



# 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 29, 2005

### **Summary of Influenza Activity in New Mexico for Week Ending January 22, 2005:**

- Eighteen of the 18 sentinel sites reported a total of 4786 patient visits, of which 32(0.67%) were for an influenza-like illness<sup>1</sup>. The previous week ending January 22 reported 0.62 % influenza-like illness.
- NMDOH received reports of 37 patients with positive influenza (14 influenza A, 18 influenza B, 5 indistinguishable<sup>2</sup>) tests using rapid testing. There were two reports of positive influenza A culture (one of which was subtyped as H3), and 7 reports of influenza B culture (four of which have been subtyped as Shanghai-like<sup>3</sup>).
- NMDOH reported the state influenza activity as “LOCAL” 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 18 influenza B virus isolates (15 subtyped as Shanghai-like<sup>3</sup>) and 7 influenza A virus isolates\* (5 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 29, 2005, fifteen clinical laboratories reported performing 272 rapid or DFA tests, of which 14(5.15%) were positive for influenza A, 18(6.12%) were positive for influenza B and 5(1.84%) were indistinguishable<sup>2</sup>.
- Since October 24, 2004, NMDOH has received reports of 58(3.30%) positive influenza A tests, 63(3.59%) positive influenza B tests and 9(0.51%) indistinguishable<sup>2</sup> positive influenza out of 1756 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 22, 2005, three cases of influenza-associated pediatric death have been reported nationally to CDC, one Maine, one from Massachusetts and one from California. No cases have been reported to the NMDOH.

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<sup>1</sup> 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.

<sup>2</sup> Some rapid influenza tests cannot differentiate between types A and B.

<sup>3</sup> CDC has recently asked states to use the term “Shanghai-like” as opposed to “Sichuan-like”. These terms are synonymous.

**Flu Activity in the Region**

For the week ending January 22, 2005 (the most recent data available), influenza activity was reported as “widespread” by Colorado and Texas, “regional” by Arizona, Idaho, Montana and Nevada, “local” by Utah and Wyoming and “sporadic” by New Mexico. There were 5 reports of influenza A (H3N2) virus, 28 influenza A that were not subtyped and 24 influenza B viruses in the Mountain region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming).<sup>4</sup>

**National Flu Surveillance and Laboratory Activity**

For the week ending January 22, 2005, 593 (18.5 %) of 3,214 specimens tested for influenza viruses were positive. Of these 49 were influenza A (H3N2) virus, 481 were influenza A that were not subtyped, and 63 were influenza B viruses. Nationwide 3.0% of patient visits to U.S. sentinel providers were due to influenza-like-illness. Fourteen states reported widespread activity, 17 states reported regional activity, 10 states reported local activity and 9 states reported sporadic activity nationally. More information on national surveillance can be found at <http://www.cdc.gov/flu/weekly/>.

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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
<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>
	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
	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>			
	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

<sup>4</sup> All data are preliminary and change as more reports are received after the end of the reporting week.

<b>Widespread</b>	Increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at least half of the regions	<b>And</b>	Recent (within the past 3 weeks) lab confirmed influenza in the state.
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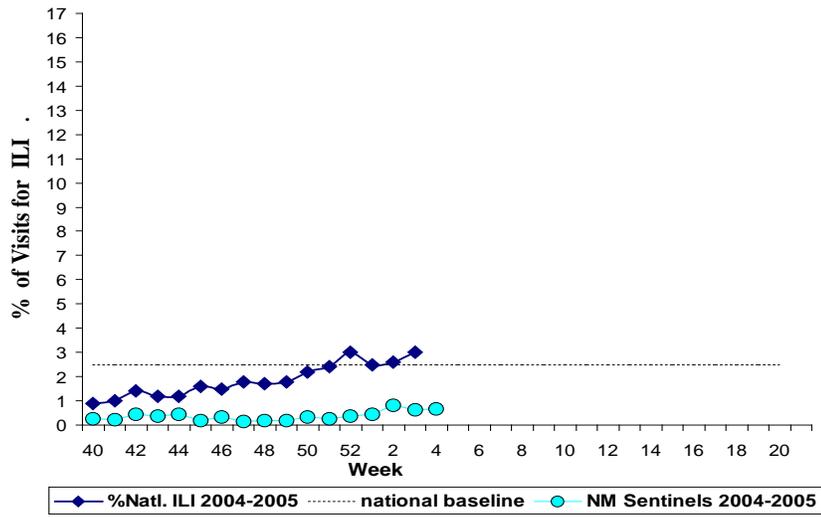
\* ILI activity can be assessed using a variety of data sources including sentinel providers, school/workplace absenteeism, and other syndromic surveillance systems that monitor influenza-like illness.

† 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 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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