



Epidemiology and Response Division

NEW MEXICO INFLUENZA SURVEILLANCE UPDATE 2006-2007 Influenza Season

Epidemiology and Response Division, New Mexico Department of Health (NMDOH)

Weekly Report ending October 14, 2006 (MMWR Week 41)

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 10/14/06¹:

- Nineteen of the 19 sentinel sites reported a total of 4,929 patient visits, of which 40 (0.81%) 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 10/14/06 (30 of 30 labs reporting)	81	1 (1.23%)	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 respiratory specimens submitted since mid-September 2006.

Reported Flu Activity in the Mountain Region and Texas, Week Ending 10/7/06:

Of the 7 other states in the Mountain Region, 6 reported no influenza activity and 1 did not report. Texas reported no influenza activity.

National Flu Surveillance and Laboratory Activity, Week Ending 10/7/06:

Nationwide, for the week ending 10/7/06, 1.3% of patient visits to U.S. sentinel providers were due to ILI, which is less than the national baseline of 2.1 %. Influenza activity was reported as “Local” by 2 states and “Sporadic” by 5 states and Puerto Rico. Forty-one states, New York City and the District of Columbia reported “No Activity”. Two states did not report. More information on national surveillance can be found at <http://www.cdc.gov/flu/weekly/>. During this same week, WHO and NREVSS laboratories reported 813 specimens tested for influenza viruses, 3 of which were positive: one influenza virus that was not subtyped (West North Central region) and two influenza B viruses (New England and West South Central regions).

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>

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.

Activity Level	ILI activity*/Outbreaks		Laboratory data
No activity	Low	And	No lab confirmed cases [†]
Sporadic	Not increased	And	Isolated lab-confirmed cases
	Not increased	And	OR 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
	2 or more institutional outbreaks (ILI or lab confirmed) in 1 region; ILI activity in other regions is not increased	And	OR 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
	Institutional outbreaks (ILI or lab confirmed) in ≥2 and less than half of the regions	And	OR 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 ($\geq 100^{\circ}\text{F}$ [37.8°C], oral or equivalent) and cough and/or sore throat (in the absence of a known cause other than influenza)

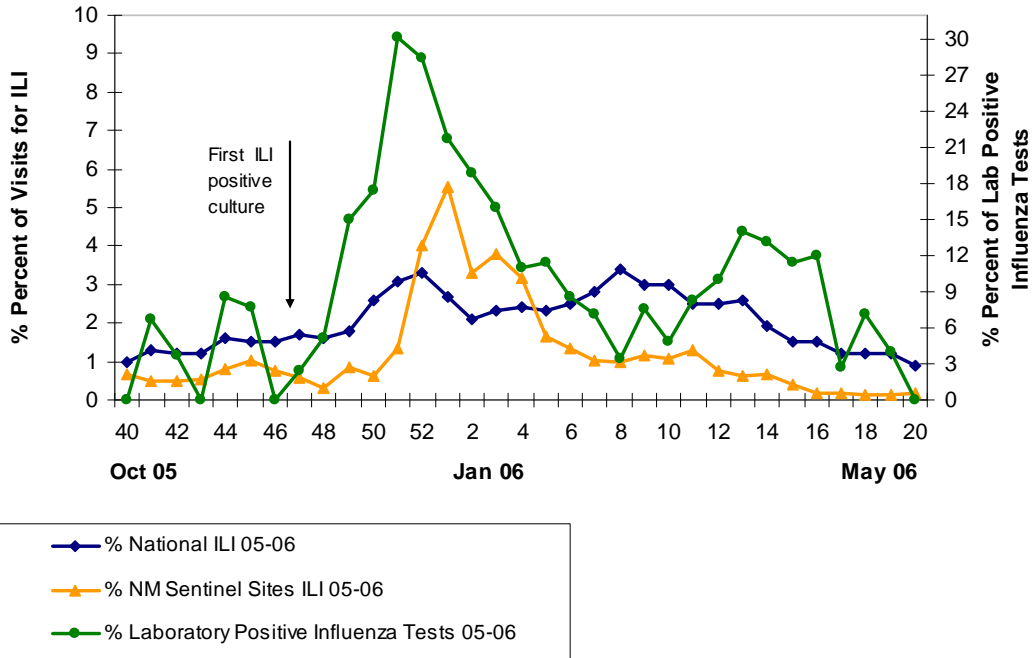
[†] Lab confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR. Care should be given when relying on results of point of care rapid diagnostic test kits during times when influenza is not circulating widely. The sensitivity and specificity of these tests vary and 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, 2005-2006 season summary:

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

