

NEW MEXICO INFLUENZA SURVEILLANCE UPDATE

Weekly Report ending October 9, 2004, Updated October 15, 2004

Weekly Summary of Influenza Activity in NM:

This season there are a total of 17 sentinel influenza sites throughout New Mexico. Fifteen of the seventeen sentinel sites reported 3751 patient visits during the week ending October 9, 2004, of which 0.27% were for an influenza-like illness. During that time there have been no laboratory confirmed influenza cases reported to the Epidemiology and Response Division of the New Mexico Department of Health (NMDOH) and **NO ACTIVITY** was reported by NMDOH to the Centers for Disease Control and Prevention (CDC) (see table below for definitions).

Influenza Vaccine Shortage

Due to shortages in vaccine production, New Mexico will have many fewer influenza vaccination doses than anticipated.

Because some people are at much higher risk for serious illness and death from influenza, the Department of Health, under direction from the Governor, has issued a Public Health Order. This Order limits the use of influenza vaccine to people in the high priority groups as defined by CDC. Individuals and healthcare providers can receive updated information in English from the 'flu hotline' at 1-800-432-6866 or from the New Mexico Medical Review Association (NMMRA) in Spanish and English at 1-866-358-8990 or at their website at <http://www.nmmra.org/flu.php>.

High priority groups eligible for influenza vaccination this year are:

- People 65 years of age and older. This group accounts for >90% of flu-related deaths every year.
- Residents of nursing homes and other chronic-care facilities. (NMDOH is working on a plan to get this group immunized.)
- Children ages 6 to 23 months
- Children (ages 6 months to 18 years) who are receiving long-term aspirin therapy.
- Persons 2 – 64 years with heart disease, asthma, and other chronic disorders of the pulmonary or cardiovascular systems.
- Persons 2 – 64 years who required regular medical follow-up or hospitalization during the preceding year because of diabetes, kidney diseases, blood disorders, other metabolic disorders, immunosuppression, including HIV/AIDS, and other chronic diseases.
- Pregnant women.
- Household contacts and out-of-home caregivers of children under the age of 6 months. (Children under the age of 6 months cannot be vaccinated.)
- Healthcare workers who provide direct care to patients.

Global Avian Flu Activity:

In September, 2004, there were 3 reported deaths in Thailand due to Avian Flu (H5N1). Though there is recent evidence that human-to-human transmission seems to be possible, data indicates that transmission of the virus among humans has been limited to family members and that no wider transmission in the community has occurred. More information on avian influenza can be found at http://www.oie.int/eng/en_index.htm and at <http://www.who.int/en/> and from the CDC at <http://www.cdc.gov/flu/avian/>.

Laboratory Activity in NM:

To date this season, there have been no influenza virus isolates identified by culture at the Department of Health Scientific Laboratory Division (SLD) or at TriCore laboratory.

This information is collected by the Infectious Disease Bureau, Epidemiology Response Division, New Mexico Department of Health. For questions, please call 505-827-0006.

For more information on influenza go to the NMDOH web page:

<http://www.health.state.nm.us/flu/> or the CDC web page:

<http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm>

Activity Level	ILI activity*/Outbreaks		Laboratory data
No activity	Low	And	No lab confirmed cases [†]
Sporadic	Not increased	And	Isolated lab-confirmed cases
	OR		
Local	Not increased	And	Lab confirmed outbreak in one institution [‡]
	OR		
Regional	Increased ILI in 1 region**; ILI activity in other regions is not increased	And	Recent (within the past 3 weeks) lab evidence of influenza in region with increased ILI
	OR		
Regional (doesn't apply to states with ≤4 regions)	2 or more institutional outbreaks (ILI or lab confirmed) in 1 region; ILI activity in other regions is not increased	And	Recent (within the past 3 weeks) lab evidence of influenza in region with the outbreaks; virus activity is no greater than sporadic in other regions
	OR		
Regional (doesn't apply to states with ≤4 regions)	Increased ILI in ≥2 but less than half of the regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
	OR		
Regional (doesn't apply to states with ≤4 regions)	Institutional outbreaks (ILI or lab confirmed) in ≥2 and less than half of the regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
	OR		
Widespread	Increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at least half of the regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the state.

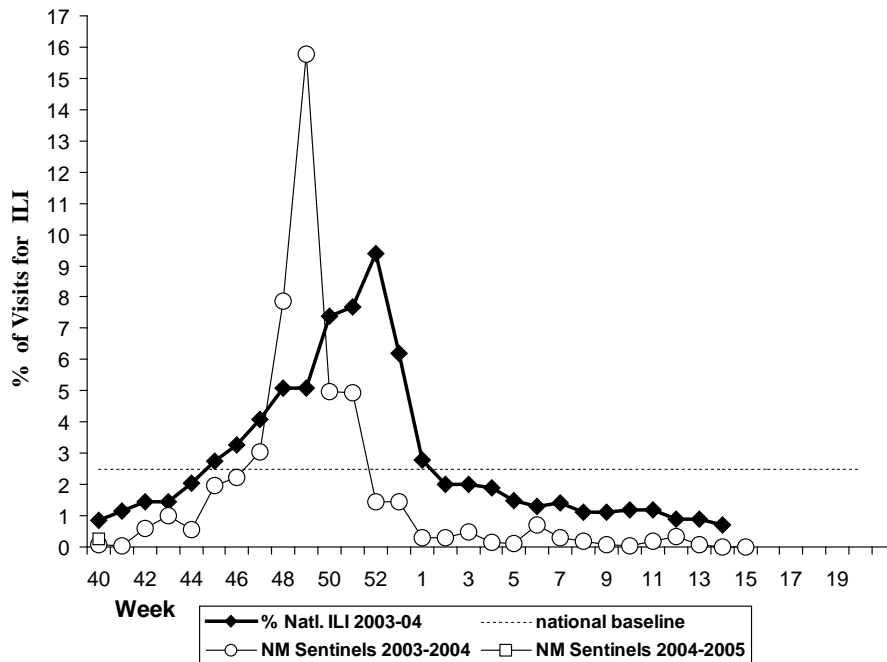
* ILI activity can be assessed using a variety of data sources including sentinel providers, school/workplace absenteeism, and other syndromic surveillance systems that monitor influenza-like illness.

† Lab confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR. Care should be given when relying on results of point of care rapid diagnostic test kits during times when influenza is not circulating widely. The sensitivity and specificity of these tests vary and the predictive value positive may be low outside the time of peak influenza activity. Therefore, a state may wish to obtain laboratory confirmation of influenza by testing methods other than point of care rapid tests for reporting the first laboratory confirmed case of influenza of the season.

‡ Institution includes nursing home, hospital, prison, school, etc.

**Region: population under surveillance in a defined geographical subdivision of a state. A region could be comprised of 1 or more counties and would be based on each state's specific circumstances. Depending on the size of the state, the number of regions could range from 2 to approximately 12. The definition of regions would be left to the state but existing state health districts could be used in many states. Allowing states to define regions would avoid somewhat arbitrary county lines and allow states to make divisions that make sense based on geographic population clusters. Focusing on regions larger than counties would also improve the likelihood that data needed for estimating activity would be available.

**Percentage of Visits for Influenza-like Illness
Reported by Sentinel Providers**



* Influenza-like Activity (ILI) is defined as Fever ($\geq 100^{\circ}\text{F}$ [37.8°C], oral or equivalent) AND cough and/or sore throat in absence of a KNOWN cause other than influenza.