



Epidemiology and Response Division

NEW MEXICO INFLUENZA SURVEILLANCE UPDATE 2007-2008 Influenza Season

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

Week Ending	Activity Level
12/15/07 (MMWR Week 50)	Sporadic

NMDOH reported the state influenza activity as “**Sporadic**” to the Centers for Disease Control and Prevention (CDC). “Sporadic” is defined as influenza-like illness activity not increased and isolated lab (culture) -confirmed cases in the state (see table on page 3 for full definitions of activity levels). New Mexico Department of Health Scientific Lab Division reported the first culture-positive influenza (Type B), collected on 12/10/07.

Summary of Influenza Activity in New Mexico for Week Ending 12/15/07¹:

- Twenty-one of the 25 sentinel provider sites reported a total of 7,117 patient visits, of which 72 (1.01%) were positive for an influenza-like illness (ILI)². The previous week ending December 8th reported 1.02 % influenza-like illness.

Summary of Sentinel Laboratory Activity in New Mexico:

Period of 2007-2008 Influenza Season	Number of Tests Performed**	Positive Type A (n,%)	Positive Type B (n,%)	Positive Type Unknown ³ (n,%)	Total Positive All Types (n,%)
Week ending 12/15/07 (31 of 31 labs reporting)	268	5 (1.87%)	5 (1.87%)	4 (1.49%)	14 (5.22%)
Cumulative as of 10/1/07	1815	20 (1.1%)	9 (0.5%)	7 (0.39%)	36 (1.98%)

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

Note: The sensitivity and specificity of point of care rapid diagnostic tests vary during times when influenza is not circulating widely. The NM Influenza Surveillance Program expects some false positive rapid diagnostic results outside the time of peak influenza activity (i.e., beginning and end of season). The first NM laboratory confirmed case of the influenza season is based on a positive **viral culture** result.

Influenza-Related Pediatric Mortality:

One pediatric death has been reported to CDC this season. NM has had no influenza-related pediatric deaths reported this season.

Influenza Activity, Mountain Region and Bordering States, Week Ending 12/15/07:

State	Activity Level	State	Activity Level
Montana	Sporadic	Arizona	Local
Idaho	None	Utah	Sporadic
Wyoming	Sporadic	Nevada	Sporadic
Colorado	Regional	Texas	Local
New Mexico	Sporadic	Oklahoma	Sporadic

¹ Weekly ILI and lab data may change as additional reports are compiled.

² 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.

³ Some rapid influenza tests cannot differentiate between types A and B.

National Flu Surveillance and Laboratory Activity, Week Ending 12/15/07:

Nationwide, for the week ending 12/15/07, 1.7% of patient visits to U.S. sentinel providers were due to ILI, which is less than the national baseline of 2.2 %. Influenza activity was reported as “Regional” by one state (Colorado), “Local” in 5 states and “Sporadic” in 36 states, the District of Columbia and Puerto Rico. Eight states reported “No Activity”. More information on national surveillance can be found at <http://www.cdc.gov/flu/weekly/>.

During this same week, the World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratories reported 2,207 specimens tested for influenza viruses, 86 (3.9%) of which were positive: 22 influenza A/H1, five influenza A/H3 viruses, 49 influenza A viruses that were not subtyped, and 10 influenza B viruses. The District of Columbia and 35 states from all nine surveillance regions have reported laboratory-confirmed influenza this season.

Antigenic Characterization:

CDC has antigenically characterized 58 influenza viruses [32 influenza A (H1), eleven influenza A (H3) and 15 influenza B viruses] collected by U.S. laboratories since September 30, 2007.

Influenza A (H1) [32]

All 32 viruses were characterized as A/Solomon Islands/3/2006, the influenza A (H1) component of the 2007-08 influenza vaccine for the Northern Hemisphere and the 2008 influenza A (H1) component for the Southern Hemisphere. A/Solomon Islands/3/2006 is a recent minor antigenic variant of A/New Caledonia/20/99.

Influenza A (H3) [11]

Four viruses were characterized as A/Wisconsin/67/2005-like, the influenza A (H3) component of the 2007-08 influenza vaccine. Seven viruses were characterized as A/Brisbane/10/2007-like. A/Brisbane/10/2007 is a recent antigenic variant which evolved from A/Wisconsin/67/2005-like. A/Brisbane/10/2007-like virus is the recommended influenza A (H3) component for the 2008 Southern Hemisphere vaccine.

Influenza B [15]

All fifteen viruses were identified as belonging to the B/Yamagata lineage. The recommended influenza B component for the 2007-08 influenza vaccine is a B/Malaysia/2506/2004-like virus, belonging to the B/Victoria lineage.

It is too early in the influenza season to determine which influenza viruses will predominate or how well the vaccine and circulating strains will match.

This information is collected by the Infectious Disease Epidemiology Bureau, Epidemiology Response Division of NMDOH.

In future issues of this weekly report, NMDOH will be reporting on added influenza surveillance program components (e.g. school surveillance, hospitalization surveillance, and border and tribal surveillance) as data become available.

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 [‡]
	OR		
Local	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
	OR		
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
	OR		
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		
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
	OR		
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.

*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)

[†] 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.

[‡] 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— 2007-2008 Season:

