



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 December 24, 2005 (MMWR week 51)

Posted on December 29, 2005.

Summary of Influenza Activity in New Mexico for Week Ending December 24, 2005:

- Eighteen of the 21 sentinel sites reported a total of 4,768 patient visits, of which 69 (1.44%) were positive for an influenza-like illness (ILI)¹. The previous week ending December 17th reported 0.63% influenza-like illness².
- Sentinel clinical laboratories reported that 29.2% of influenza rapid antigen or immunofluorescence tests were positive for influenza A.
- NMDOH reported the state influenza activity as “WIDESPREAD” to the Centers for Disease Control and Prevention (CDC) (see table below for definitions).

Laboratory Activity in NM:

- For the week ending December 24, 2005, 15 of 17 sentinel clinical laboratories reported performing 637 rapid antigen or immunofluorescence (i.e., direct fluorescent antibody staining, DFA) tests, of which 186 (29.2%) were positive for influenza A, one (0.16%) was positive for influenza B and 5 (0.78%) were indistinguishable³.
- Since October 2, 2005, 17 sentinel clinical laboratories have reported the results of 1,618 rapid influenza tests. Two hundred and ninety-nine (21%) tests were positive, of which 290 detected influenza A, 4 detected influenza B, and 5 were indistinguishable tests. During week 51, 18 specimens were culture positive for influenza A.
- Influenza A subtyping of selected culture isolates is pending from the NMDOH Scientific Laboratory Division (SLD).

Influenza-Related Pediatric Mortality

Through the week ending December 17th, 2005, nationally there have been four influenza-related pediatric deaths reported to CDC, two of which occurred during the 2004-05 season (none from NM).

Flu Activity in the Mountain Region and Texas

For the week ending December 17, 2005 (the most recent data available), influenza activity was reported as “Widespread” by Utah, “Regional” by Arizona, “Local” by Idaho, and “Sporadic” by Texas, Montana, Nevada, Wyoming, and Colorado. Since October 2, 2005, laboratory testing from the National Respiratory and Enteric Virus Surveillance System (NREVSS) in the Mountain Region (NM, AZ, CO, UT, NV, ID, MT, WY) has identified 86 influenza A H3N2 isolates, 2 influenza A unknown subtype isolates, and 0 influenza B isolates.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 Weekly ILI data may change as additional reports are compiled.

³ Some rapid influenza tests cannot differentiate between types A and B.

National Flu Surveillance and Laboratory Activity

For the week ending December 17, 2005, 169 (8.9%) of 1,906 specimens tested for influenza viruses were positive by culture. Of these, 123 were influenza A (H3N2), 42 were influenza A not subtyped, and 4 were influenza B. Nationwide, 2.6 % of patient visits to U.S. sentinel providers were due to influenza-like-illness, which is above the national baseline for the first time this season. Influenza activity was reported as ‘Widespread’ by Utah, ‘Regional’ by 5 states, ‘Local’ by 2 states, and ‘Sporadic’ by 33 states, the District of Columbia and New York City. Nine 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/fluvirus.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. The sensitivity and specificity of these tests vary and the predicative 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. For assigning an influenza activity level, NMDOH Epidemiology and Response Division utilizes results of rapid influenza testing only after receiving evidence of at least one culture confirmed case.

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

**Region: population under surveillance in a defined geographical subdivision of a state. NMDOH Epidemiology and Response Division uses the five Public Health Regions for our state subdivisions.

Influenza Surveillance Graphs:

