



Epidemiology and Response Division

NEW MEXICO INFLUENZA SURVEILLANCE UPDATE Summer 2009

Week Ending	Activity Level
8/1/09 (MMWR Week 30)	Sporadic

“**Sporadic**” activity is defined by the Centers for Disease Control and Prevention as influenza-like illness (ILI) activity not increased in the regions AND isolated lab-confirmed cases.

Summary of State-wide viral test samples (PCR and cultures) submitted to the Scientific Lab Division (SLD) from late April - July 27, 2009 (Current period of influenza surveillance activity)¹:

Total Tests Done: 903	385 (42.6%) positive for influenza by PCR or culture			
Type A	363 (94.3%)	H1 (seasonal)	H3 (seasonal)	H1 (novel)
		17	38	308
Type B	22 (7%)			

Summary of Influenza Outpatient Surveillance in NM for Week Ending 8/1/09¹:

Twenty of the 22 sites reporting:

- total of 6,303 patient visits seen for any reason,
- 60 (1.0%) were positive for influenza-like illness (ILI)², and
- previous week (ending July 25th) reported 1.3% influenza-like illness.

Summary of Sentinel Laboratory Influenza Testing in NM:

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 8/1/09 (28 of 32 labs reporting)	224	9 (4.0%)	1 (0.5%)	2 (0.9%)	12 (5.4%)
Cumulative as of 9/28/08	23,297	1,428 (6.1%)	598 (2.6%)	76 (0.3%)	2101 (9.0%)

**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.

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.

Pediatric Influenza-Related Mortality:

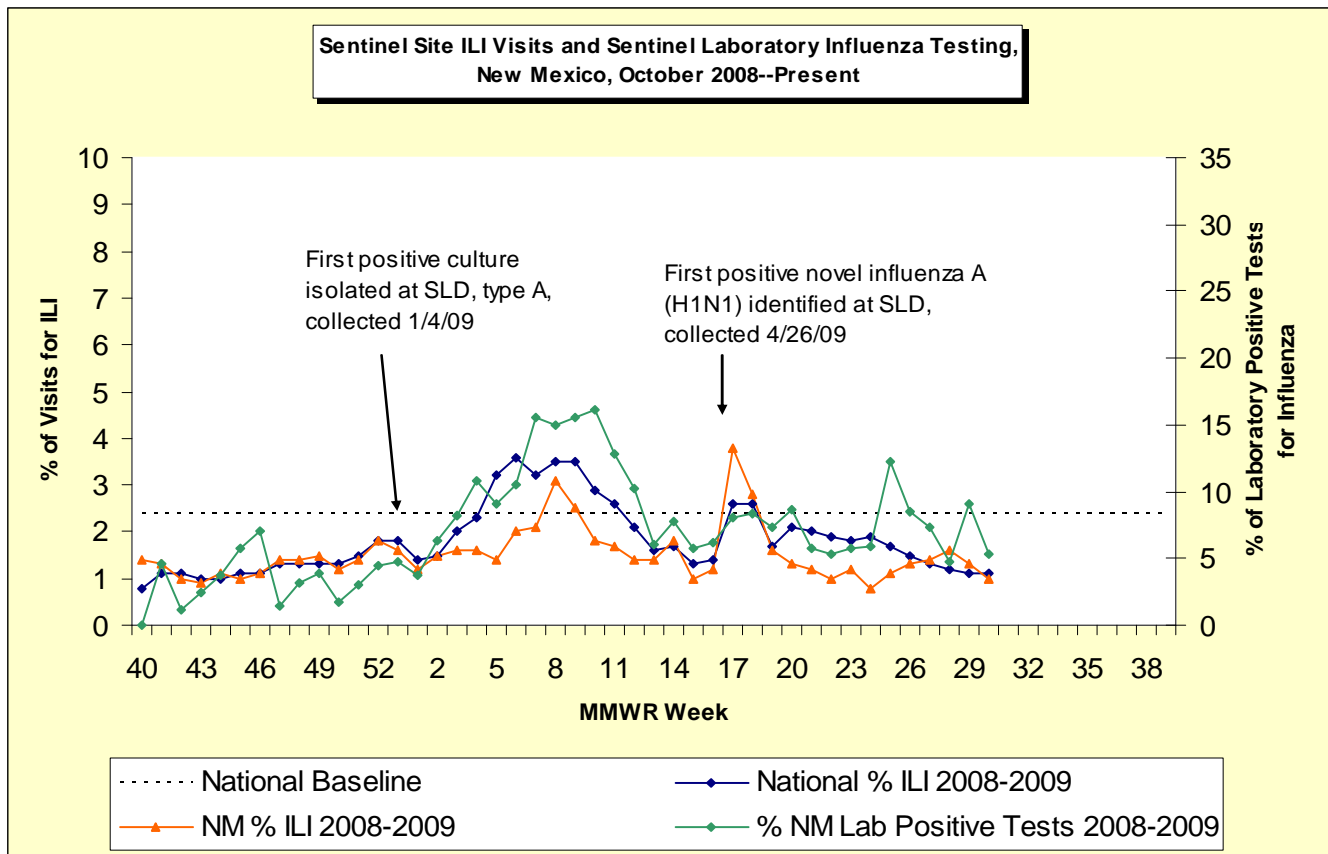
Since October 2008 to present, a total of 98 pediatric deaths have been reported to CDC in this season, 30 of which were due to novel influenza A (H1N1) virus infections. There have been no influenza-related pediatric deaths reported in New Mexico during that time period.

This information is collected by the Influenza Sentinel Surveillance Program, Infectious Disease Epidemiology Bureau, of the Epidemiology Response Division at the New Mexico Department of Health.

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>

Additional information is available on novel H1N1 influenza at the NMDOH *H1N1 Influenza Resources* Webpage: http://www.health.state.nm.us/FLU/seasonal/swine_flu.html

Influenza Surveillance Graphs— October 2008--Present:



Temporal Patterns of Influenza Rapid Diagnostic Testing, New Mexico Sentinel Laboratories, October 2008--Present

