

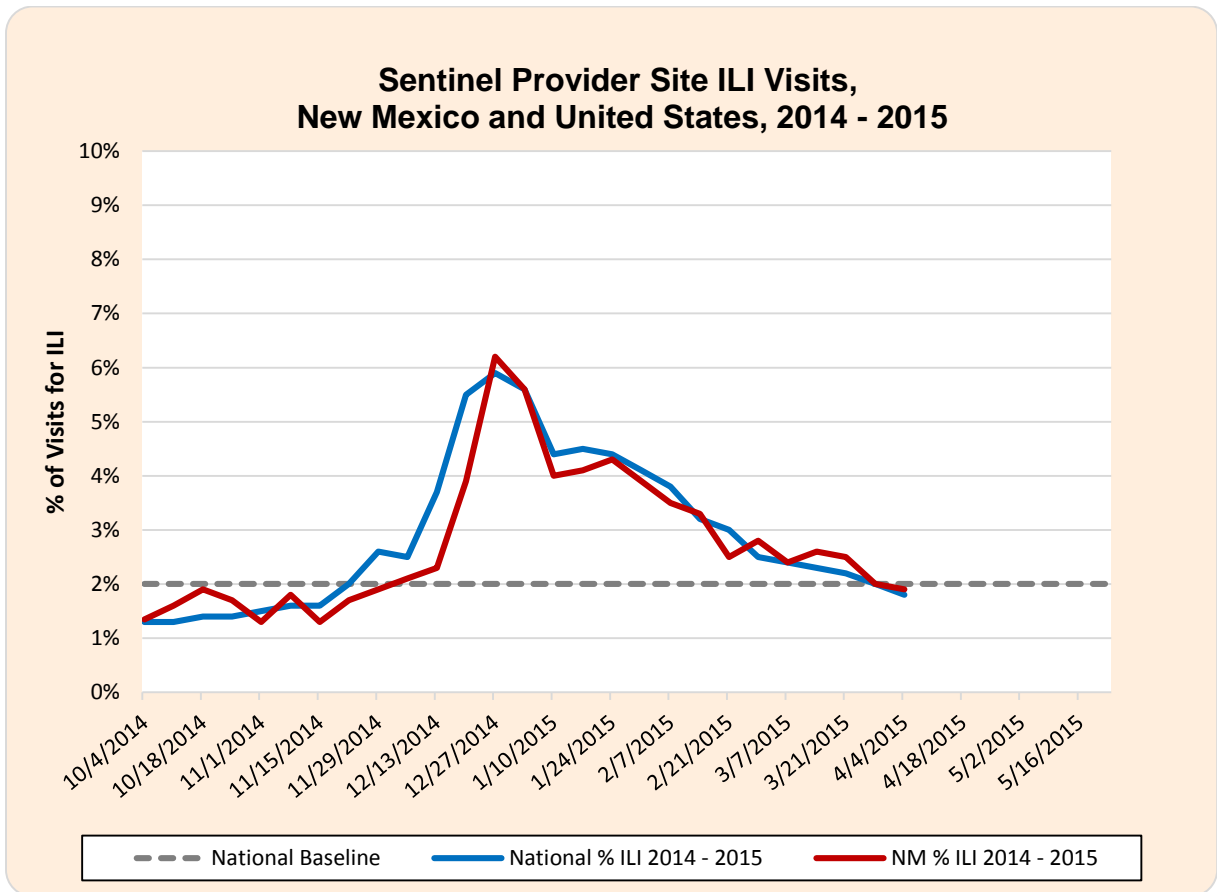
NEW MEXICO INFLUENZA SURVEILLANCE UPDATE 2014 - 2015 Influenza Season

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

Influenza Activity in New Mexico for **Week Ending April 4, 2015 (MMWR Week 13)**

Influenza in the state was at moderate activity by several indicators¹:

- Outpatient visits for influenza-like illness (ILI):** Twenty-six of 27 sentinel outpatient provider sites reported a total of 10,947 patient visits, of which 208 (1.9%) were identified as visits for ILI²; which is below the national baseline and a decrease from last week (2.0%). Nationally, the percentage of ILI visits decreased to 1.8%; which is also below baseline (see graph below).

