



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 31, 2005 (MMWR week 52)

Posted on January 5, 2006.

Summary of Influenza Activity in New Mexico for Week Ending December 31, 2005:

- Seventeen of the 21 sentinel sites reported a total of 4,947 patient visits, of which 201 (4.06%) were positive for an influenza-like illness (ILI)¹. The previous week ending December 24th reported 1.36% influenza-like illness².
- Sentinel clinical laboratories reported that 27% 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 31, 2005, 16 of 17 sentinel clinical laboratories reported performing 917 rapid antigen or immunofluorescence (i.e., direct fluorescent antibody staining, DFA) tests, of which 248 (27%) were positive for influenza A and 11 (1.2%) were positive for influenza B.
- Since October 2, 2005, 17 sentinel clinical laboratories have reported the results of 2,535 rapid influenza tests. Five hundred and fifty-eight (22%) tests were positive, of which 538 detected influenza A, 15 detected influenza B, and 5 were indistinguishable tests³.
- Influenza A subtyping of selected culture isolates from the NMDOH Scientific Laboratory Division (SLD) identified one H1N1 and four H3N2 viral subtypes for the period spanning December 1st through December 14th.

Influenza-Related Pediatric Mortality

Nationally, one influenza-associated pediatric death was reported for week 51. Since October 2, 2005, CDC has received reports of five influenza-associated pediatric deaths, two of which occurred during the 2004-05 influenza season. None of these deaths occurred in New Mexico.

Flu Activity in the Mountain Region and Texas

For the week ending December 24, 2005 (the most recent data available), influenza activity was reported as "Widespread" by Utah and Arizona, "Regional" by Nevada and Texas, "Local" by Colorado and Idaho, and "Sporadic" by Montana and Wyoming. 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 243 influenza A H3N2 isolates, 55 influenza A unknown subtype isolates, and 11 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 24, 2005, 155 (13.5%) of 1,147 specimens tested for influenza viruses were positive by culture. Of these, 94 were influenza A (H3N2), 60 were influenza A not subtyped, and 1 was influenza B. Nationwide, 3.1 % of patient visits to U.S. sentinel providers were due to influenza-like-illness, which is above the national baseline. Influenza activity was reported as ‘Widespread’ by Arizona, California, New Mexico and Utah, ‘Regional’ by 4 states, ‘Local’ by 5 states, and ‘Sporadic’ by 31 states, New York City and Puerto Rico. Five 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/fluvirus.htm>

Activity Level	ILI activity*/Outbreaks		Laboratory data
No activity	Low	And	No lab confirmed cases [†]
	Not increased	And	Isolated lab-confirmed cases
Sporadic	OR		
	Not increased	And	Lab confirmed outbreak in one institution [‡]
Local	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. 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:

