

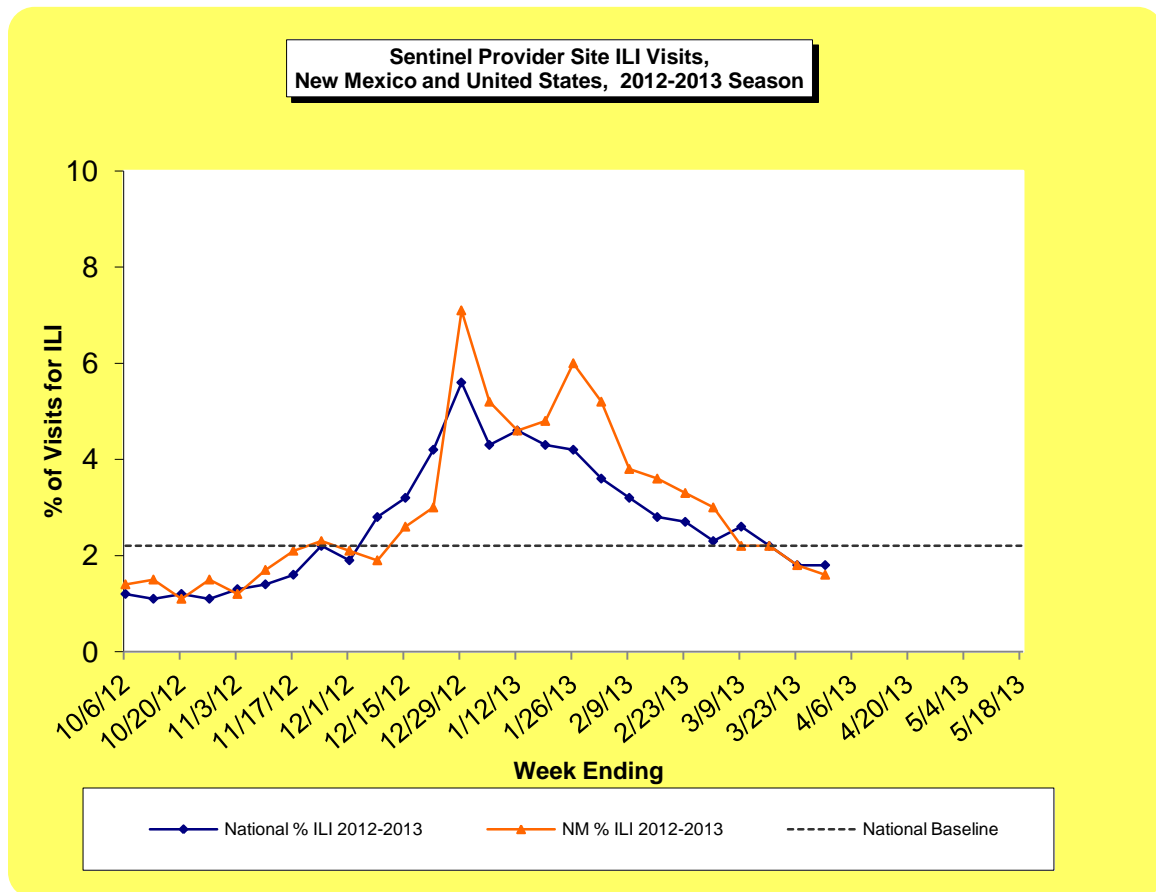
NEW MEXICO INFLUENZA SURVEILLANCE UPDATE 2012 - 2013 Influenza Season

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

Influenza Activity in New Mexico for **Week Ending March 30, 2013 (MMWR Week 13)**

Influenza in the state was at low activity by several indicators¹:

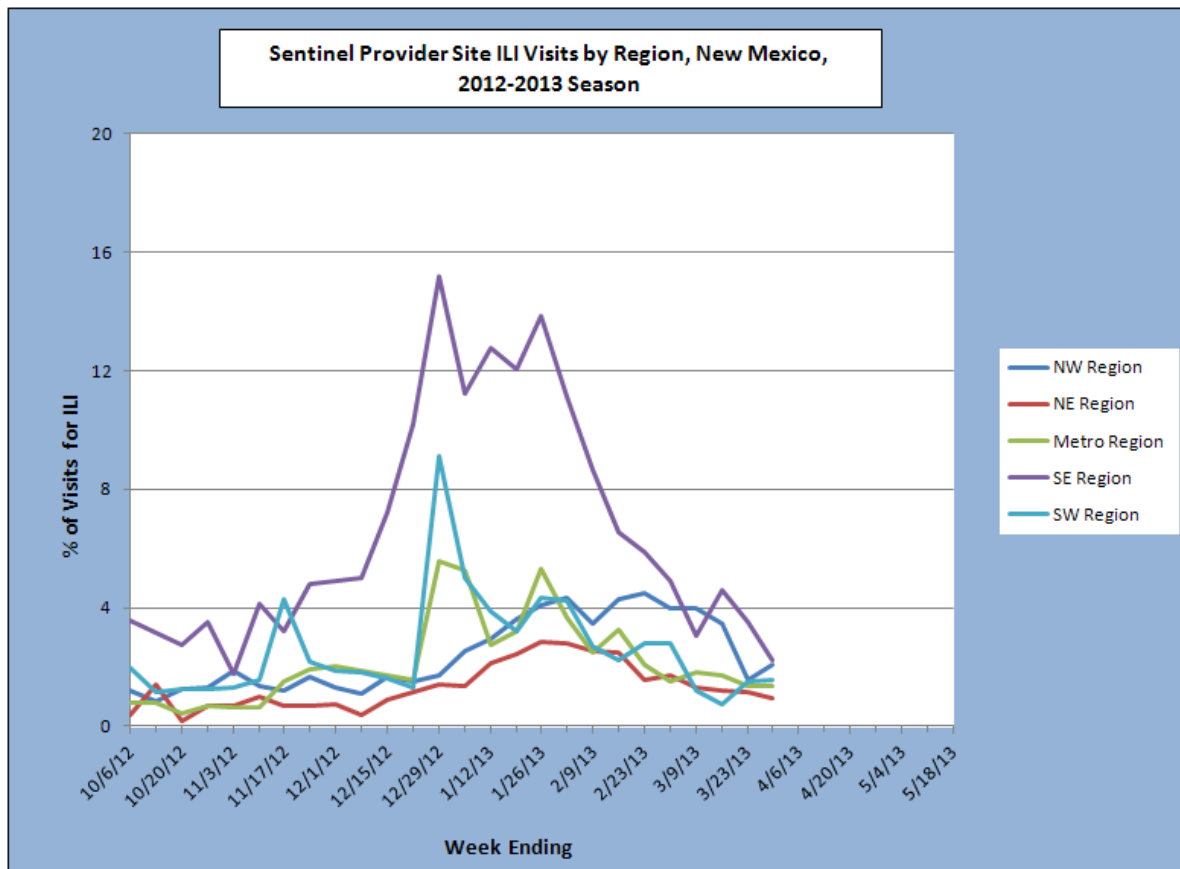
- Outpatient visits for influenza-like illness (ILI):** twenty-five of the 26 sentinel outpatient provider sites reported a total of 8,248 patient visits, of which 129 (1.6%) were identified as visits for ILI². The previous week ending March 23rd reported 1.7% influenza-like illness. See graph below displaying the comparison of statewide ILI activity to national ILI activity trends.



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

² Influenza-like Activity (ILD) is defined as Fever ($\geq 100^{\circ}\text{F}$ [37.8°C], oral or equivalent) AND cough and/or sore throat in the absence of a KNOWN cause other than influenza.

- ILI activity by state health regions: by NMDOH regions within the state (refer to page 6 table footnote defining the regions by county), activity continues to drop to baseline levels in most regions with a range of 0.9% ILI (Northeast Region) to 2.2% ILI (Southeast Region). See graph below for the current season's weekly ILI by region.



Sentinel outpatient reporting sites by Region:

NW Region of state: San Juan Regional Medical Center, Farmington and Acoma-Canoncito- Laguna Indian Health Hospital, Acoma.

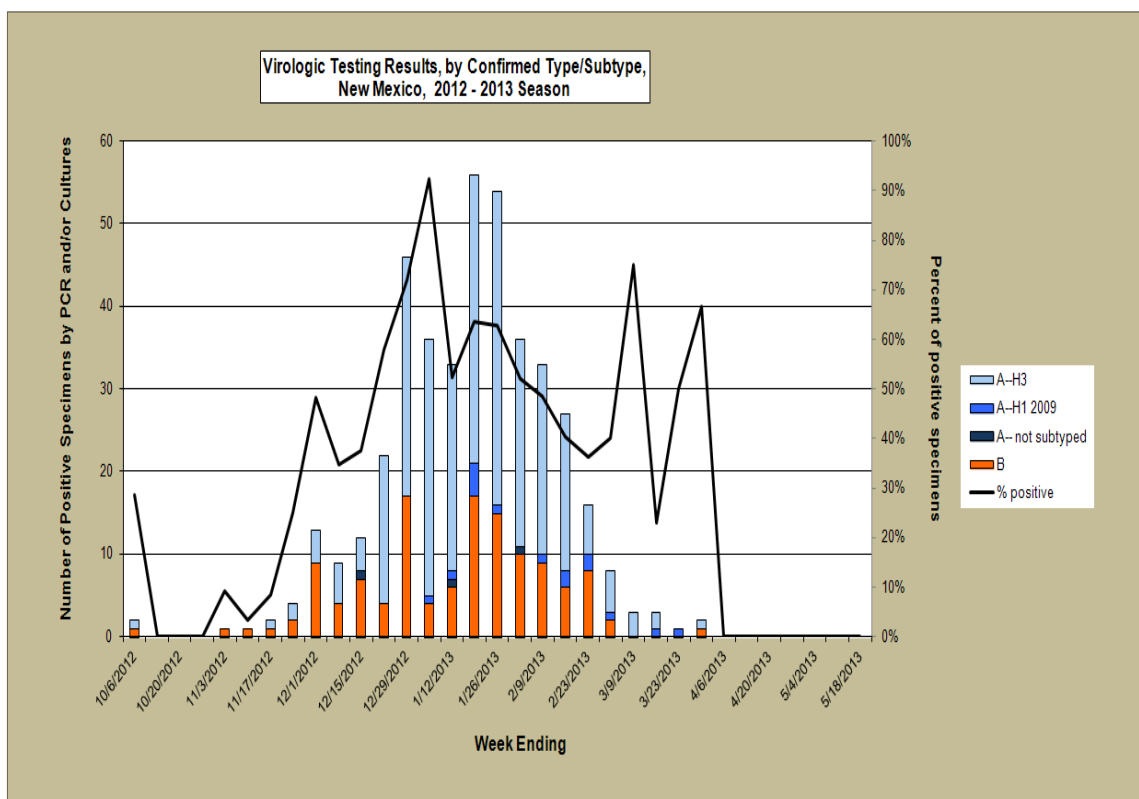
NE Region: Raton Family Practice Associates, Raton; Taos-Picuris Indian Health Clinic, Taos; Pecos Valley Medical Center, Pecos; La Familia Medical Clinic, Santa Fe; Los Alamos Family Care Clinic, Los Alamos; Jicarilla Apache Indian Health Clinic, Dulce and Espanola Family Care Clinic, Espanola.

Metro Region: Lovelace Downtown Medical Center and the University of New Mexico Student Health Clinic, both in Albuquerque and Albuquerque Health Partners Urgent Care, Rio Rancho.

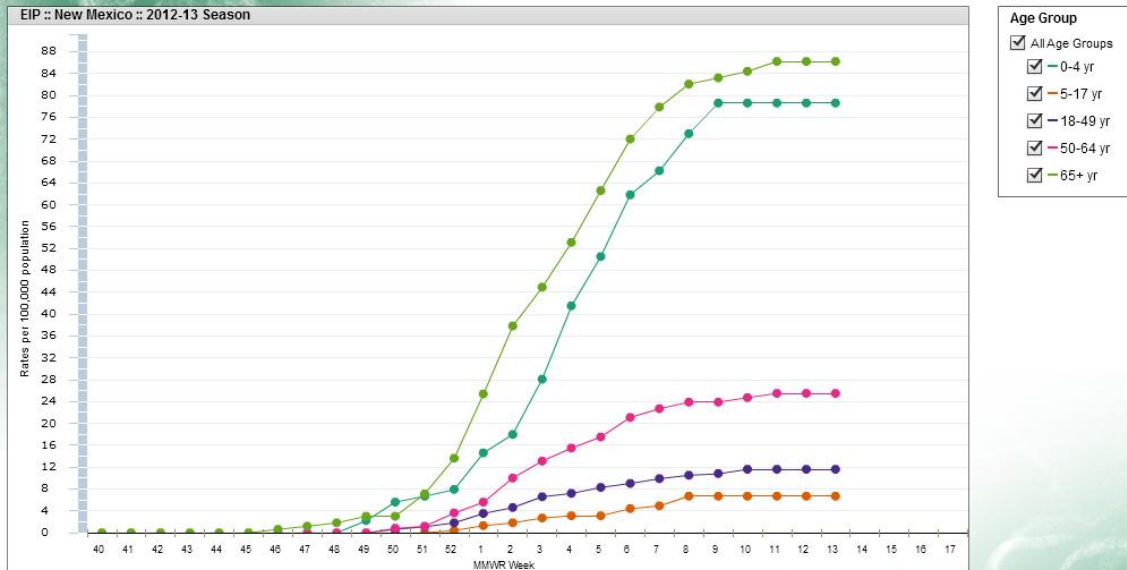
SE Region: Carlsbad Medical Center, Carlsbad; Lea Regional Medical Center, Hobbs; Eastern New Mexico Medical Center, Roswell; Ruidoso Medical Associates, Ruidoso and Roosevelt General Hospital in Portales.

SW Region: Gila Regional Medical Center, Silver City; Hidalgo Medical Services Clinic, Lordsburg; Ben Archer Health Center, Deming; Ben Archer Health Center, Dona Ana; La Clinica de Familia, Sunland Park; Ben Archer Health Center, Columbus; Mescalero Apache Indian Health Hospital, Mescalero; Sierra Vista Hospital, Truth or Consequences and the New Mexico Mining and Technology Institute, Socorro.

- Laboratory tests for influenza:** since early October, the Scientific Lab Division (SLD) has reported 420 positive samples for influenza by PCR and/or culture, of 891 samples tested (47%). One hundred and twenty five (30%) of the positive samples were influenza type B; 277(66%) were influenza A/H3; 15 (~4%) were influenza A/H1 (former 2009 H1N1 pandemic strain) and 3 were influenza A (not subtyped). See the graph below for a representation of the circulating influenza types and subtypes, and the weekly percent of positive specimens, by week/date of collection.



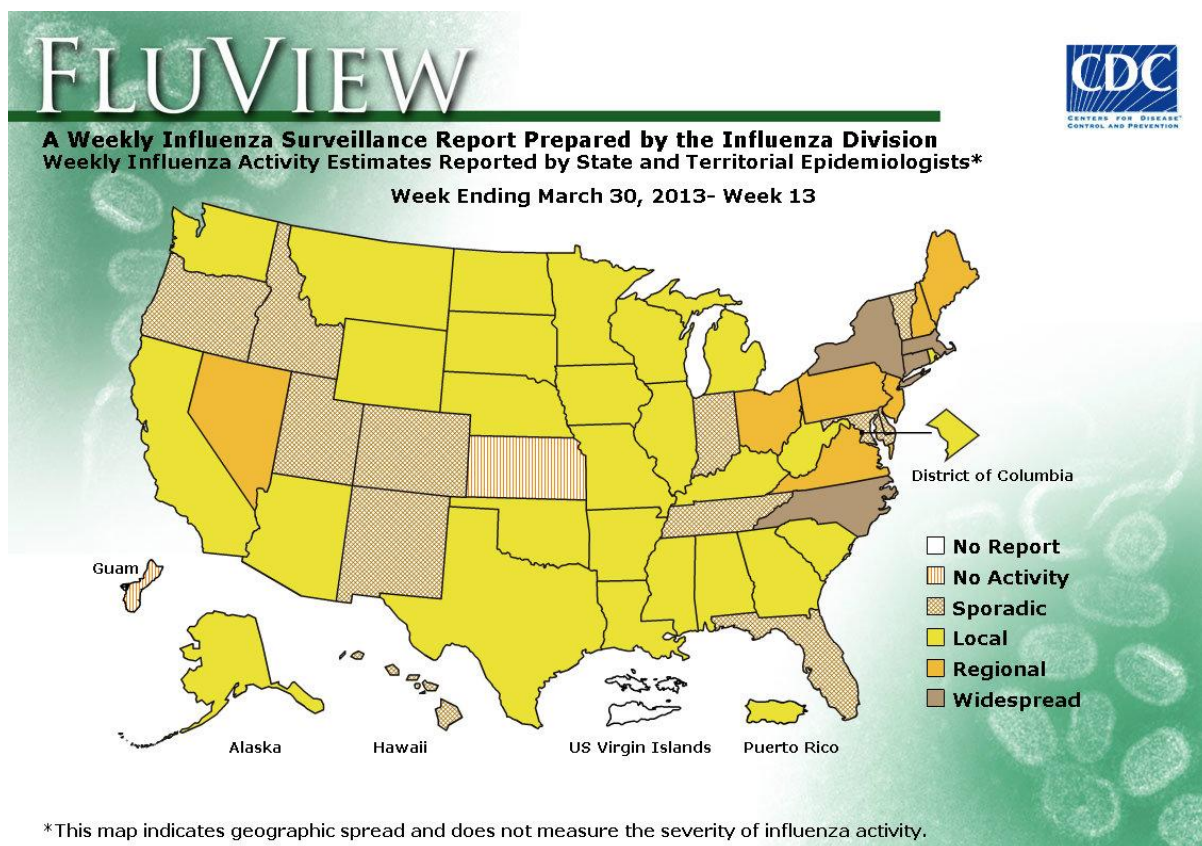
- Influenza-related hospitalizations:** the New Mexico Emerging Infections Program (EIP) conducts active, population-based surveillance for laboratory-confirmed influenza-related hospitalizations in seven New Mexico counties: Bernalillo, Chaves, Doña Ana, Grant, Luna, San Juan, and Santa Fe. Weekly de-identified data are sent to the Centers for Disease Control and Prevention. Cumulative rates by age group for NM influenza-related hospitalizations are displayed below. Rates by age group range from 6.7 per 100,000 in the 5-17 years age group to 86.2 per 100,000 in the 65+ years age group.