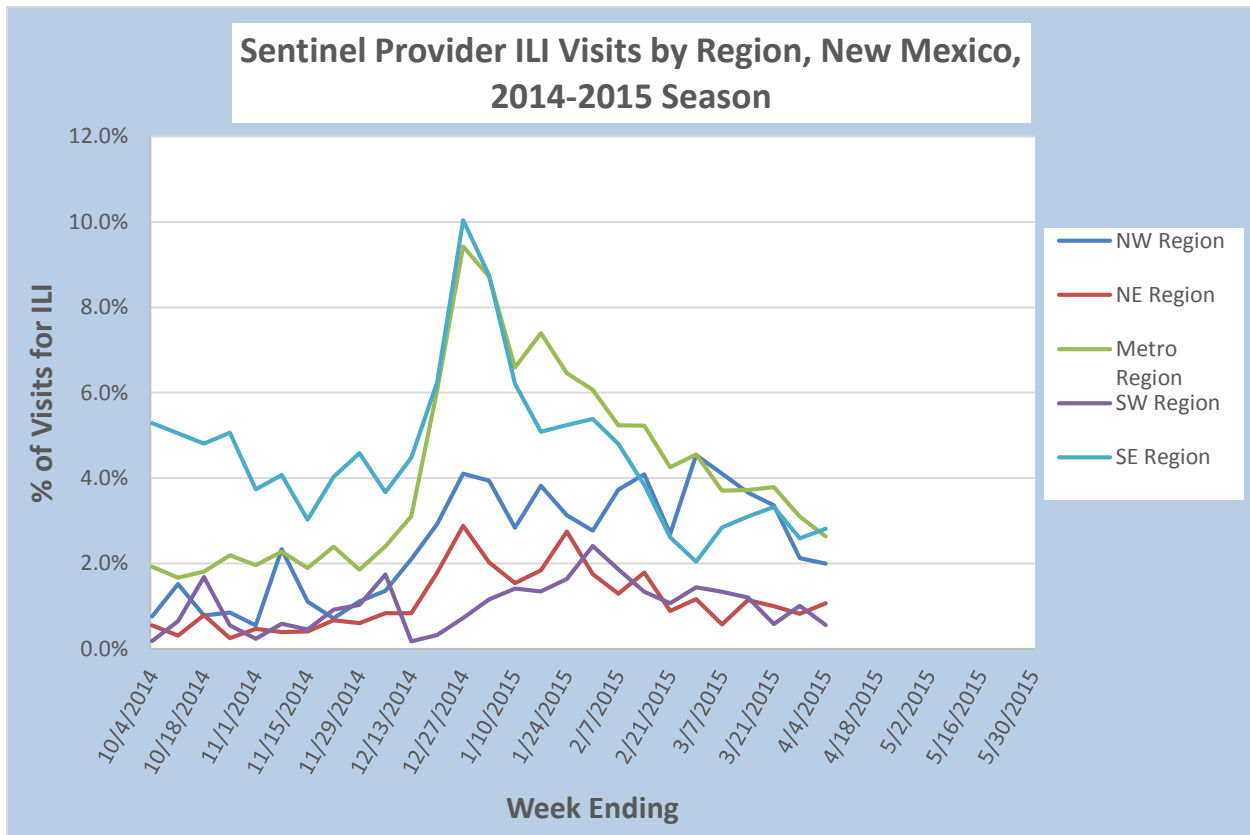


¹ Weekly ILI and lab data may change as additional reports are compiled.

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 the absence of a KNOWN cause other than influenza.

EPIDEMIOLOGY AND RESPONSE

- ILI Activity by State Health Regions: by NMDOH regions within the state (refer to page 5 table footnote defining the regions by county). Weekly ILI ranged from 0.6% (SW Region) to 2.8% (SE Region). See graph below for the current season's weekly ILI by region.

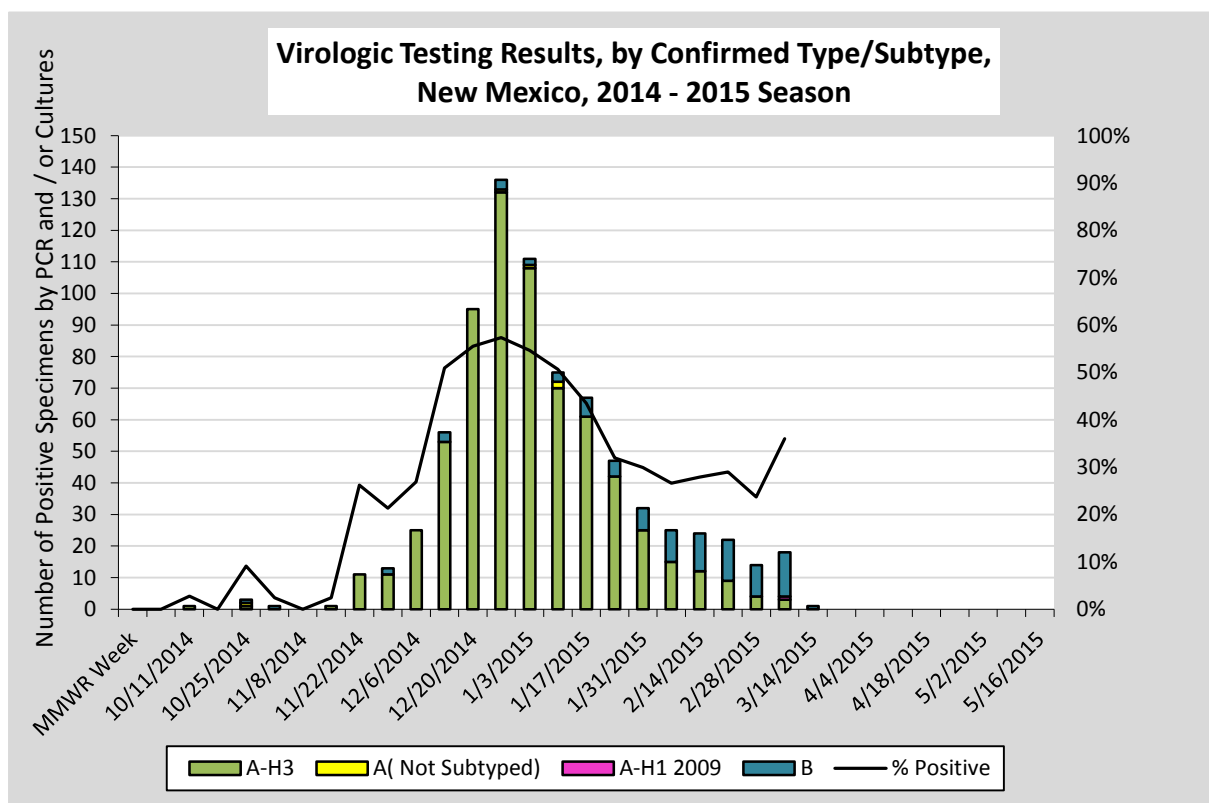


Sentinel Outpatient Reporting Sites by Region:

NW Region	San Juan Regional Medical Center, Farmington and Acoma-Canoncito-Laguna Indian Health Hospital, Acoma
NE Region	Raton Family Practice Associates, Raton; Taos-Picuris Indian Health Clinic, Taos; Pecos Valley Medical Center, Pecos; La Familia Medical Clinic, Santa Fe; Los Alamos Family Care Clinic, Los Alamos; Jicarilla Apache Indian Health Clinic, Dulce; Children's Clinic PA, Los Alamos
Metro Region	Lovelace Downtown Medical Center, Albuquerque; University of New Mexico Student Health Clinic, Albuquerque; Presbyterian Medical Group-Atrisco, Northside, Pediatric Urgent Care; Albuquerque Health Partners Urgent Care, Rio Rancho
SE Region	Carlsbad Medical Center, Carlsbad; Lea Regional Medical Center, Hobbs; Eastern New Mexico Medical Center, Roswell; Roosevelt General Hospital Clinic, Portales
SW Region	Gila Regional Medical Center, Silver City; Hidalgo Medical Services Clinic, Lordsburg; Ben Archer Health Center, Deming, Columbus, and Dona Ana; La Clinica de Familia, Sunland Park; Mescalero Apache Indian Health Hospital, Mescalero; New Mexico Mining and Technology Institute, Socorro

