



Epidemiology and Response Division

NEW MEXICO INFLUENZA SURVEILLANCE UPDATE 2007-2008 Influenza Season

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

Week Ending	Activity Level
11/17/07 (MMWR Week 46)	No Activity

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 11/17/07¹:

- Twenty-four of the 24 sentinel provider sites reported a total of 8,037 patient visits, of which 57 (0.7%) were positive for an influenza-like illness (ILI)². The previous week ending November 10th reported 0.68 % influenza-like illness.

Summary of Sentinel Laboratory Activity in New Mexico:

Period of 2007-2008 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 11/17/07 (31 of 31 labs reporting)	179	1(0.56%)	0 (0.0%)	0 (0.0%)	1 (0.56%)
Cumulative as of 10/1/07	901	6 (0.67%)	0 (0%)	0 (0.0%)	6 (0.67%)

**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:

No influenza-related pediatric deaths were reported to CDC for week 46 (ending 11/17/07). NM has had no influenza-related pediatric deaths reported this season.

Reported Flu Activity in the Mountain Region and Texas, Week Ending 11/17/07:

State	Activity Level	State	Activity Level
Montana	None	Arizona	None
Idaho	None	Utah	Sporadic
Wyoming	None	Nevada	Sporadic
Colorado	Sporadic	Texas	Sporadic

¹ Weekly ILI and lab data may change as additional reports are compiled.

² 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.

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

National Flu Surveillance and Laboratory Activity, Week Ending 11/17/07:

Nationwide, for the week ending 11/17/07, 1.5% of patient visits to U.S. sentinel providers were due to ILI, which is less than the national baseline of 2.2 %. Influenza activity was reported as “Local” in 2 states (Florida and Hawaii), “Sporadic” by 20 states and the District of Columbia. Twenty-eight states reported “No Activity”. More information on national surveillance can be found at <http://www.cdc.gov/flu/weekly/>.

During this same week, the World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratories reported 2,265 specimens tested for influenza viruses, 64 (2.8%) of which were positive: ten influenza A/H1 (Mountain, New England and Pacific regions), one influenza A/H3 (West South Central region) and 53 influenza viruses that were not subtyped (various regions).

Antigenic Characterization: the CDC has antigenically characterized one influenza virus sample collected since 9/30/07 from U.S. laboratories. The influenza B virus was characterized as B/Florida/04/2006, belonging to the B/Yamagata lineage. Influenza B viruses currently circulating can be divided into two antigenically distinct lineages represented by the B/Yamagata/16/88 and the B/Victoria/02/87 viruses. The recommended influenza B component of this season’s vaccine is the B/Malaysia/2506/2004-like virus, belonging to the B/Victoria lineage.

New Feature: The Border Influenza Sentinel Surveillance Weekly Update report which provides information on influenza activity in the Border regions of New Mexico and Mexico, is now available for review via a link to its specific section in the NMDOH official Influenza website homepage at www.health.state.nm.us/flu

This information is collected by the Infectious Disease Epidemiology Bureau, Epidemiology Response Division of NMDOH.

In future issues of this weekly report, NMDOH will be reporting on added influenza surveillance program components (e.g. school surveillance, hospitalization surveillance, and border and tribal surveillance) as data become available.

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.

*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— 2007-2008 Season:

