



# 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 17, 2005 (MMWR week 50)

Posted on December 22, 2005.

### **Summary of Influenza Activity in New Mexico for Week Ending December 17, 2005:**

- Nineteen of the 21 sentinel sites reported a total of 5,366 patient visits, of which 34 (0.63 %) were for an influenza-like illness (ILI)<sup>1</sup>. The previous week ending December 10th reported 0.85% influenza-like illness<sup>2</sup>.
- Sentinel clinical laboratories reported that 17.5% of influenza rapid antigen or immunofluorescence tests were positive for influenza A.
- NMDOH reported the state influenza activity as “REGIONAL” to the Centers for Disease Control and Prevention (CDC) (see table below for definitions).

### **Laboratory Activity in NM:**

- For the week ending December 17, 2005, 17 of 17 sentinel clinical laboratories reported performing 331 rapid antigen or immunofluorescence (i.e., direct fluorescent antibody staining, DFA) tests, of which 58 (17.5%) were positive for influenza A, and none were positive for influenza B or indistinguishable<sup>3</sup>.
- Since October 2, 2005, 17 sentinel clinical laboratories have reported the results of 981 rapid influenza tests. One hundred and seven (7.5%) tests were positive, of which 104 detected influenza A and 2 detected influenza B tests. During week 50, three specimens were culture positive as influenza A; one was rapid antigen positive as well.
- Influenza A subtyping of selected culture isolates is pending from the NMDOH Scientific Laboratory Division (SLD).

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

Through the week ending December 10th, 2005, nationally there have been four influenza-related pediatric deaths reported to CDC, two of which occurred during the 2004-05 season (none from NM).

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

For the week ending December 10, 2005 (the most recent data available), influenza activity was reported as “Sporadic” by Texas, Montana, Nevada and Wyoming and “Local” by Idaho, Colorado, Arizona and Utah. 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.<sup>3</sup>

---

<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> Weekly ILI data may change as additional reports are compiled.

<sup>3</sup> Some rapid influenza tests cannot differentiate between types A and B.

## National Flu Surveillance and Laboratory Activity

For the week ending December 10, 2005, 41 (3%) of 1,387 specimens tested for influenza viruses were positive by culture. Of these, 14 were influenza A (H3N2), 1 was influenza A (H1N1), 24 were influenza A not subtyped, and 2 were influenza B. Nationwide, 1.8 % of patient visits to U.S. sentinel providers were due to influenza-like-illness. Influenza activity was reported as ‘Regional’ by California, ‘local’ by 5 states and the District of Columbia and ‘Sporadic’ by 30 states and New York City. Thirteen states reported ‘No Activity’ and one state did not report. 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 <sup>†</sup>
Sporadic	Not increased	And	Isolated lab-confirmed cases
	<b>OR</b>		
Local	Not increased	And	Lab confirmed outbreak in one institution <sup>‡</sup>
	<b>OR</b>		
Regional (doesn't apply to states with ≤4 regions)	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
	<b>OR</b>		
Regional (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	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
	<b>OR</b>		
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
	<b>OR</b>		
Regional (doesn't apply to states with ≤4 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
	<b>OR</b>		
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.

<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:**

