New Mexico influenza-like illness (ILI) activity is currently 1.2% of patient visits and is below the NM ILI baseline of 3.4% in all five health regions.

Based on testing results, we interpret ILI currently in NM as a reflection of symptomatic COVID-19 infection.

US ILI is 0.9%, which is below the national ILI baseline of 2.6%.

No influenza outbreaks were reported this week in any of the five health regions.

Please visit https://cv.nmhealth.org for COVID-19 Weekly Epidemiology Reports.

Visit CDC FluView for the national ILI report.

*Activity Map from https://www.cdc.gov/flu/weekly/index.htm
New Mexico Department of Health (NMDOH) is collaborating with 21 ILI sentinel sites and 30 syndromic surveillance sites* for the 2020-2021 season. Sites report weekly on the number of patients that present to their facility with influenza-like illness (ILI). That number is then divided by the total number of patients seen for any reason, resulting in percent of ILI activity. ILI is defined as fever of greater than or equal to 100° F and cough and/or sore throat without a known cause other than influenza.

* See appendix for reporting sites

<table>
<thead>
<tr>
<th>% ILI, NM, Week 11 March 14th – March 20th 2021 (current week)</th>
<th>% ILI, NM, Week 10 March 7th – March 13th 2021 (previous week)</th>
<th>% ILI, United States, Week 11 March 14th – March 20th 2021 (current week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2%</td>
<td>1.1%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

* See appendix for reporting sites
**Regional Influenza-Like Illness (ILI) Activity, 2020-2021**

**NM ILI Activity by Health Region, 2020-2021**

<table>
<thead>
<tr>
<th>Region</th>
<th>This Week</th>
<th>Last Week</th>
<th>Total ILI / Total ED Visits</th>
<th>Outbreaks</th>
<th>+PCR testing</th>
<th>+Rapid flu tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>NW</td>
<td>0.9%</td>
<td>0.9%</td>
<td>12/1385</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NE</td>
<td>1.3%</td>
<td>0.9%</td>
<td>40/3011</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Metro</td>
<td>1.3%</td>
<td>1.0%</td>
<td>72/5509</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>SW</td>
<td>1.1%</td>
<td>1.7%</td>
<td>33/2975</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>SE</td>
<td>1.0%</td>
<td>1.1%</td>
<td>20/2051</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Outbreak:** An influenza outbreak is defined as at least two cases of ILI in a congregate residential care setting with at least one laboratory confirmed case.

**PCR Testing:** Polymerase Chain Reaction (PCR) tests can identify the presence of influenza viral RNA in respiratory specimens. PCR testing is performed at various laboratories across New Mexico.
In order to determine the proportion of ILI caused by SARS-CoV-2, the virus that causes COVID-19, versus influenza, we are leveraging a new source of data this season.

Individuals tested for SARS-CoV-2 at Public Health Offices (PHOs) in New Mexico register for their test via the NMDOH COVID-19 Test Registration Portal, where they indicate which symptoms they are experiencing.

Looking at just individuals who meet the ILI case definition (Fever and Cough and/or Sore Throat), we are able to match these individuals to their test results from the Scientific Laboratory Division (SLD).

The sampling strategy selects a proportion of individuals who meet ILI case definition, to be screened for influenza in addition to SARS-CoV-2. One specimen from each of five age categories per county is selected, for a maximum of 165 specimens per week. However, there is not always a specimen that meets the sampling criteria in every age category in every county.

As of week 51, the Southeast region is no longer sending specimens to SLD.

**Please note:** due to low prevalence of ILI, some regions are seeing very low numbers of patients in recent weeks. This can result in instability in the estimate of percent positivity.

<table>
<thead>
<tr>
<th>Region</th>
<th>Total tested</th>
<th>Total ILI</th>
<th>+Flu</th>
<th>+ COVID</th>
<th>% Positive COVID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro</td>
<td>750</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>14.3</td>
</tr>
<tr>
<td>NE</td>
<td>870</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NW</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SW</td>
<td>477</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SE</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
This visualization is populated from data in New Mexico’s Syndromic Surveillance Database. Initial patient encounter information is usually received within 24 hours, but clinical documentation is continuously being updated as it is identified throughout the patient encounter and hospital coding process.

