Epidemiology and Response Division

NEW MEXICO INFLUENZA SURVEILLANCE UPDATE
2006-2007 Influenza Season

Epidemiology and Response Division, New Mexico Department of Health (NMDOH)
This is the first report of the 2006-07 season.

Weekly Report ending October 7, 2006 (MMWR Week 40)

NMDOH reported the state influenza activity as "**No Activity**" to the Centers for Disease Control and Prevention (CDC) (see table below for definitions).

Summary of Influenza Activity in New Mexico for Week Ending 10/7/06[1]:

- Nineteen of the 19 sentinel sites reported a total of 4,848 patient visits, of which 29 (0.59%) were positive for an influenza-like illness (ILI)[2].

Summary of Sentinel Laboratory Activity in New Mexico:

Period of 2006-2007 Influenza Season	Number of Tests Performed *	Positive Type A (n,%)	Positive Type B (n,%)	Positive Type Unknown[3] (n,%)
Week ending 10/7/06 (28 of 30 labs reporting)	67	1 (1.49%)	0 (0%)	0 (0%)

* Includes rapid antigen and immunofluorescence testing (i.e., direct fluorescent antibody staining)

NMDOH Scientific Laboratory Division (SLD) has not isolated influenza A or B from the two respiratory specimens submitted since mid-September 2006.

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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

Influenza Vaccine Update:
Based on discussions with influenza vaccine manufacturers and the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC) estimates more than 110-115 million doses of influenza vaccine will be produced for the United States this year. This is 17 million more doses than ever distributed in any previous season.

Please refer to the CDC flu vaccination link for further details:
http://www.cdc.gov/flu/professionals/flubulletin.htm

[1] Weekly ILI and lab data may change as additional reports are compiled.
[2] Influenza-like Activity (ILI) is defined as Fever (≥ 100°F [37.8° C], oral or equivalent) AND cough and/or sore throat in absence of a KNOWN cause other than influenza.
[3] Some rapid influenza tests cannot differentiate between types A and B.

Global Avian Flu Activity:
To date (October 11, 2006), there has been a total of 253 human cases (with 148 deaths; 58% case fatality rate) of Avian Flu (H5N1) reported in the countries of Indonesia, Thailand, Cambodia, Vietnam, Azerbaijan, China, Djibouti, Egypt, Iraq and Turkey. Information on avian influenza can be found at 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
No activity	Low	**And**	No lab confirmed cases[†]
Sporadic	Not increased	**And**	Isolated lab-confirmed cases
	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		
	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
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		
	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.

*Influenza-like illness: Fever (≥ 100°F [37.8°C], oral or equivalent) and cough and/or sore throat (in the absence of a known cause other than influenza)

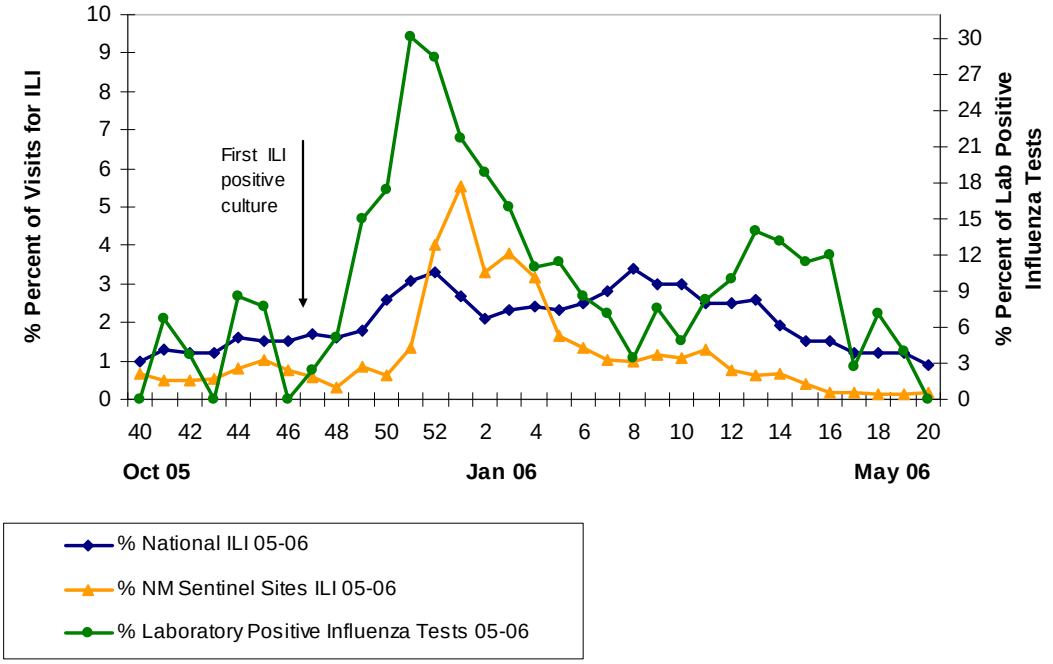
[†] Lab confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR. Care should be given when relying on results of point of care rapid diagnostic test kits during times when influenza is not circulating widely. The sensitivity and specificity of these tests vary and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

[‡] 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 Surveillance Graphs:

Sentinel Site ILI Visits and Sentinel Laboratory Influenza Testing, New Mexico, 2005-2006



Temporal Trends of Influenza A and B and Patterns of Diagnostic Testing, 2005-2006 Influenza Season