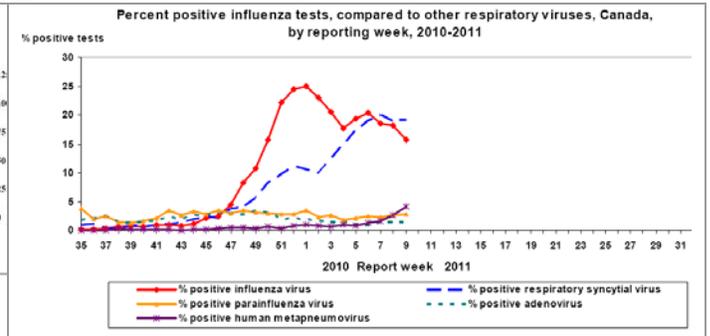
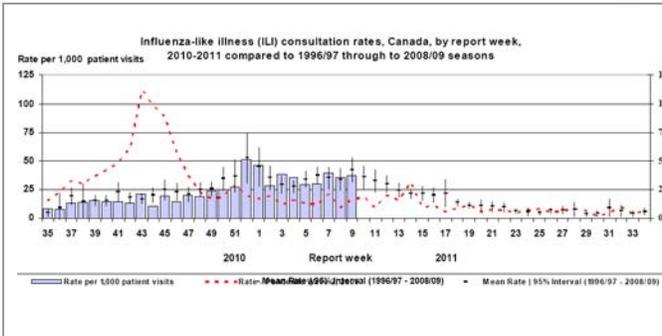
In Argentina, to date in 2011, parainfluenza and adenovirus were the predominant circulating respiratory viruses, and influenza A/unsynthesized was the predominant circulating virus among influenza viruses.

In Paraguay⁸, over the last one month, RSV has been the predominant respiratory virus detected and influenza was last detected in EW 05.

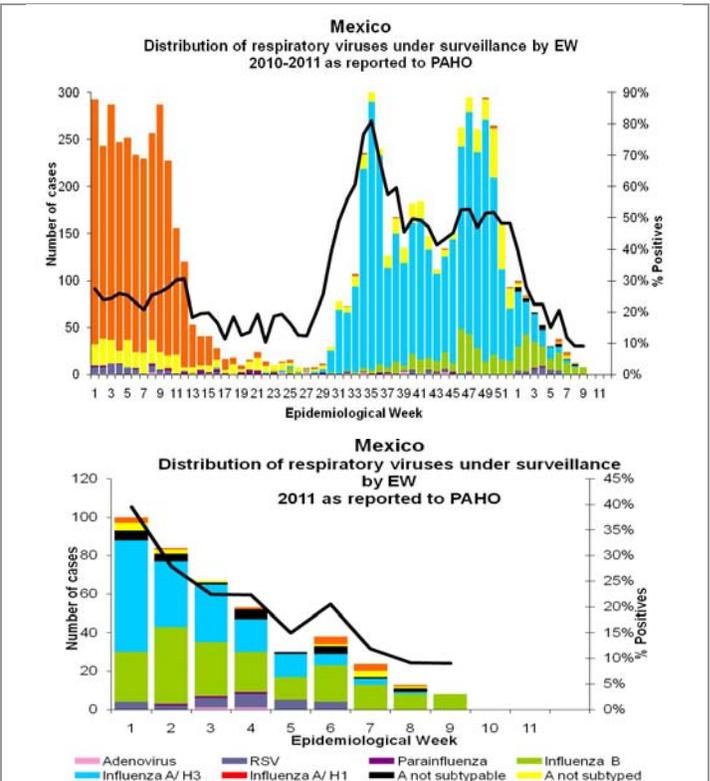
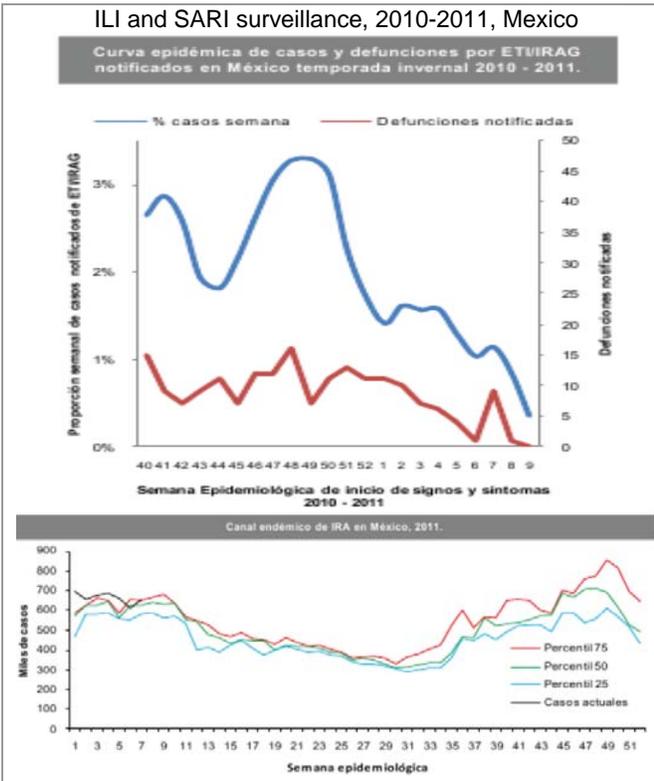
Graphs

North America

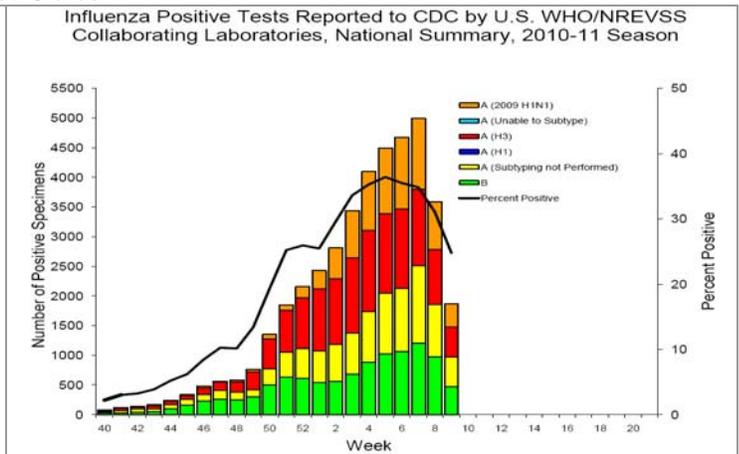
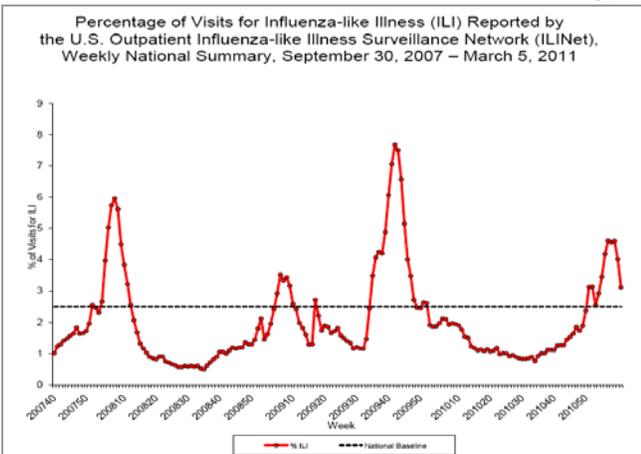
Canada