**CLI CC with CLI DD and Coronavirus DD** includes ED encounters with chief complaint consisting of fever and cough, shortness of breath, or difficulty breathing, while also including COVID-19 associated discharge diagnoses codes. The CLI definition excludes known influenza related ED visits coded with related influenza discharge diagnosis.

**ILI CCDD** includes ED encounters with chief complaint consisting of fever and cough, while also including ILI and influenza related discharge diagnoses.
** Pie chart data and bar graph data are populated from two separate sources. Therefore, not equivalent
***There was a false positive Flu B during week 42. The positive case had received an influenza vaccination the day before testing. This result was excluded from the counts. There were two inconclusive results in week 50. Both cases had received influenza vaccinations 3 days before testing. These results are excluded from the counts.

There were no positive specimens at SLD during week 11. There has been one positive Flu A at SLD during the 2020-2021 season.
**Rapid Influenza Diagnostic tests (RIDTs) are more likely to result in a false positive when community influenza activity is low. Early and late in the season, it is best to confirm a positive RIDT result by PCR.**

- There were no positive Flu or RSV rapid tests reported in week 2, week 3 or week 7

<table>
<thead>
<tr>
<th>Laboratory Sites Participating in Rapid Influenza Data Collection (Facility name, City)</th>
<th>Laboratory Sites Participating in RSV Data Collection (Facility name, City)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NW</strong></td>
<td>San Juan Regional Medical Center, Farmington; Northern Navajo Medical Center, Shiprock; Cibola General Hospital, Grants; Crownpoint IHS, Crownpoint; Gallup Indian Medical Center, Gallup; Rehoboth McKinley Christian Hospital, Gallup; San Juan Regional Medical Center, Farmington; Cibola General Hospital, Grants; Crownpoint IHS, Crownpoint; Gallup Indian Medical Center, Gallup; Rehoboth McKinley Christian Hospital, Gallup;</td>
</tr>
<tr>
<td><strong>NE</strong></td>
<td>Los Alamos Medical Center, Los Alamos; Christus St. Vincent’s Hospital, Santa Fe</td>
</tr>
<tr>
<td><strong>Metro</strong></td>
<td>New Mexico Veterans Affairs Medical Center, Albuquerque; Sandia National Labs, Albuquerque</td>
</tr>
<tr>
<td><strong>SW</strong></td>
<td>Gila Regional Medical Center, Silver City; Gerald Champion Regional Medical Center, Alamogordo; Mimbres Memorial Hospital, Deming</td>
</tr>
<tr>
<td><strong>SE</strong></td>
<td>Carlsbad Medical Center, Carlsbad; Lea Regional Medical Center, Hobbs; Roosevelt General Hospital Clinic, Portales; Artesia General Hospital, Artesia;</td>
</tr>
</tbody>
</table>
Influenza Hospitalizations, NM & US, 2020-2021

Hospitalization data for this season not yet being reported by CDC

New Mexico has had 10 lab-confirmed influenza-associated hospitalizations reported since Oct 1, 2020.

Pneumonia and Influenza (P & I) Deaths, NM, 2017-2021*

<table>
<thead>
<tr>
<th>Season</th>
<th>Pneumonia (P) Deaths</th>
<th>Adult Influenza (I) Deaths</th>
<th>Pediatric Influenza Deaths</th>
<th>Total P &amp; I Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020-2021</td>
<td>103</td>
<td>2</td>
<td>0</td>
<td>105</td>
</tr>
<tr>
<td>2019-2020</td>
<td>187</td>
<td>62</td>
<td>5</td>
<td>254</td>
</tr>
<tr>
<td>2018-2019</td>
<td>178</td>
<td>57</td>
<td>2</td>
<td>237</td>
</tr>
<tr>
<td>2017-2018</td>
<td>222</td>
<td>67</td>
<td>3</td>
<td>292</td>
</tr>
</tbody>
</table>

Pneumonia death: Is defined as having a cause of death that is related to pneumonia & influenza (P & I) not including: aspiration pneumonia, pneumonitis, pneumococcal meningitis or pneumonia caused by COVID-19

Influenza death: Is defined as having a cause of death that is related to pneumonia & influenza (P & I) not including: parainfluenzae or Haemophilus influenzae.

