



# 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 10, 2005; posted on December 15, 2005.

### **Summary of Influenza Activity in New Mexico for Week Ending December 10, 2005:**

- Nineteen of the 21 sentinel sites reported a total of 4,367 patient visits, of which 43 (0.98 %) were for an influenza-like illness<sup>1</sup>. The previous week ending December 3rd reported 0.3% influenza-like illness.
- Sentinel clinical laboratories reported that 15% of influenza rapid antigen or immunofluorescence tests were positive for influenza A.
- 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 10, 2005, 17 of 17 sentinel clinical laboratories reported performing 193 rapid antigen or immunofluorescence (i.e., direct fluorescent antibody staining, DFA) tests, of which 29 (15%) were positive for influenza A, and none were positive for influenza B or indistinguishable<sup>2</sup>.
- Since October 2, 2005, 17 sentinel clinical laboratories have reported the results of 650 rapid influenza tests. Forty-nine (7.5%) were positive, of which 46 detected influenza A and 2 detected influenza B tests. During week 48, three rapid or DFA influenza positive specimens have been confirmed by culture as influenza A.
- Influenza A subtyping of selected culture isolates is pending from the NMDOH Scientific Laboratory Division (SLD).

### **Influenza-Related Pediatric Mortality**

Through the week ending November 26, 2005, nationally there have been two influenza-related pediatric death reported to CDC, one of which occurred during the 2004-05 season (none from NM).

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

For the week ending December 3, 2005 (the most recent data available), influenza activity was reported as “Sporadic” by Texas, Arizona, Montana, Utah, Idaho, Colorado, 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 28 influenza A H3N2 isolates, 21 influenza A unknown subtype isolates, and 9 influenza B isolates.

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

For the week ending December 3, 2005, 24 (1.3%) of 1,897 specimens tested for influenza viruses were positive by culture. Of these, 8 were influenza A (H3N2), 1 was an influenza

<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.

A (H1N1), 13 were influenza A not subtyped, and 3 were influenza B. Nationwide, 1.6% of patient visits to U.S. sentinel providers were due to influenza-like-illness. Influenza activity was reported as ‘sporadic’ by 29 states, New York City, and Puerto Rico. Twenty states and the District of Columbia reported ‘No Activity’. 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>
	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>Local</b>	<b>OR</b>		
	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>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. 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.

<sup>‡</sup> 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:**