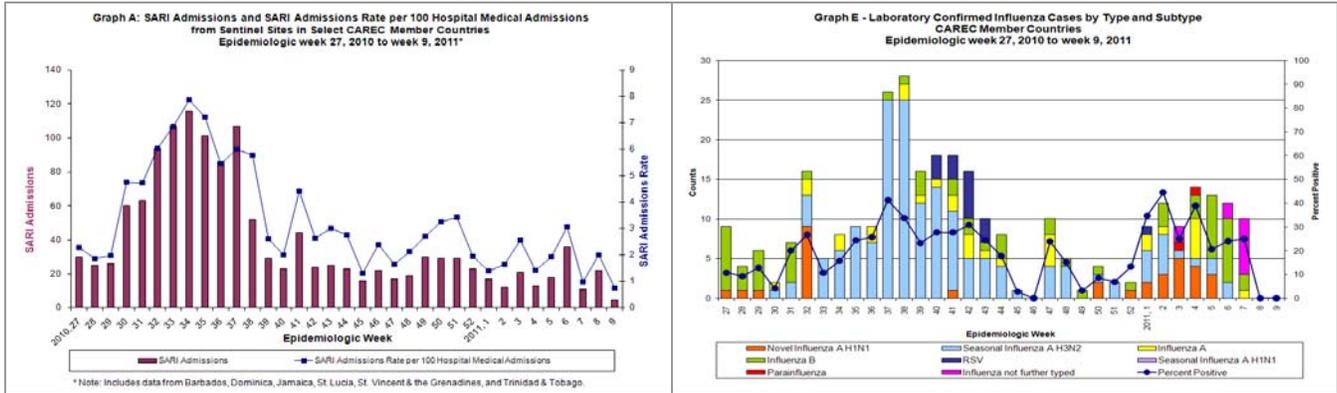
Mexico



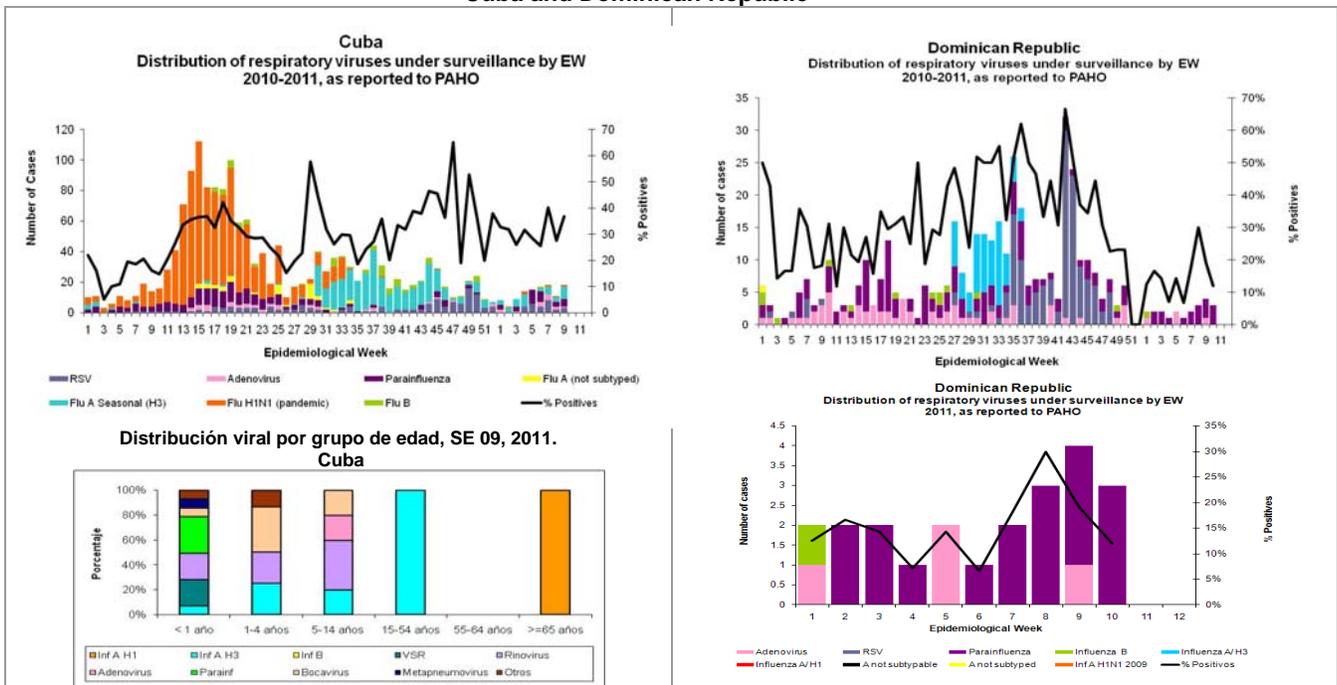
United States



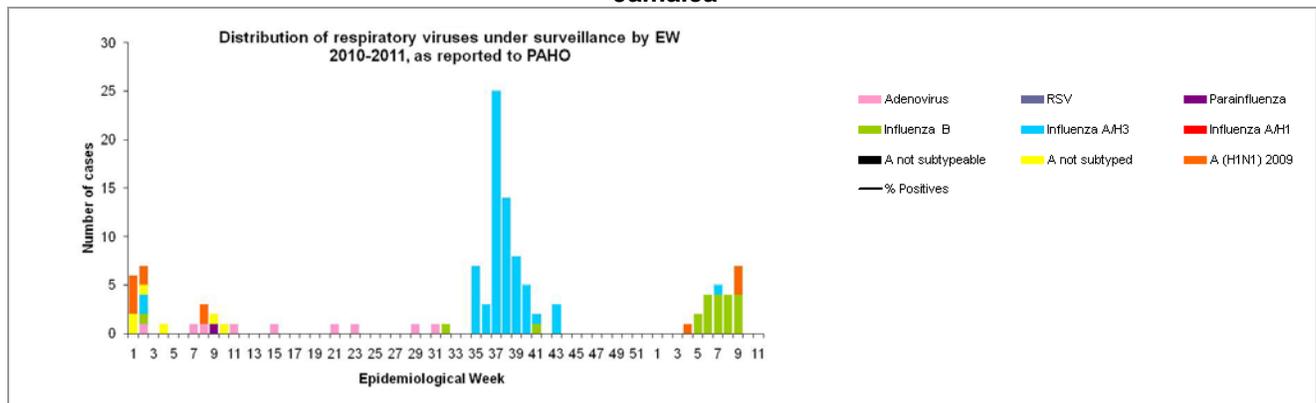
CAREC



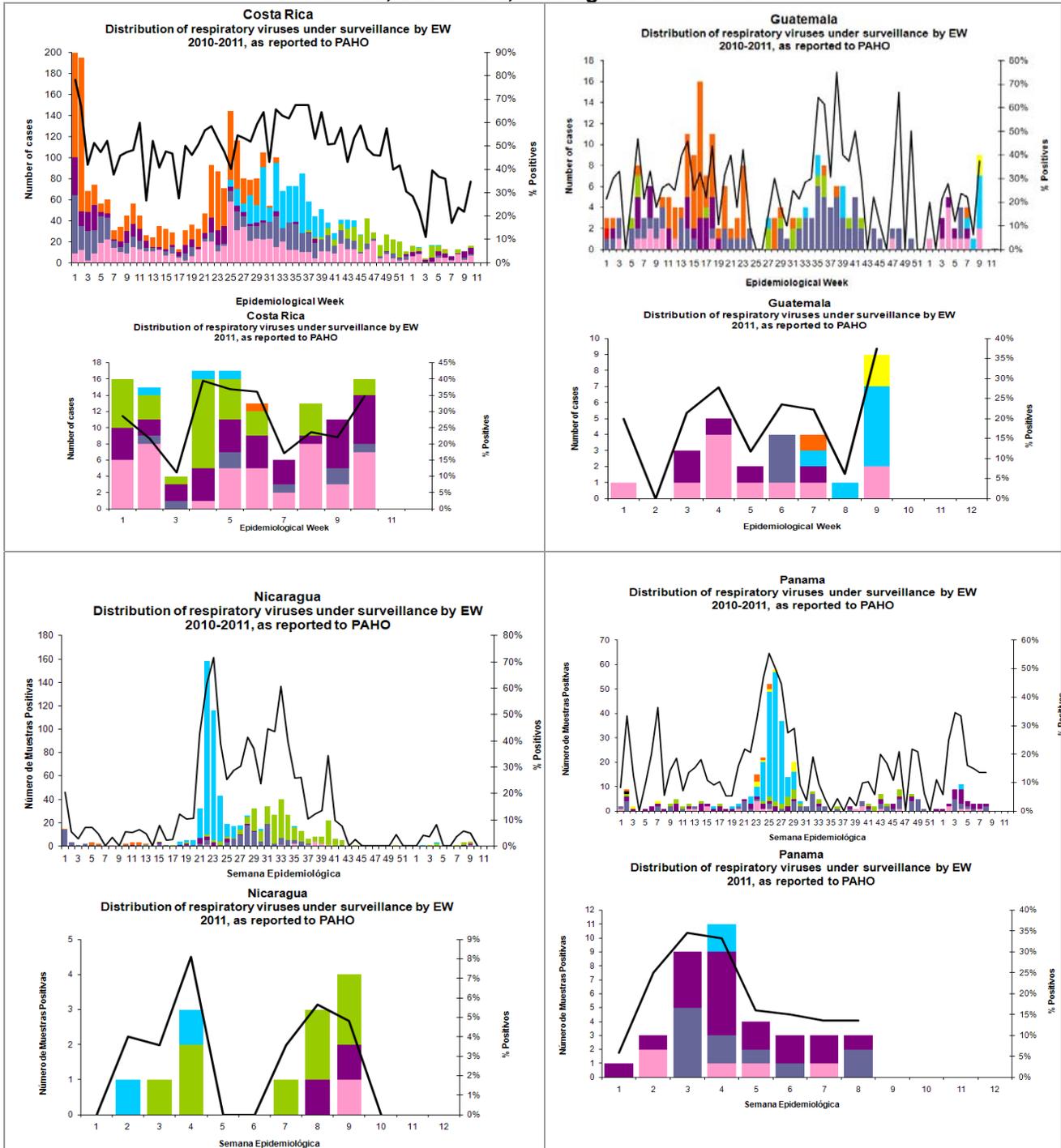
Cuba and Dominican Republic



Jamaica

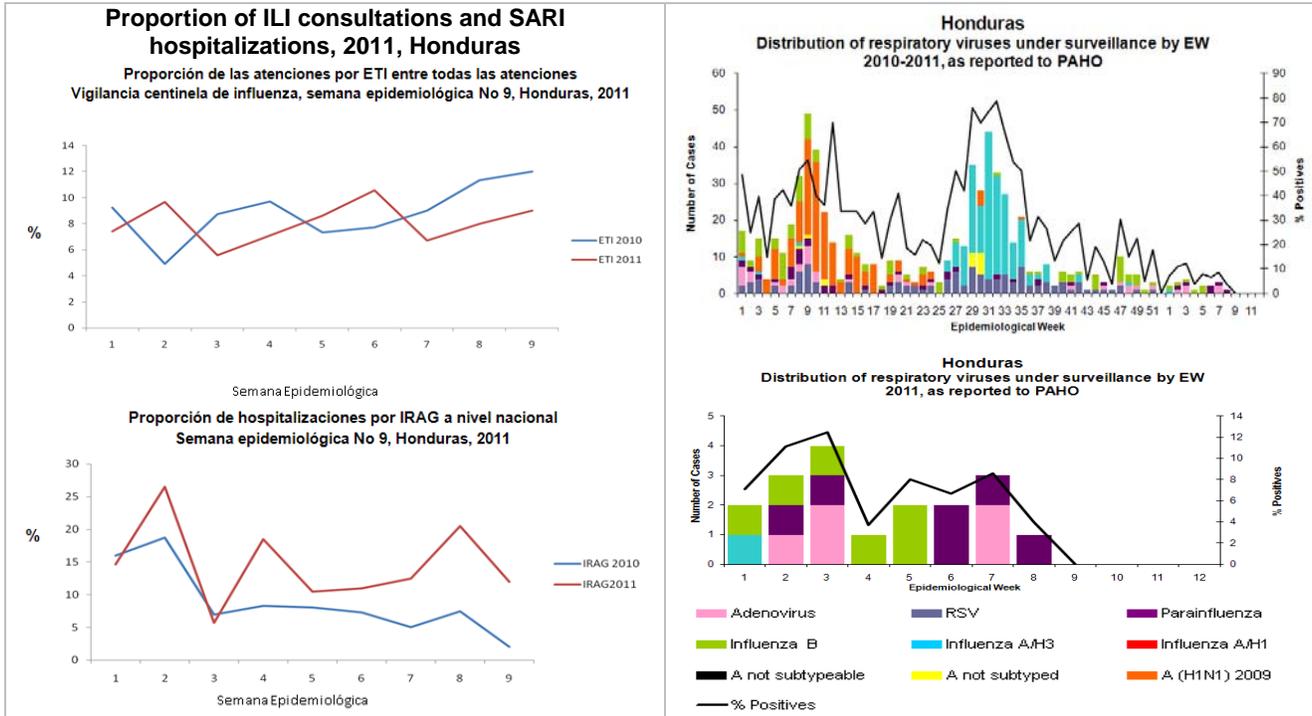


Costa Rica, Guatemala, Nicaragua and Panama



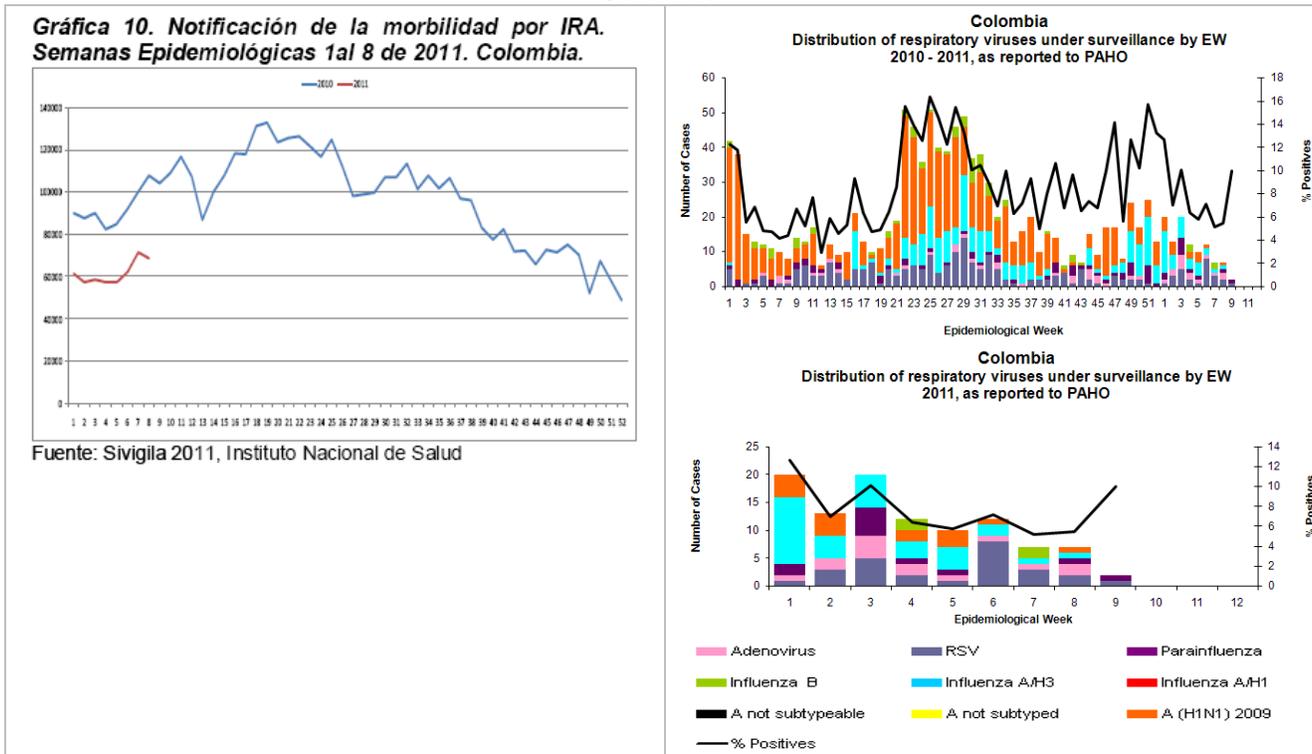
Adenovirus
 RSV
 Parainfluenza
 Influenza B
 Influenza A/ H3
 Influenza A/ H1
 A not subtypable
 A not subtyped
 Inf A H1N1 2009
 % Positivos

Honduras

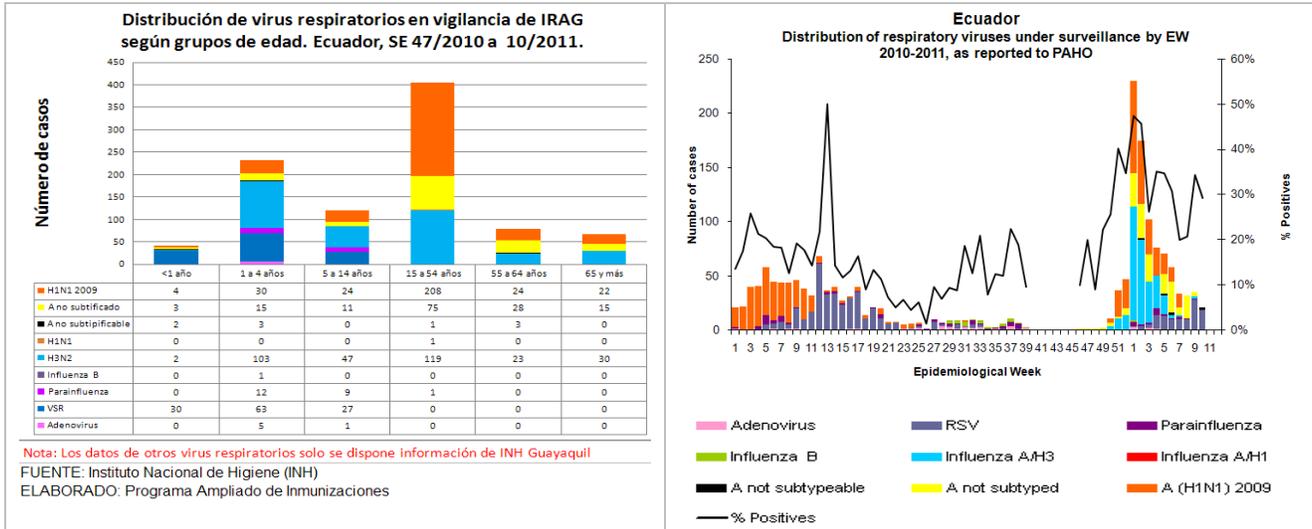


South America - Andean

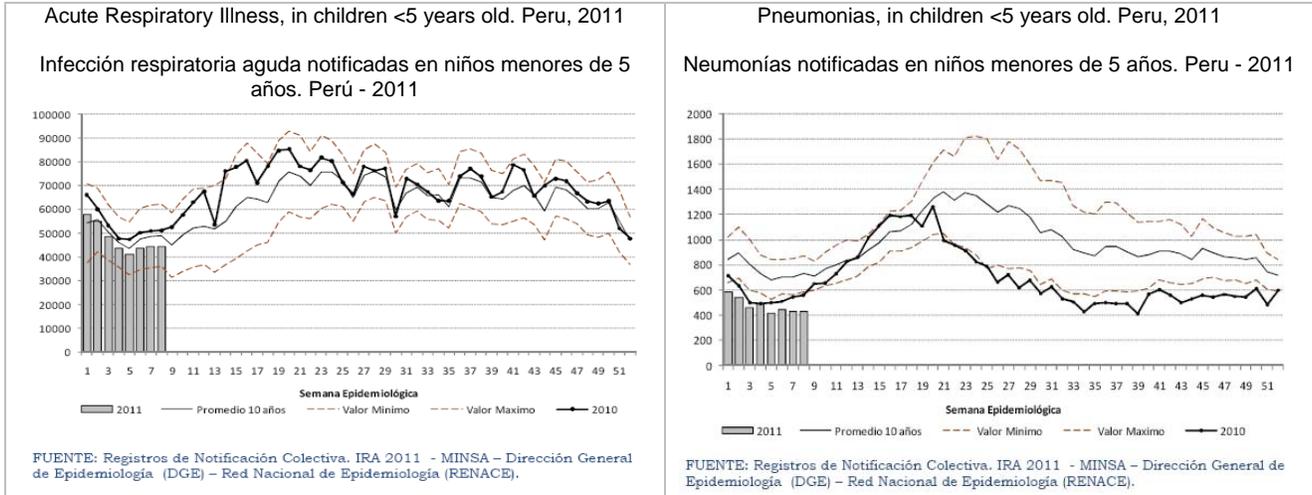
Colombia



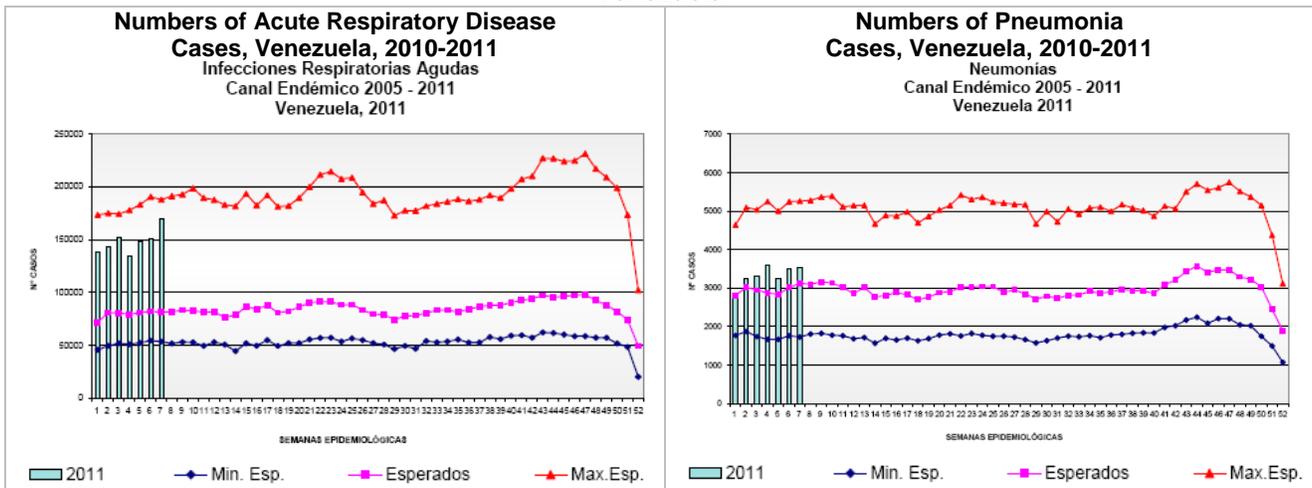
Ecuador



Peru

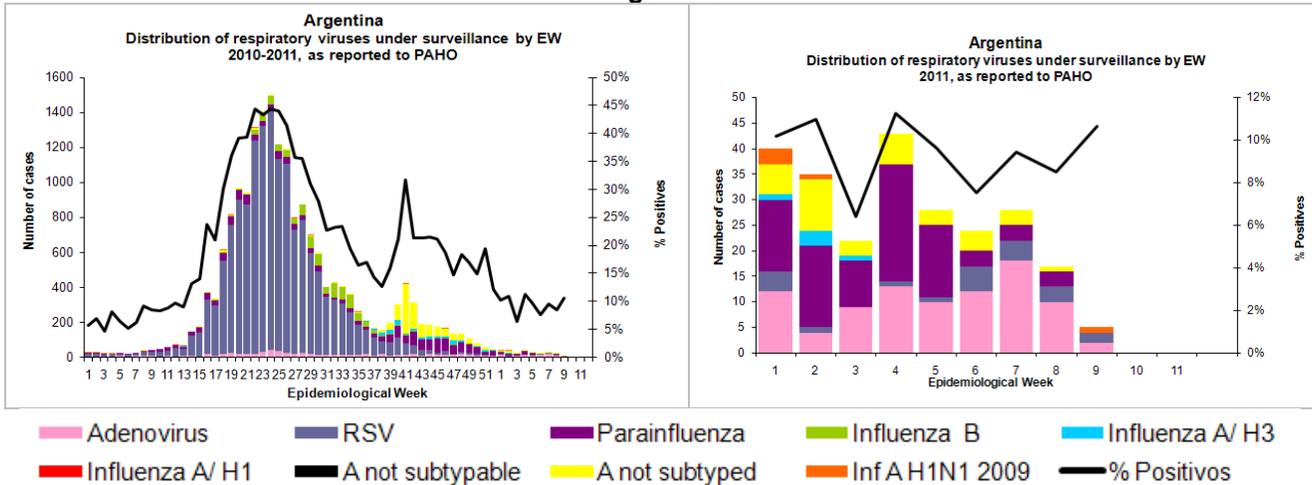


Venezuela

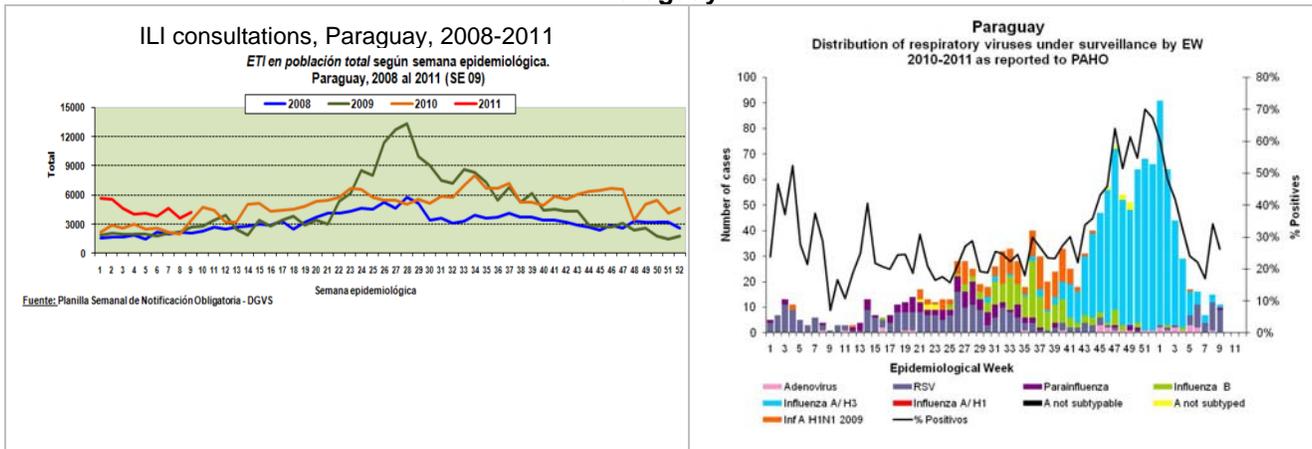


South America – Southern Cone

Argentina



Paraguay



¹ Canada. FluWatch Report. EW 09. <http://www.phac-aspc.gc.ca/fluwatch/>

² Mexico. Informe semanal de vigilancia epidemiológica-Influenza. 03 de marzo 2011.

³ USA. Surveillance Summary. Week 09. Centers for Disease Control and Prevention

⁴ Honduras. Boletín de la vigilancia de influenza y otro virus respiratorios. Week 09.

⁵ Colombia. Boletín epidemiológico semanal. SE 08. Instituto Nacional de Salud

⁶ Perú. Boletín epidemiológico. SE 08. Ministerio de Salud. Dirección General de Epidemiología

⁷ Venezuela. Boletín epidemiológico. SE 08. Ministerio del Poder Popular para la Salud.

⁸ Paraguay. Boletín epidemiológico semanal. SE 10. Ministerio de Salud Pública y Bienestar Social