* Death data is delayed up to 8 weeks
Influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently, but millions of people get the flu every year, hundreds of thousands of people are hospitalized and thousands or tens of thousands of people die from flu-related causes every year. Even healthy people can get very sick from the flu and spread it to others. Flu-related hospitalizations since 2010 ranged from 140,000 to 710,000, while flu-related deaths are estimated to have ranged from 12,000 to 56,000. During flu season, flu viruses circulate at higher levels in the U.S. population in the United States can begin as early as October and last as late as May. An annual seasonal flu vaccine is the best way to reduce your risk of getting sick with seasonal flu and spreading it to others. When more people get vaccinated against the flu, less flu can spread through that community.”

-Centers for Disease Control and Prevention

For Additional Vaccine Information/resources:
FluVaxView:
https://www.cdc.gov/flu/fluvoxview/index.htm
Seasonal Influenza Vaccination Resources for Health Professionals:
https://www.cdc.gov/flu/professionals/vaccination/index.htm
Misconceptions about Flu Vaccines:
https://www.cdc.gov/flu/about/qa/misconceptions.htm
# Appendix

## Health Region Participating Sentinel Sites (Facility name, City) Syndromic Surveillance Hospitals (Facility name, City)

### Northwest
- Acoma-Canoncito-Laguna Indian Health Services, Acoma; Dzilth Indian Health Services, Bloomfield
- San Juan Regional Medical Center, Farmington; Cibola General Hospital, Grants

### Northeast
- Taos-Picuris Indian Health Services, Taos; Pecos Valley Medical Center, Pecos; Jicarilla Apache Indian Health Services, Dulce; Children’s Clinic PA, Los Alamos
- Alta Vista Regional Hospital, Las Vegas; Christus St. Vincent, Santa Fe; Los Alamos Medical Center, Los Alamos; Miners’ Colfax Medical Center, Raton; Union County General Hospital, Clayton; Guadalupe County Hospital, Santa Rosa; Presbyterian Hospital, Española

### Metro
- University of New Mexico Student Health Clinic, Albuquerque; Presbyterian Medical Group-Atrisco, Northside, Carmel Pediatric Urgent Care, Las Estancias Pediatric Urgent Care; DaVita Urgent Care, Journal Center
- Lovelace Westside Hospital, Downtown Medical Center and Women’s Hospital, Albuquerque; UNM Health System, Albuquerque & Rio Rancho; Presbyterian Hospital, Kaseman and Rust Medical Center, Albuquerque & Rio Rancho; UNM Sandoval Regional Medical Center, Rio Rancho

### Southwest
- Gila Regional Medical Center, Silver City; Ben Archer Health Centers – Dona Ana, Deming, Columbus; Hidalgo Medical Services, Lordsburg; La Clinica de Familia, Sunland Park; La Clinica de Familia, Santa Teresa School Based Clinic, Santa Teresa; Mescalero Apache Indian Health Hospital, Mescalero
- Mimbres Memorial Hospital, Deming; Mountain View Regional Medical Center, Las Cruces; Socorro General Hospital, Socorro; Gerald Champion Regional Medical Center, Alamogordo

### Southeast
- Roosevelt General Hospital Clinic, Portales
- Carlsbad Medical Center, Carlsbad; Eastern New Mexico Medical Center, Roswell; Lea Regional Medical Center, Hobbs; Artesia General Hospital, Artesia; Dan C Trigg Memorial Hospital, Tucumcari; Lincoln County Medical Center, Ruidoso; Lovelace Regional Hospital; Roswell; Nor-Lea Hospital District, Lovington; Plains Regional Medial Center, Clovis

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In accordance with New Mexico Administrative Code (NMAC) 7.4.3.13 **Influenza is a reportable condition for the following:**

- Influenza, laboratory confirmed hospitalizations only
- Influenza-associated pediatric death
- Acute Illness or condition of any type involving large numbers of persons in the same geographic area (outbreaks)
- Other illnesses or condition of public health significance (novel influenza A)

For more information on reportable conditions please visit: [http://164.64.110.134/parts/title07/07.004.0003.html](http://164.64.110.134/parts/title07/07.004.0003.html)

Found at the New Mexico State Records Center and Archives - Commission for Public Records

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For questions, please call 505-827-0006. For more information on influenza go to the NMDOH web page: [https://nmhealth.org/about/erd/ideb/isp/](https://nmhealth.org/about/erd/ideb/isp/) Or The CDC web page: [http://www.cdc.gov/flu/index.htm](http://www.cdc.gov/flu/index.htm)