



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 26, 2005; posted on December 2, 2005.

Summary of Influenza Activity in New Mexico for Week Ending November 26, 2005:

- Nineteen of the 21 sentinel sites reported a total of 3,670 patient visits, of which 21 (0.57%) were for an influenza-like illness¹. The previous week ending November 12th reported 0.77% influenza-like illness (final reporting 11/28/05).
- NMDOH did receive reports of three positive influenza A results, and no influenza B or unknown type results using rapid testing. There were also 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 26, 2005, 17 of 17 clinical laboratories reported performing 74 rapid or DFA tests, of which three (4.05%) were positive for influenza A, and none were positive for influenza B or indistinguishable².
- Since October 2, 2005, NMDOH has received reports of eleven (3.41%) positive rapid influenza A tests, two (0.62%) positive rapid influenza B tests and no indistinguishable² positive rapid influenza tests out of 323 rapid tests performed at 17 clinical laboratories.

Influenza-Related Pediatric Mortality

During the week ending November 19, 2005, there was one influenza-related pediatric death reported to CDC. No New Mexico cases have been reported to NMDOH.

Flu Activity in the Mountain Region and Texas

For the week ending November 19, 2005 (the most recent data available), influenza activity was reported as “Sporadic” by Texas, Arizona, Montana, Utah, Nevada, Wyoming and Colorado; and “No Activity” was reported by Idaho and New Mexico. Four specimens tested for influenza virus by culture were positive for influenza A, two subtype H3N2 and two subtype unknown; and two specimens were positive for influenza B in the Mountain Region. Since October 2, 2005, there have been a total of four influenza A (H3N2) specimens; six influenza A, subtype unknown and four influenza B in the Mountain Region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming)³.

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.

National Flu Surveillance and Laboratory Activity

For the week ending November 19, 2005, 18 (1.1%) of 1,708 specimens tested for influenza viruses were positive by culture. Of these, 5 were influenza A (H3N2), 11 were influenza A, not subtyped, and 2 were influenza B. Nationwide, 1.5% of patient visits to U.S. sentinel providers were due to influenza-like-illness. Influenza activity was reported as 'sporadic' by twenty states, New York City, and the District of Columbia. Thirty states 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 [‡]
	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
	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
Widespread	OR		
	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
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.

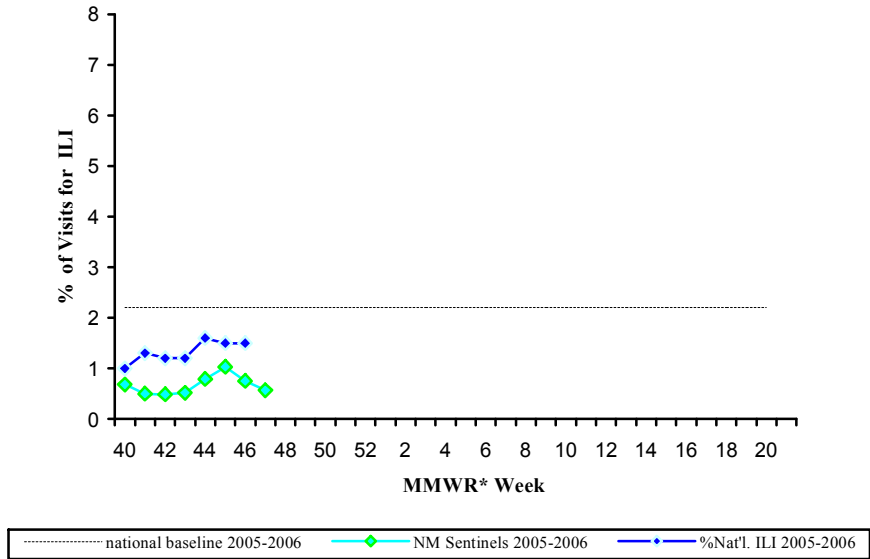
[†] Lab confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR. Care should be given when relying on results of point of care rapid diagnostic test kits during times when influenza is not circulating widely. The sensitivity and specificity of these tests vary and 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

