

NEW MEXICO INFLUENZA SURVEILLANCE UPDATE 2013 - 2014 Influenza Season

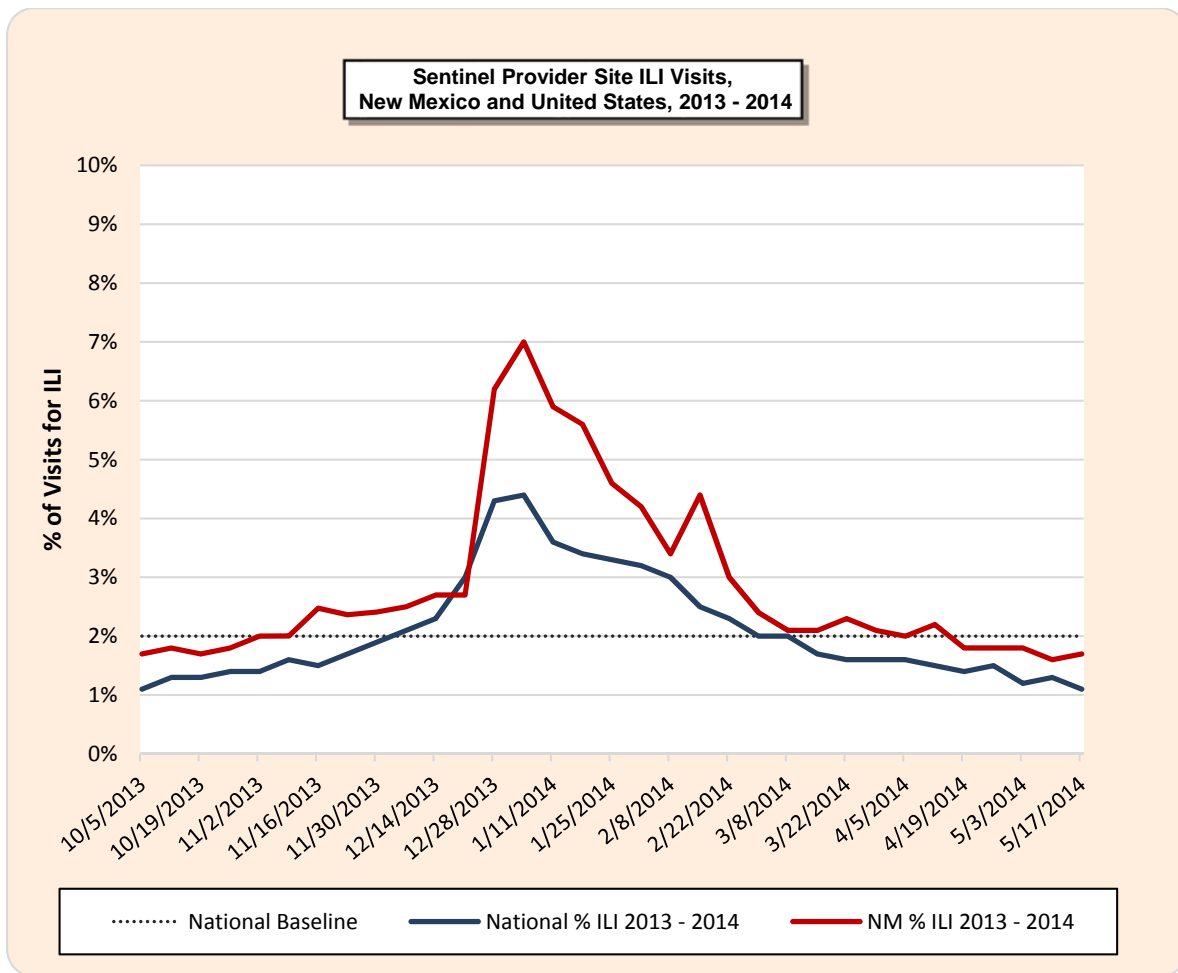
Epidemiology and Response Division, New Mexico Department of Health (NMDOH)

Influenza activity in New Mexico for the Week Ending May 17, 2014 (MMWR Week 20)

Please note that this is the final report for the 2013-2014 Influenza Season.

