



Epidemiology and Response Division

NEW MEXICO INFLUENZA SURVEILLANCE UPDATE 2008-2009 Influenza Season

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

Week Ending	Activity Level
10/11/08 (MMWR 41)	No Activity

NMDOH reported the state influenza activity as “**No Activity**” to the Centers for Disease Control and Prevention (CDC) (see table on page 3 for definitions).

Summary of Influenza Activity in New Mexico for Week Ending 10/11/08¹:

- Twenty-three of the 26 sentinel provider sites reported a total of 6,349 patient visits, of which 81 (1.3%) were positive for an influenza-like illness (ILI)². The previous week ending October 4th reported 1.5 % influenza-like illness.

Summary of Sentinel Laboratory Activity in New Mexico:

Period of 2008-2009 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 10/11/08 (27 of 32 labs reporting)	86	3(3.5%)	1 (1.2%)	0 (0.0%)	4 (4.7%)
Cumulative as of 9/28/08	181	3(1.7%)	1 (0.6%)	0 (0.0%)	4 (2.2%)

**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 were no cases of influenza-related pediatric deaths reported to CDC for week ending 10/11/08.

Influenza Activity, Mountain Region and Bordering States, Week Ending 10/11/08:

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

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 10/11/08:

Nationwide, for the week ending 10/11/08, 1.1% of patient visits to U.S. sentinel providers were due to ILI, which is below the national baseline of 2.4%. Influenza activity was reported as 'Sporadic' by seven states (Alaska, California, Connecticut, Florida, Hawaii, New York, and Wyoming). 'No Activity' was reported by 43 states and the District of Columbia. More information on national surveillance can be found at: <http://www.cdc.gov/flu/weekly/>.

Recommended vaccine composition of influenza virus vaccines for use in the 2008-2009 influenza season:

- influenza A/Brisbane/59/2007-like virus (H1N1),
- influenza A/Brisbane/10/2007-like (H3N2), and
- influenza B/Florida/04/2006-like virus.

Information on available influenza vaccination clinics can be found at a website maintained by the New Mexico Influenza Vaccine Consortium:

<http://www.nmmra.org/nmivc/cliniclist.php>

This information is collected by the Influenza Sentinel Surveillance Program, 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 [†]
Sporadic	Not increased	And	Isolated lab-confirmed cases
	OR		
Local	Not increased	And	Lab confirmed outbreak in one institution [‡]
	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			
Local	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
Regional (doesn't apply to states with ≤ 4 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 ($\geq 100^{\circ}\text{F}$ [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—Summary of Past Season (2007-2008):

