



Epidemiology and Response Division

NEW MEXICO INFLUENZA SURVEILLANCE UPDATE from the Epidemiology and Response Division of the New Mexico Department of Health (NMDOH)

Weekly Report ending November 12, 2005; posted on November 23, 2005.

Summary of Influenza Activity in New Mexico for Week Ending November 12, 2005:

- Nineteen of the 21 sentinel sites reported a total of 4,538 patient visits, of which 47 (1.03%) were for an influenza-like illness¹. The previous week ending November 5th reported 0.79% influenza-like illness.
- NMDOH received four reports of positive influenza A and one report of influenza B tests results using rapid testing. There were no reports of positive influenza by culture.
- NMDOH reported the state influenza activity as “NO ACTIVITY” to the Centers for Disease Control and Prevention (CDC) (see table below for definitions).

Laboratory Activity in NM:

- For the week ending November 12, 2005, 16 of 16 clinical laboratories reported performing 65 rapid or DFA tests, of which four (6.15%) were positive for influenza A, one (1.54%) was positive for influenza B and none indistinguishable².
- Since October 2, 2005, NMDOH has received reports of eight (4.26%) positive rapid influenza A tests, two (1.06%) positive rapid influenza B tests and no indistinguishable² positive rapid influenza tests out of 188 rapid tests performed at 16 clinical laboratories.

Influenza-Related Pediatric Mortality

During the week ending November 5, 2005, there were no influenza-related pediatric deaths reported to CDC. No cases have been reported to NMDOH.

Flu Activity in the Mountain Region and Texas

For the week ending November 5, 2005 (the most recent data available), influenza activity was reported as “Sporadic” by Texas, Arizona, Idaho and Utah; and “No Activity” was reported by Colorado, Wyoming, Montana, Nevada and New Mexico. One specimen tested for influenza virus was positive for influenza B in the Mountain Region. Since October 2, 2005, there have been a total of two influenza A (H3N2) specimens and one influenza B in the Mountain Region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming)³.

National Flu Surveillance and Laboratory Activity

For the week ending November 5, 2005, two (0.2%) of 951 specimens tested for influenza viruses were positive by culture. Of these, one was an influenza A, not subtyped, and one was an influenza B. Nationwide, 1.6% of patient visits to U.S. sentinel providers were due

¹ 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.

² Some rapid influenza tests cannot differentiate between types A and B.

³ All data are preliminary and change as more reports are received after the end of the reporting week.

to influenza-like-illness. Influenza activity was reported as ‘Sporadic’ by sixteen states, New York City and Puerto Rico. Thirty-four states and the District of Columbia reported ‘No Activity’. More information on national surveillance can be found at

<http://www.cdc.gov/flu/weekly/>.

This information is collected by the Infectious Disease Epidemiology Bureau, Epidemiology Response Division, 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>

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		
Regional (doesn't apply to states with ≤4 regions)	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 (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	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 (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
	OR		
Regional (doesn't apply to states with ≤4 regions)	Institutional outbreaks (ILI or lab confirmed) in ≥2 and less than half of the regions	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 half of the regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the state.

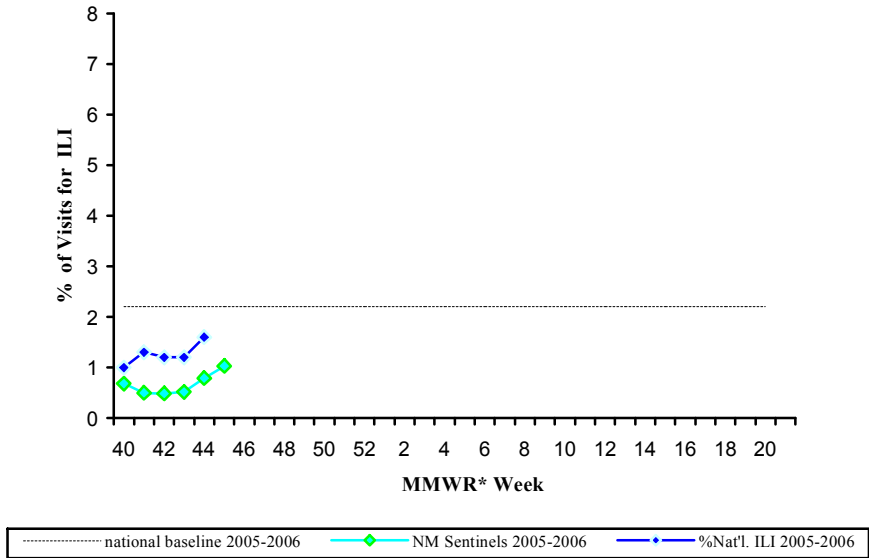
* ILI activity can be assessed using a variety of data sources including sentinel providers, school/workplace absenteeism, and other syndromic surveillance systems that monitor influenza-like illness.

[†] 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.

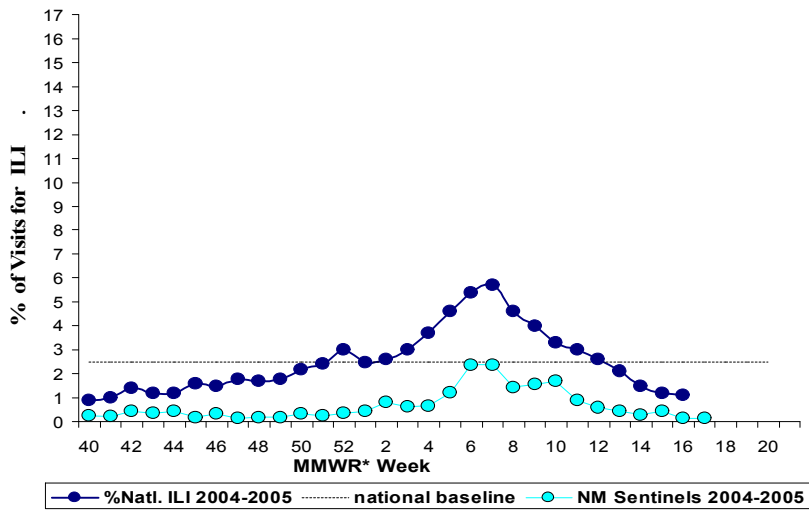
[‡] Institution includes nursing home, hospital, prison, school, etc.

**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.

Percentage of Visits for Influenza-like Illness Reported by Sentinel Providers, NM and US, 2005-2006



Percentage of Visits for Influenza-like Illness Reported by Sentinel Providers 2004 - 2005



* Morbidity and Mortality Weekly Report (published by the Centers for Disease Control and Prevention)