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

- Outpatient visits for influenza-like illness (ILI):** Twenty-five of the 29 sentinel outpatient provider sites reported a total of 9,348 patient visits, of which 157 (1.7%) were identified as visits for ILI². See graph below displaying the comparison of statewide ILI activity to national ILI activity.



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

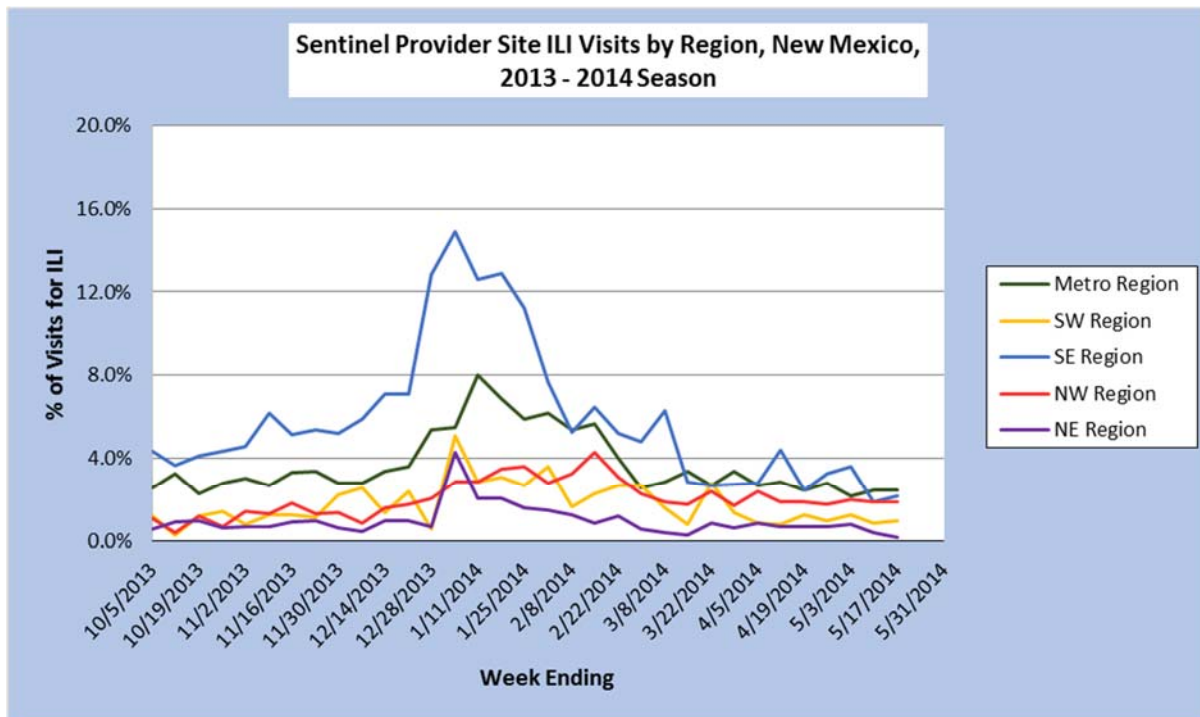
² Influenza-like Activity (ILI) is defined as Fever ($\geq 100^{\circ}\text{F}$ [37.8°C], oral or equivalent) AND cough and/or sore throat in the absence of a KNOWN cause other than influenza.

- **ILI Activity by State Health Regions:** by NMDOH regions within the state Weekly ILI comparing this week to last week is shown in the table below.

Weekly percentage of influenza-like illness outpatient visits by Health Region – New Mexico 2013-2014		
	Last week	This week
Northwest Region	1.9%	1.9%
Northeast Region	0.4%	0.2%
Southwest Region	0.9%	1.0%
Southeast Region	1.9%	2.2%
Metro Region	2.5%	2.5%
Statewide %	1.6%	1.7%

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.

