



# Epidemiology and Response Division

## NEW MEXICO INFLUENZA SURVEILLANCE UPDATE

Weekly Report ending December 18, 2004

### Weekly Summary of Influenza Activity in NM:

Eighteen of the eighteen sentinel sites reported a total of 4530 patient visits during the week ending December 18, 2004, of which 0.35 % were for an influenza-like illness. The week ending December 11 reported 0.18 % influenza-like illness. During the week ending December 18, 2004 there has been one laboratory confirmed influenza B case reported to the Epidemiology and Response Division of the New Mexico Department of Health (NMDOH). **SPORADIC ACTIVITY** was reported by NMDOH to the Centers for Disease Control and Prevention (CDC) (see table below for definitions).

### Laboratory Activity in NM:

To date this season, there has been one influenza B virus isolate identified by culture at the Department of Health Scientific Laboratory Division (SLD) and none at TriCore laboratory. Though CDC uses culture confirmed influenza to define the level of influenza activity, the New Mexico Department of Health has received reports of 3(0.7%) positive influenza B results out of 424 rapid tests performed at 15 clinical laboratories since October 24, 2004. For the week ending December 18, 2004, fourteen clinical laboratories reported performing 48 rapid tests, none of which were positive for influenza. This information is collected by the Infectious Disease Epidemiology 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>

### Influenza-related Pediatric Mortality

As of the week ending December 11, 2004, no cases of influenza-associated pediatric deaths have been reported to NMDOH or the CDC.

### Flu Activity in the Region

For the week ending December 11, 2004 (the most recent data available), influenza activity was reported as local by Colorado and sporadic in 6 states (Arizona, Montana, Nevada, Texas, Utah and Wyoming) in our area. One specimen culture tested for influenza virus was positive for Influenza A that was not subtyped and six were positive for Influenza B in the Mountain region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming).

### National Flu Surveillance and Laboratory Activity

For the week ending December 11, 2004, 55 (3.1%) of 1,784 specimens tested for influenza viruses were positive. Of these, 18 were influenza A (H3N2) virus, 26 were influenza A that were not subtyped and 11 were influenza B viruses. Nationwide 1.8% of patient visits to U.S. sentinel providers were due to influenza-like-illness. One state

reported widespread activity, two states reported regional activity, 5 states reported local activity, 38 states reported local activity reported sporadic activity and 4 states reported no activity nationally. More information on national surveillance can be found at <http://www.cdc.gov/flu/weekly/>.

### **CDC's Advisory Committee on Immunization Practices Expands Priority Groups for Inactivated Influenza Vaccination**

The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) expanded the list of priority groups recommended to receive inactivated influenza vaccine this flu season, depending on the availability of influenza vaccine in state or local health jurisdictions.

Effective January 3rd, in locations where state and local health authorities judge vaccine supply to be adequate to meet demand, the priority groups for inactivated influenza vaccine will include adults age 50-64 and out-of-home caregivers and household contacts of persons in high-risk groups.

ACIP also passed a resolution for the Vaccines for Children (VFC) program that expands the groups of eligible children to receive VFC influenza vaccine to include VFC-eligible children who are household contacts of persons in high risk groups.

**The New Mexico Department of Health is considering these recommendations and expects to make a decision in the next week.**

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

	institutional outbreaks (ILI or lab confirmed) in at least half of the regions		confirmed influenza in the state.
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\* 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.

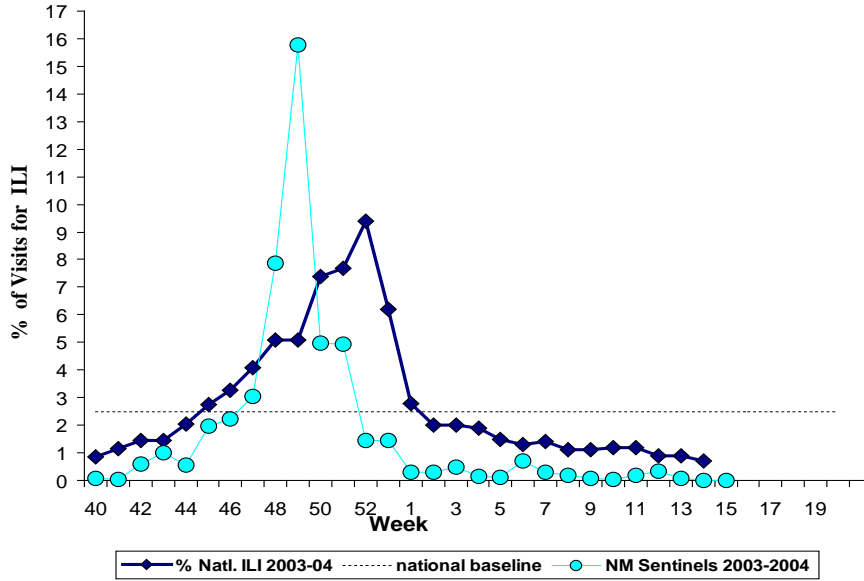
† Lab confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR. Care should be given when relying on results of point of care rapid diagnostic test kits during times when influenza is not circulating widely. The sensitivity and specificity of these tests vary and the predicative 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.

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

**Percentage of Visits for Influenza-like Illness  
Reported by Sentinel Providers 2003 – 2004**



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Reported by Sentinel Providers 2004 - 2005**

