



# Epidemiology and Response Division

## NEW MEXICO INFLUENZA SURVEILLANCE UPDATE 2006-2007 Influenza Season

*Epidemiology and Response Division, New Mexico Department of Health (NMDOH)*

### Weekly Report ending November 11, 2006 (MMWR Week 45)

NMDOH reported the state influenza activity as “**No Activity**” to the Centers for Disease Control and Prevention (CDC) (see table below for definitions).

#### **Summary of Influenza Activity in New Mexico for Week Ending 11/11/06<sup>1</sup>:**

- Nineteen of the 19 sentinel sites reported a total of 5,318 patient visits, of which 81 (1.52%) were positive for an influenza-like illness (ILI)<sup>2</sup>. The previous week ending November 4th reported 0.80 % influenza-like illness.

#### **Summary of Sentinel Laboratory Activity in New Mexico:**

Period of 2006-2007 Influenza Season	Number of Tests Performed *	Positive Type A (n,%)	Positive Type B (n,%)	Positive Type Unknown <sup>3</sup> (n,%)
Week ending 11/11/06 (29 of 30 labs reporting)	149	3 (2.01%)	0 (0%)	0 (0%)
Cumulative as of 10/1/06	654	12(1.83%)	2 (0.31%)	1 (0.15%)

\* Includes rapid antigen and immunofluorescence testing (i.e., direct fluorescent antibody staining)

NMDOH Scientific Laboratory Division (SLD) has not isolated influenza A or B from respiratory specimens submitted since mid-September 2006.

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

There have been no cases of influenza-related pediatric deaths reported to CDC, or in New Mexico, this influenza season.

#### **Reported Flu Activity in the Mountain Region and Texas, Week Ending 11/4/06:**

Of the 7 other states in the Mountain Region, all seven reported “no activity”. Texas reported “sporadic” activity.

#### **National Flu Surveillance and Laboratory Activity, Week Ending 11/4/06:**

Nationwide, for the week ending 11/4/06, 1.3% of patient visits to U.S. sentinel providers were due to ILI, which is less than the national baseline of 2.1 %. Influenza activity was reported as “Regional” by one state (North Carolina), “Local” by 2 states (Florida and Louisiana), and “Sporadic” by 12 states and the District of Columbia. Thirty-four states and New York City reported “No Activity”. No report was received from one state.

More information on national surveillance can be found at <http://www.cdc.gov/flu/weekly/>.

<sup>1</sup> Weekly ILI and lab data may change as additional reports are compiled.

<sup>2</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>3</sup> Some rapid influenza tests cannot differentiate between types A and B.

During this same week, WHO and NREVSS laboratories reported 1,743 specimens tested for influenza viruses, 84 of which were positive: five influenza A (H1), one influenza A (H3), 58 influenza A that were not subtyped, and twenty influenza B viruses. Of the 276 influenza viruses that have been reported this season, 180 (65.2%) have been reported from Florida. Nineteen states have reported laboratory confirmed flu this season.

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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.

\*Influenza-like illness: Fever (≥ 100°F [37.8°C], oral or equivalent) and cough and/or sore throat (in the absence of a known cause other than influenza)

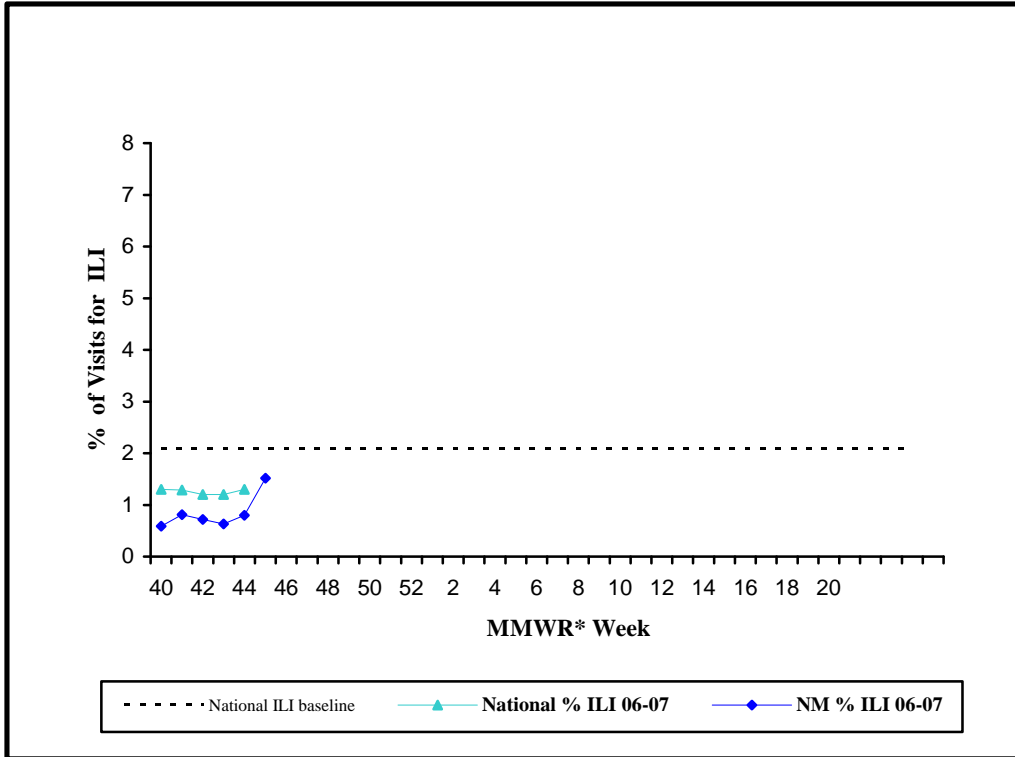
<sup>†</sup> Lab confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR. Care should be given when relying on results of point of care rapid diagnostic test kits during times when influenza is not circulating widely. The sensitivity and specificity of these tests vary and the 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.

<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.

## Influenza Surveillance Graphs:

Percentage of Visits for Influenza-Like Illness reported by Sentinel Providers, NM and US, 2006-2007 Season



Sentinel Site ILI Visits and Sentinel Laboratory Influenza Testing, New Mexico, 2005-2006