The Influenza Hospitalization Surveillance Network (FluSurv-NET) conducts population-based surveillance for laboratory-confirmed influenza-associated hospitalizations in children (persons younger than 18 years) and adults. The current network covers over 80 counties in the 10 Emerging Infections Program (EIP) states (CA, CO, CT, GA, MD, MN, NM, NY, OR, and TN) and five additional states (IA, MI, OH, RI, and UT). The network represents approximately 9% of US population (~28 million people). Cases are identified by reviewing hospital, laboratory, and admission databases and infection control logs for patients hospitalized during the influenza season with a documented positive influenza test (i.e., viral culture, direct/indirect fluorescent antibody assay (DFA/IFA), reverse transcription-polymerase chain reaction (RT-PCR), or a rapid influenza diagnostic test (RIDT)). Data gathered are used to estimate age-specific hospitalization rates on a weekly basis, and describe characteristics of persons hospitalized with severe influenza illness. Laboratory confirmation is dependent on clinician-ordered influenza testing. Therefore, the rates provided are likely to be underestimated as influenza-related hospitalizations can be missed, either because testing is not performed, or because cases may be attributed to other causes of pneumonia or other common influenza-related complications. FluSurv-NET hospitalization data are preliminary and subject to change as more data become available. Please use the following citation when referencing these data: "FluView: Influenza Hospitalization Surveillance Network, Centers for Disease Control and Prevention. WEBSITE. Accessed on DATE".

- Influenza-related deaths:** There have been 150 pneumonia and flu-related deaths since October 1, 2012. Of those, 18 were confirmed to have been caused by influenza. Two of those 18 deaths were in the pediatric age group: a 2 year old female from McKinley County and a 15 year old male from Torrance County and both occurred in the month of January.

- Geographic Spread of Influenza in the State:** NMDOH reported the state influenza activity as ‘**Sporadic**’ to the Centers for Disease Control and Prevention (CDC). See the table on the next page for full definitions of activity levels. Below is a map of the U.S displaying New Mexico activity in comparison to influenza activity in bordering states, regions and nationally. This map is produced by the CDC Influenza Division.



This information is collected by the Infectious Disease Epidemiology Bureau, Epidemiology Response Division of 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/fluivirus.htm>

TABLE OF INFLUENZA ACTIVITY LEVELS

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	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	Increased ILI in less than half of the regions (2 or less)	And	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
	OR		
Regional	Institutional outbreaks (ILI or lab confirmed) in less than half of the regions (2 or less)	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 3 of the 5 regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the state.

*Influenza-like illness: Fever ($\geq 100^{\circ}\text{F}$ [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, at the start of the season, NMDOH uses lab confirmation by PCR or culture to declare the presence of lab-confirmed influenza in the state. Positivity by other lab methods is recognized and tracked as another influenza activity indicator as the season progresses.

[‡] 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. In New Mexico, the NMDOH regions are: **Northwest Region—San Juan, McKinley, and Cibola counties; **Northeast Region**—Los Alamos, Rio Arriba, Taos, Colfax, Union, Mora, Harding, Santa Fe, San Miguel and Guadalupe counties; **Metro Region** — Bernalillo, Sandoval, Torrance and Valencia counties; **Southeast Region** —Quay, Curry, DeBaca, Lincoln, Roosevelt, Chaves, Eddy and Lea counties, and **Southwest Region** —Socorro, Catron, Grant, Sierra, Otero, Dona Ana, Luna and Hidalgo counties.