



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
1/19/08 (MMWR Week 3)	Regional

NMDOH reported the state influenza activity as “**Regional**” to the Centers for Disease Control and Prevention (CDC). See the table on page 3 for full definitions of activity levels. As of January 25th, the Scientific Lab Division (SLD) has received 271 culture specimens since the beginning of the season. Sixty-five specimens (23.9%) have been culture-positive and finalized for subtyping: 36 type A (H1), 3 A/H3 and 26 type B (Yamagata Lineage).

Summary of Influenza Activity in New Mexico for Week Ending 1/19/08¹:

- Twenty-four of the 25 sentinel provider sites reported a total of 8,543 patient visits, of which 185 (2.2%) were positive for an influenza-like illness (ILI)². The previous week ending January 12th reported 2.04% 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 1/19/08 (29 of 31 labs reporting)	793	80 (10.1%)	40 (5.0%)	13 (1.6%)	133 (16.8%)
Cumulative as of 10/1/07	4856	222 (4.6%)	126 (2.6%)	60 (1.2%)	408 (8.4%)

**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 1/19/08:

State	Activity Level	State	Activity Level
Montana	Regional	Arizona	Regional
Idaho	Local	Utah	Local
Wyoming	Local	Nevada	Local
Colorado	Widespread	Texas	Widespread
New Mexico	Regional	Oklahoma	Local

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 1/19/08:

Nationwide, for the week ending 1/19/08, 2.6% of patient visits to U.S. sentinel providers were due to ILI, which is above the national baseline of 2.2%. Influenza activity was reported as "Widespread" by six states (Colorado, Texas, New York, New Jersey, Virginia and Hawaii), "Regional" by 17 states, "Local" by 17 states and the District of Columbia, and "Sporadic" by 10 states and Puerto Rico. 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 2,971 specimens tested for influenza viruses, 329 (11.1%) of which were positive: 38 influenza A/H1, 38 influenza A/H3 viruses, 190 influenza A viruses that were not subtyped, and 63 influenza B viruses.

Antigenic Characterization:

CDC has antigenically characterized 197 influenza viruses [101 influenza A (H1), 53 influenza A (H3) and 43 influenza B viruses] collected by U.S. laboratories since September 30, 2007.

Influenza A (H1) [101]

- Ninety-seven (96%) of the 101 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.
- Four (4%) of the 101 viruses showed somewhat reduced titers with antisera produced against A/Solomon Islands/3/2006.

Influenza A (H3) [53]

- Six viruses (11%) were characterized as A/Wisconsin/67/2005-like, the influenza A (H3) component of the 2007-08 influenza vaccine.
- Forty-six (87%) 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.
- One (2%) virus showed somewhat reduced titers with antisera produced against A/Wisconsin/67/2005 and A/Brisbane/10/2007.

Influenza B [43] (B/Victoria/02/87 and B/Yamagata/16/88 lineages)

Victoria lineage [3]

- Two viruses were characterized as B/Ohio/01/2005-like. 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. B/Ohio/01/2005 is a recent B/Malaysia/2506/2004-like reference strain.
- One virus showed somewhat reduced titers with antisera produced against B/Ohio/01/2005 and B/Malaysia/2506/2004.

Yamagata lineage [40]

- Forty viruses were identified as belonging to the B/Yamagata lineage.

This information is collected by the Infectious Disease Epidemiology Bureau, Epidemiology Response Division of NMDOH. For questions, please call 505-827-0006. For Border influenza activity (southern New Mexico and the Juarez, Chihuahua, Mexico areas), please refer to the NM/Mexico Border Influenza Surveillance Report at http://www.health.state.nm.us/flu/border/Week%20Ending%2001%2005%2008_1_.pdf

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
	Not increased	And	OR Lab confirmed outbreak in one institution [‡]
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
	2 or more institutional outbreaks (ILI or lab confirmed) in 1 region; ILI activity in other regions is not increased	And	OR 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
	Institutional outbreaks (ILI or lab confirmed) in ≥2 and less than half of the regions	And	OR Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
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:

