



# Epidemiology and Response Division

## NEW MEXICO INFLUENZA SURVEILLANCE UPDATE

Weekly Report ending October 23, 2004

### Weekly Summary of Influenza Activity in NM:

Fourteen of the seventeen sentinel sites reported 2842 patient visits during the week ending October 23, 2004, of which 0.46% were for an influenza-like illness. The week ending October 16 reported 0.24% influenza-like illness. During the week ending October 23, 2004 there have been no laboratory confirmed influenza cases reported to the Epidemiology and Response Division of the New Mexico Department of Health (NMDOH) and **NO ACTIVITY** was reported by NMDOH to the Centers for Disease Control and Prevention (CDC) (see table below for definitions).

### Laboratory Activity in NM:

To date this season, there have been no influenza virus isolates identified by culture at the Department of Health Scientific Laboratory Division (SLD) or at TriCore laboratory. 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>

### Influenza-related Pediatric Mortality

Because the 2003-2004 influenza season was more severe than the previous three seasons nationally, influenza-related mortality among children became a concern prompting the U.S. Centers for Disease Control and Prevention (CDC) to request that states report all influenza-associated deaths in children < 18 years old. The Department of Health is therefore asking all healthcare providers in the state of New Mexico to report all influenza-associated deaths among children < 18 years old to the Epidemiology and Response Division at 505-827-0006. As of the week ending October 16, 2004, no cases of influenza-associated pediatric deaths have been reported to the CDC.

### Flu Activity in the Region

For the week ending October 16, 2004 (the most recent data available), influenza activity was reported as sporadic in 3 states (Idaho, Montana, and Texas) in our area. No influenza viruses were laboratory isolated in the Mountain region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming).

### National Flu Surveillance and Laboratory Activity:

For the week ending October 16, 2004, 2 (0.3%) of 652 specimens tested for influenza viruses were positive. Only 1.0% of patient visits to U.S. sentinel providers were due to influenza-like-illness. A total of 9 states (California, Idaho, Indiana, Michigan, Montana, New Hampshire, New York, North Dakota, and Texas) and New York City reported

sporadic flu activity nationally. More information on national surveillance can be found at <http://www.cdc.gov/flu/weekly/>.

**Global Avian Flu Activity:**

On October 25, the Ministry of Public Health in Thailand confirmed an additional fatal case of human infection with H5N1 avian influenza. The patient was a 14-year-old girl who developed symptoms on 8 October and died 11 days later. Chickens at her household died suddenly in late September. Since January, 2004, there have been 17 laboratory-confirmed human cases of H5N1 avian influenza in Thailand, 12 have been fatal.

**Vaccine development H5N1 Avian Influenza**

At the beginning of April 2004, WHO made the prototype seed strain for an H5N1 vaccine available to manufacturers. To date, only two companies, Aventis Pasteur Inc. and Chiron Corp., have taken work on this vaccine significantly forward. These companies are planning clinical trials in the near future.

More information on avian influenza can be found at [http://www.oie.int/eng/en\\_index.htm](http://www.oie.int/eng/en_index.htm) and at <http://www.who.int/en/> and from the CDC at <http://www.cdc.gov/flu/avian/>.

Activity Level	ILI activity*/Outbreaks		Laboratory data
<b>No activity</b>	Low	<b>And</b>	No lab confirmed cases <sup>†</sup>
<b>Sporadic</b>	Not increased	<b>And</b>	Isolated lab-confirmed cases
	<b>OR</b>		
<b>Local</b>	Not increased	<b>And</b>	Lab confirmed outbreak in one institution <sup>‡</sup>
	Increased ILI in 1 region**; ILI activity in other regions is not increased	<b>And</b>	Recent (within the past 3 weeks) lab evidence of influenza in region with increased ILI
	<b>OR</b>		
<b>Regional</b> (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	<b>And</b>	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
	Increased ILI in ≥2 but less than half of the regions	<b>And</b>	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
<b>Widespread</b>	<b>OR</b>		
	Institutional outbreaks (ILI or lab confirmed) in ≥2 and less than half of the regions	<b>And</b>	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
<b>Widespread</b>	Increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at least half of the regions	<b>And</b>	Recent (within the past 3 weeks) lab confirmed influenza in the state.

\* ILI activity can be assessed using a variety of data sources including sentinel providers, school/workplace absenteeism, and other syndromic surveillance systems that monitor influenza-like illness.

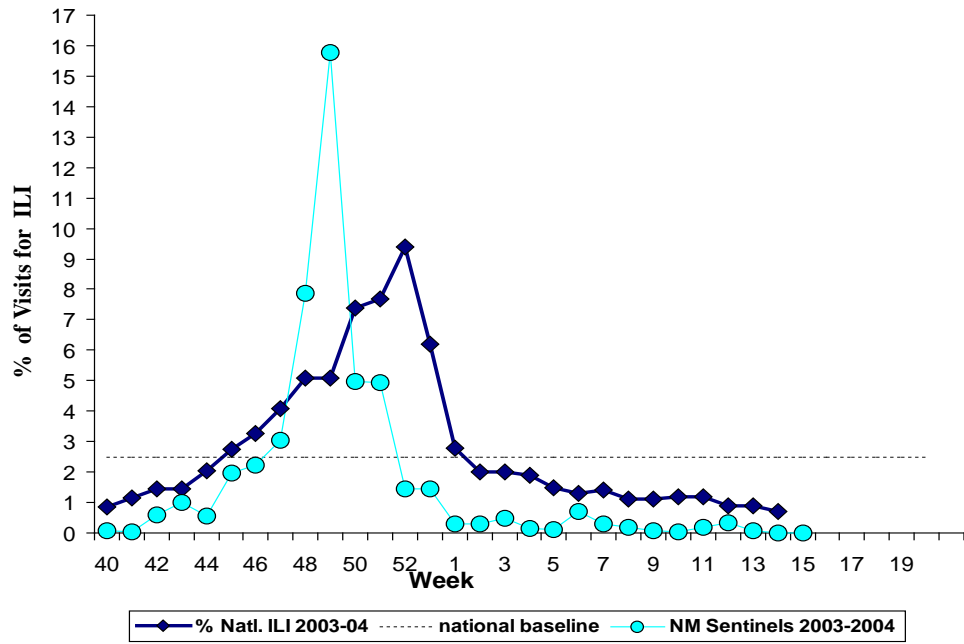
† Lab confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR. Care should be given when relying on results of point of care rapid diagnostic test kits during times when influenza is not circulating widely. The sensitivity and specificity of these tests vary and the predictive 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-like Activity (ILI) is defined as Fever ( $\geq 100^{\circ}\text{F}$  [ $37.8^{\circ}\text{C}$ ], oral or equivalent) AND cough and/or sore throat in absence of a KNOWN cause other than influenza.

**Percentage of Visits for Influenza-like Illness  
Reported by Sentinel Providers 2003 – 2004**



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