



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 December 3, 2005; posted on December 7, 2005.

Summary of Influenza Activity in New Mexico for Week Ending December 3, 2005:

- Seventeen of the 21 sentinel sites reported a total of 4,021 patient visits, of which 13 (0.32%) were for an influenza-like illness¹. The previous week ending November 26th reported 0.57% influenza-like illness.
- NMDOH received reports of five positive cultures for influenza A virus, of which 3 were also positive by rapid antigen testing.
- 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:

- For the week ending December 3, 2005, 17 of 17 sentinel clinical laboratories reported performing 133 rapid antigen or immunofluorescence (i.e., direct fluorescent antibody staining, DFA) tests, of which 6 (4.5%) were positive for influenza A, and none were positive for influenza B or indistinguishable². One rapid antigen and 2 DFA positive cases were confirmed by culture as influenza A (subtyping pending). NMDOH also received reports of 2 culture positive influenza A cases who did not have rapid testing performed.
- Since October 2, 2005, 17 sentinel clinical laboratories have reported the results of 456 rapid influenza tests. Nineteen (4.2%) were positive, of which 17 detected influenza A and 2 detected influenza B tests.

Influenza-Related Pediatric Mortality

Through the week ending November 26, 2005, nationally there has been one influenza-related pediatric death reported to CDC (none from NM).

Flu Activity in the Mountain Region and Texas

For the week ending November 26, 2005 (the most recent data available), influenza activity was reported as “Sporadic” by Texas, Arizona, Montana, Utah, Idaho, and Colorado; and “No Activity” was reported by Nevada and Wyoming. Since October 2, 2005, laboratory testing from the National Respiratory and Enteric Virus Surveillance System (NREVSS) in the Mountain Region (NM, AZ, CO, UT, NV, ID, MT, WY) has identified 12 influenza A H3N2 isolates, 15 influenza A unknown subtype isolates, and 6 influenza B isolates.

National Flu Surveillance and Laboratory Activity

For the week ending November 26, 2005, 22 (1.8%) of 1,204 specimens tested for influenza viruses were positive by culture. Of these, 4 were influenza A (H3N2), 15 were

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 Some rapid influenza tests cannot differentiate between types A and B.

³ All data are preliminary and change as more reports are received after the end of the reporting week.

influenza A, not subtyped, and 3 were influenza B. Nationwide, 1.7% of patient visits to U.S. sentinel providers were due to influenza-like-illness. Influenza activity was reported as ‘sporadic’ by 23 states, New York City, and the District of Columbia. Twenty-seven states reported ‘No Activity’. 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/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 [‡]
	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	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
	OR		
Widespread	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
	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. 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. For assigning an influenza activity level, NMDOH Epidemiology and Response Division utilizes results of rapid influenza testing only after receiving evidence of at least one culture confirmed case.

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

**Region: population under surveillance in a defined geographical subdivision of a state. NMDOH Epidemiology and Response Division uses the five Public Health Regions for our state subdivisions.

Influenza Surveillance Graphs:

