



Epidemiology and Response Division

NEW MEXICO INFLUENZA SURVEILLANCE UPDATE from the Epidemiology and Response Division of the New Mexico Department of Health (NMDOH) Weekly Report ending January 8, 2005 updated

Summary of Influenza Activity in New Mexico for Week Ending January 8, 2005:

- Seventeen of the 18 sentinel sites reported a total of 4196 patient visits, of which 0.45% were for an influenza-like illness¹. The previous week ending January 1 reported 0.38 % influenza-like illness.
- NMDOH received reports of 17 patients with positive influenza (6 influenza A, 11 influenza B) tests using rapid testing. There was one report of positive influenza A culture, subtyped as H3.
- NMDOH reported the state influenza activity as “**SPORADIC**” 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 and two influenza A virus isolates* subtyped as H3 identified by culture at NMDOH Scientific Laboratory Division (SLD). After the first report of culture-confirmed influenza for the season, influenza activity reported to the CDC includes results from influenza rapid testing, fluorescent antibody (DFA) methods, or cultures.
- For the week ending January 8, 2005, fifteen clinical laboratories reported performing 209 rapid or DFA tests, of which 6(2.87%) were positive for influenza A and 11(5.26%) were positive for influenza B.
- Since October 24, 2004, NMDOH has received reports of 17(1.76%) positive influenza A tests and 19(1.98%) positive influenza B tests out of 961 rapid tests performed at 16 clinical laboratories.

*These cases may also be counted among the rapid test positive results.

Influenza-related Pediatric Mortality

As of the week ending January 1, 2005, no cases of influenza-associated pediatric deaths have been reported to NMDOH or nationally to the CDC.

Flu Activity in the Region

For the week ending January 1, 2005 (the most recent data available), influenza activity was reported as “regional” by Colorado and Texas, “local” in Idaho and Nevada and “sporadic” in 5 states in our region (Arizona, Montana, New Mexico, Utah and Wyoming). There were 3 reports of influenza A (H3N2) virus and 3 influenza B viruses in the Mountain region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming).²

¹ 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.

² All data are preliminary and change as more reports are received after the end of the reporting week.

National Flu Surveillance and Laboratory Activity

For the week ending January 1, 2005, 319 (12.1 %) of 2,634 specimens tested for influenza viruses were positive. Of these 56 were influenza A (H3N2) virus, 237 were influenza A that were not subtyped, and 26 were influenza B viruses. Nationwide 3.0% of patient visits to U.S. sentinel providers were due to influenza-like-illness. Two states reported widespread activity, 12 states reported regional activity, 13 states reported local activity and 22 states reported sporadic activity nationally. More information on national surveillance can be found at <http://www.cdc.gov/flu/weekly/>.

This information is collected by the Infectious Disease Epidemiology Bureau, Epidemiology Response Division, NMDOH. 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/fluivirus.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 [‡]
	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
Regional (doesn't apply to states with ≤4 regions)	OR		
	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
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
	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
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.

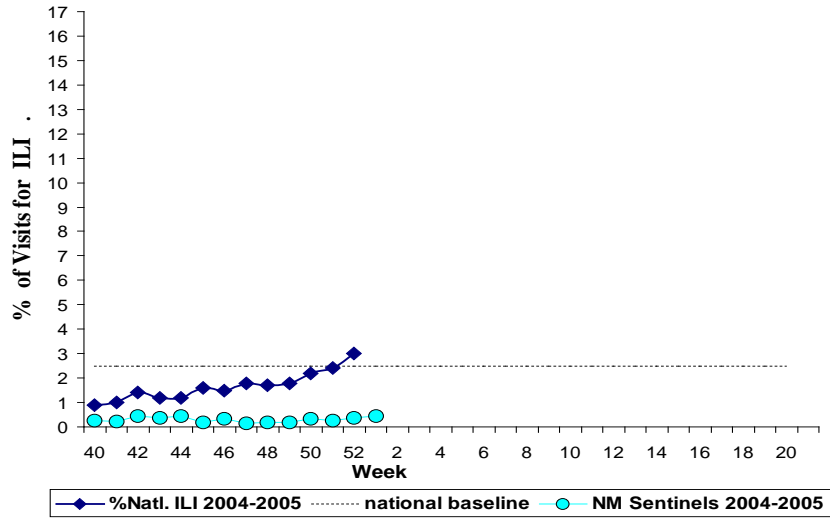
[†] Lab confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR. Care should be given when relying on results of point of care rapid diagnostic test kits during times when influenza is not circulating widely. The sensitivity and specificity of these tests vary and 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 2004 - 2005**



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