



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 January 13, 2007 (MMWR Week 2)

NMDOH reported the state influenza activity as “**Sporadic**” to the Centers for Disease Control and Prevention (CDC) (see table below for definitions). The Scientific Lab Division (SLD) has received 126 culture specimens since the beginning of the season. Four specimens have been culture-positive: 2 type A (H1) and 2 type B (Victoria Lineage). All four specimens will be further antigenically characterized at CDC to determine if they match this season’s vaccine.

Summary of Influenza Activity in New Mexico for Week Ending 1/13/07¹:

- Nineteen of the 19 sentinel sites reported a total of 5,092 patient visits, of which 62 (1.21%) were positive for an influenza-like illness (ILI)². The previous week ending January 6th reported 1.5% influenza-like illness.

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,%)	Total Positive All Types (n,%)
Week ending 1/13/07 (30 of 31 labs reporting)	290	8 (2.76%)	0 (0%)	0 (0%)	8 (2.76%)
Cumulative as of 10/1/06	2642	64(2.42%)	8 (0.3%)	1 (0.04%)	73 (2.76%)

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

Note: The sensitivity and specificity of point of care rapid diagnostic tests vary during times when influenza is not circulating widely. The NM Influenza Surveillance Program expects some false positive rapid diagnostic results outside the time of peak influenza activity (i.e., beginning and end of season). The first NM laboratory confirmed case of the influenza season is based on a positive viral culture result.

Influenza-Related Pediatric Mortality:

There have been two cases of influenza-related pediatric deaths reported to CDC this influenza season. NM has reported no influenza-related deaths this influenza season.

Reported Flu Activity in the Mountain Region and Texas, Week Ending 1/6/07:

Of the 7 other states in the Mountain Region, one (Nevada) reported “regional” activity, 3 (Idaho, Utah and Arizona) reported “local” and the other 3 states (Wyoming, Colorado and Montana) reported “sporadic”. Texas reported “regional” activity.

National Flu Surveillance and Laboratory Activity, Week Ending 1/6/07:

Nationwide, for the week ending 1/6/07, 2.3% of patient visits to U.S. sentinel providers were due to ILI, which exceeds the national baseline of 2.1 %. Influenza activity was reported as “Widespread” by five states (AL, KY GA, SC and TN), “Regional” by 11 states, “Local” by 15

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.

states and “Sporadic” by 18 states, New York City and the District of Columbia. One state reported “No Activity” (VT).

During this same week, WHO and NREVSS laboratories reported 2,939 specimens tested for influenza viruses, 222 (7.6%) of which were positive: 62 influenza A (H1), one influenza A (H3), 120 influenza A that were not subtyped, and 39 influenza B viruses.

Beginning in October 2006, CDC has performed the antigenic characterization of 98 influenza virus isolates. The following table summarizes the consistency of the isolates with the antigenic makeup of this season’s vaccine

2006-2007 Vaccine Makeup	Type, Subtype	Number of Antigenically Similar Isolates	Total Number of Sub-typed Isolates	% Matching Similar to Vaccine Strain
A/New Caledonia/20/1999-like	A (H1)	59	59	100%
A/Wisconsin/67/2005-like	A (H3)	2	2	100%
B/Ohio/01/2005*	B	22	37	59%

*Some vaccine manufacturers may have included B/Malaysia/2506/2004-like as the B component. These two vaccine strains are antigenically equivalent and belong to the B/Victoria lineage of viruses.

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>

Acknowledgements and Thanks:

We would like to express our gratitude to our sentinel provider and laboratory sites that provide weekly data on influenza-like illness (ILI) and rapid test results. This week we feature the sites in the Northeast region of the state.

Region 2: Los Alamos Medical Care Clinic, Los Alamos, NM; Los Alamos Medical Center Family Care Clinic, Espanola, NM; Taos-Picuris Indian Health Center, Taos Pueblo, NM; Family Practice Associates of Raton, Inc., Raton, NM; Jicarilla Apache Healthcare Facility and Laboratory, Dulce, NM; Union County General Hospital Laboratory, Clayton, NM; Santa Fe Indian Hospital Laboratory; Espanola Hospital Laboratory, Espanola, NM; Holy Cross Hospital Laboratory, Taos, NM; Los Alamos Medical Center Laboratory, Los Alamos, NM; Miners Colfax Hospital Laboratory, Raton, NM; Alta Vista Regional Hospital Laboratory, Las Vegas, NM; Saint Vincent’s Medical Center Laboratory, Santa Fe, NM.

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	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.

*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 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.

Influenza Surveillance Graphs:

