



# Epidemiology and Response Division

**NEW MEXICO INFLUENZA SURVEILLANCE UPDATE from the Epidemiology and Response Division (ERD) of the New Mexico Department of Health (NMDOH)**  
Weekly Report ending October 15, 2005; posted on November 2, 2005.

## **Summary of Influenza Activity in New Mexico for Week Ending October 15, 2005:**

- Twenty of the 21 sentinel sites reported a total of 5,141 patient visits, of which 26 (0.50%) were for an influenza-like illness<sup>1</sup>. The previous week ending October 8th reported 0.68% influenza-like illness.
- NMDOH received report of one patient with a positive influenza (Influenza A) test using rapid testing. There were no reports of positive influenza by culture.
- NMDOH reported the state influenza activity as “NO ACTIVITY” to the Centers for Disease Control and Prevention (CDC) (see table below for definitions).

## **Laboratory Activity in NM:**

- For the week ending October 15, 2005, 15 of 15 clinical laboratories reported performing 15 rapid or DFA tests, of which 1 (6.7%) was positive for influenza A and none were positive for influenza B or indistinguishable<sup>2</sup>.
- Since October 2, 2005, NMDOH has received reports of one (2.8%) positive influenza A test, no positive influenza B tests and no indistinguishable<sup>2</sup> positive influenza tests out of 36 rapid tests performed at 15 clinical laboratories.

## **Influenza-related Pediatric Mortality**

During the week ending October 8, there were no influenza-related pediatric deaths reported to CDC. No cases have been reported to the NMDOH.

## **Flu Activity in the Mountain Region and Texas**

For the week ending October 8 (the most recent data available), influenza activity was reported as “No Activity” by Arizona, Utah, Colorado, Idaho, Montana, Nevada, New Mexico, Wyoming and Texas. There were no reports of culture lab-confirmed influenza in the Mountain region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming)<sup>3</sup>.

## **National Flu Surveillance and Laboratory Activity**

For the week ending October 8, two (0.3%) of 573 specimens tested for influenza viruses were positive. Of these 2 specimens, one was influenza A (H3N2) virus from the Mid-Atlantic Region, and one was an influenza A virus that was not subtyped from the Pacific Region. Nationwide, 1.0% of patient visits to U.S. sentinel providers were due to influenza-like-illness. No states reported ‘Widespread’, ‘Regional’ or ‘Local Activity’;

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

four states plus New York City and Puerto Rico reported ‘Sporadic Activity’ and 44 states reported ‘No Activity’. Two states and the District of Columbia did not report. 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/fluvirus.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>
	<b>OR</b>		
<b>Regional</b>	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 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.

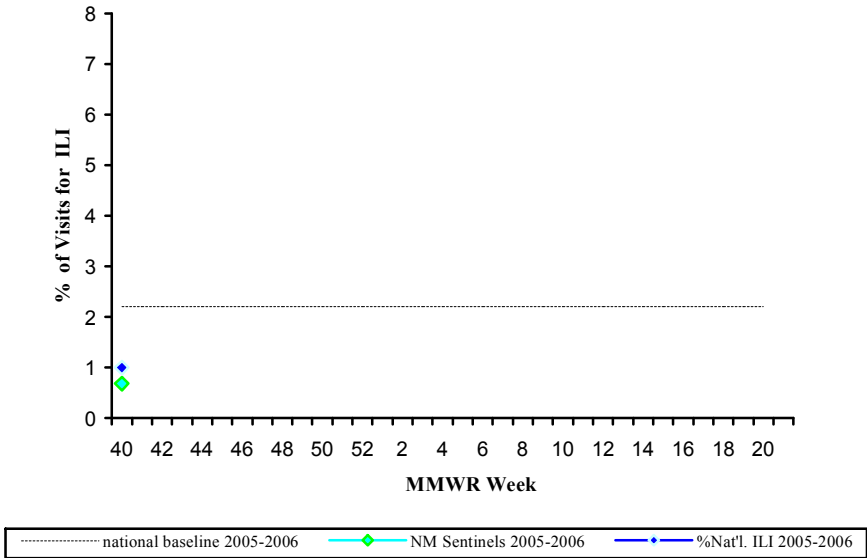
\* ILI activity can be assessed using a variety of data sources including sentinel providers, school/workplace absenteeism, and other syndromic surveillance systems that monitor influenza-like illness.

<sup>†</sup> 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.

<sup>‡</sup> 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, NM and US, 2005-2006**



**Percentage of Visits for Influenza-like Illness Reported by Sentinel Providers 2004 - 2005**