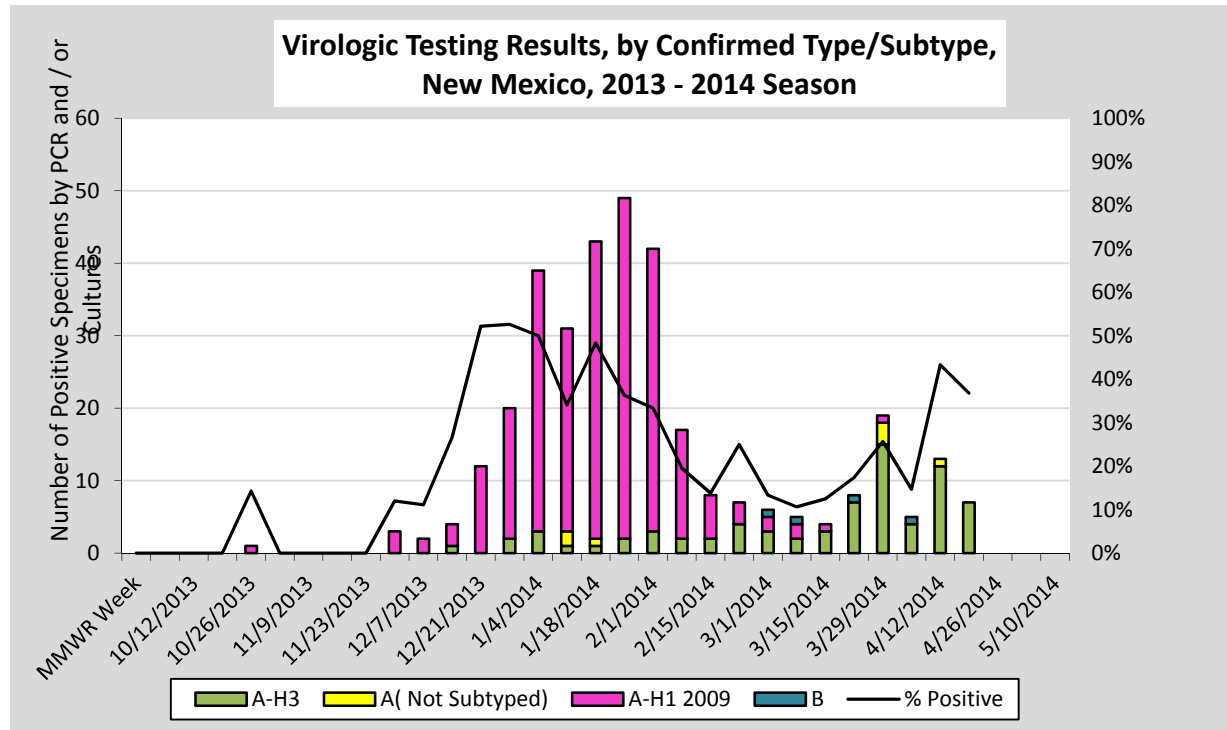
See graph below for the current season's weekly ILI by region.



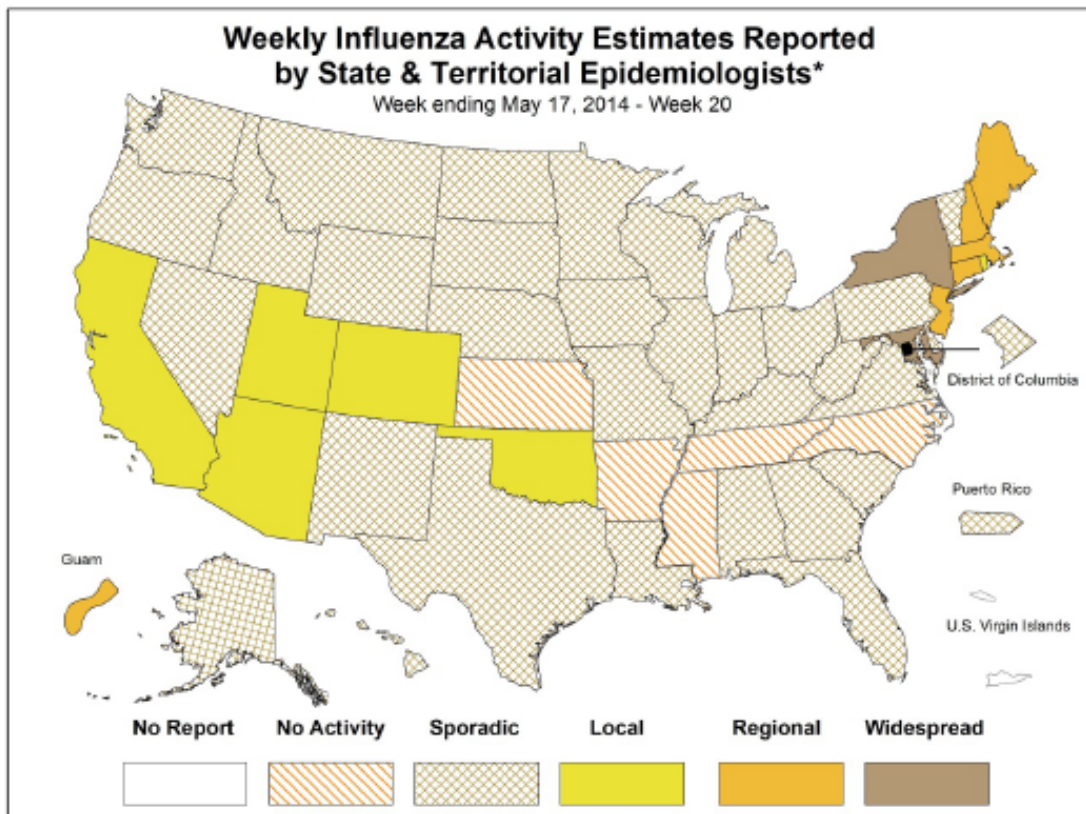
Sentinel Outpatient Reporting Sites by Region:

NW Region	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; Espanola Family Care Clinic, Espanola
Metro Region	Lovelace Downtown Medical Center, Albuquerque; University of New Mexico Student Health Clinic, Albuquerque; Presbyterian Medical Group-Atrisco, Northside, Pediatric Urgent Care; 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; Roosevelt General Hospital, Portales
SW Region	Gila Regional Medical Center, Silver City; Hidalgo Medical Services Clinic, Lordsburg; Ben Archer Health Center, Deming, Columbus, and Dona Ana; La Clinica de Familia, Sunland Park; Mescalero Apache Indian Health Hospital, Mescalero; Sierra Vista Hospital, Truth or Consequences; New Mexico Mining and Technology Institute, Socorro

- Laboratory tests for influenza:** The graph below illustrates the circulating influenza types and subtypes and the weekly percent of positive specimens by week/data of collection during the 2013-2014 season. Influenza A/H1N1 accounts for 77% of positive samples.



- **Influenza-related deaths:** There have been 34 influenza-related deaths and 184 pneumonia deaths in adults in New Mexico residents reported since the start of the 2013/2014 influenza season.
- **Influenza-related Hospitalizations:** The New Mexico Emerging Infections Program (EIP) is part of FluSurv-NET (a population-based surveillance system for influenza related hospitalizations in children and adults). In New Mexico active, population-based surveillance is conducted for laboratory-confirmed influenza-related hospitalizations in seven New Mexico counties: Bernalillo, Chaves, Dona Ana, Grant, Luna, San Juan, and Santa Fe. Weekly de-identified data are sent to the Centers for Disease Control and Prevention. Data are used to estimate weekly age-specific hospitalization rates for persons hospitalized with severe influenza illness. Incidence rates are calculated using the National Center for Health Statistics' (NCHS) population estimates for the counties included in the surveillance catchment area. Overall, 36 people per 100,000 population in New Mexico were hospitalized for influenza to date during the 2013-2014 flu season.
- **Geographic Spread of Influenza in the State:** NMDOH reported the state influenza activity level as '**Sporadic**' to the Centers for Disease Control and Prevention (CDC). See the table on page 4 for the activity level definitions. The map below displays New Mexico activity in comparison to influenza activity in bordering states, regions, and nationally for the week ending May 17, 2014.



* This map indicates geographic spread & does not measure the severity of influenza activity

This information is collected by the Infectious Disease Epidemiology Bureau, Epidemiology Response Division, New Mexico Department of Health. 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>

TABLE OF INFLUENZA ACTIVITY LEVELS

Activity Level	ILI activity*/Outbreaks		Laboratory data
No activity	Low	And	No lab confirmed cases [†]
	Not increased	And	Isolated lab-confirmed cases
Sporadic	OR		
	Not increased	And	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
	OR		
	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
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		
	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
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.

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