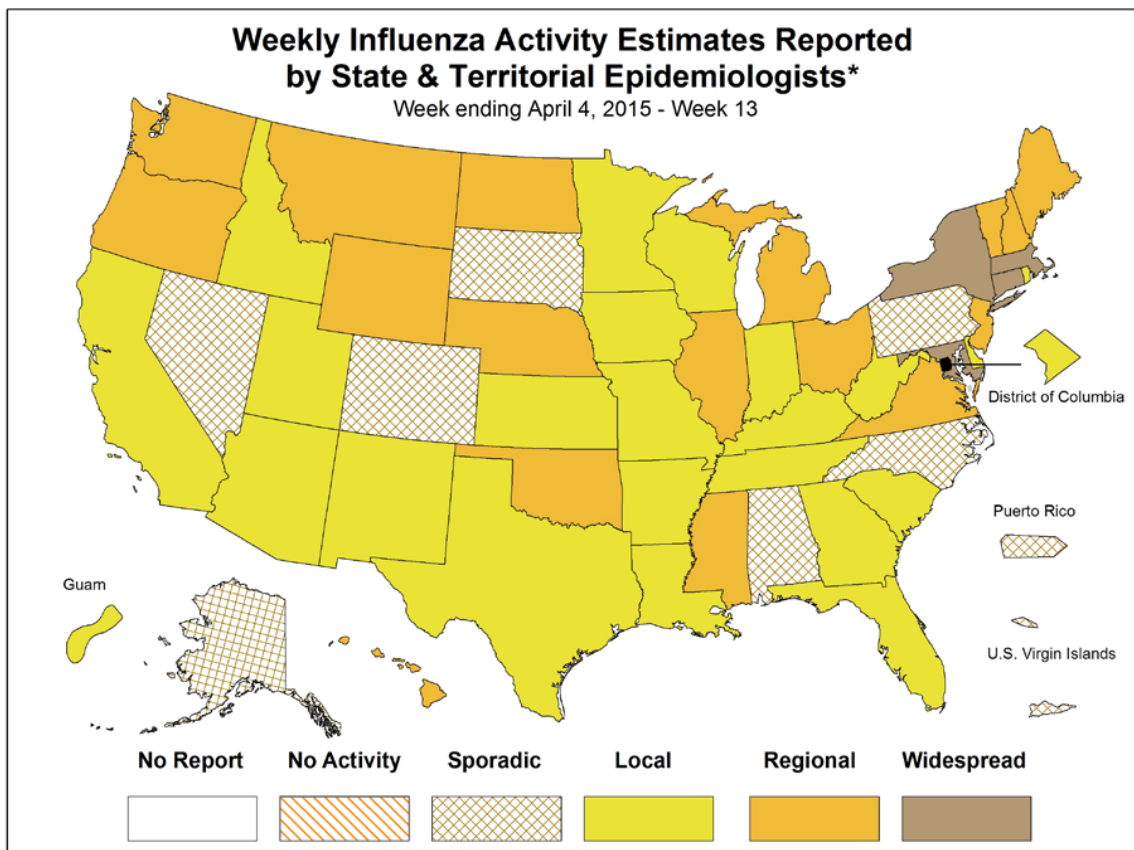
- Laboratory tests for influenza:** The New Mexico Scientific Laboratory Division has tested 2,103 respiratory specimens for influenza, of which 778 (37.0%) were positive for influenza. Six hundred and eighty-five (88.0%) of the positive influenza specimens were influenza A and 93 (12.0%) were influenza B. Six hundred and seventy-nine (99.1%) of the influenza A specimens subtyped were A (H3), 1 (0.2%) A (H1 2009), and 5 (0.7%) influenza A positives were not subtyped. The graph below illustrates the circulating influenza types and subtypes and the weekly percent of positive specimens by week/data of collection during the 2014-2015 season.

The Centers for Disease Control and Prevention (CDC) has characterized a select few of the New Mexico influenza positive laboratory specimens. Three out of four of the influenza viruses from the 2014-2015 Northern Hemisphere vaccine components have been detected in New Mexico: A/Texas/50/2012-like (H3N2), B/Brisbane/60/2008-like (influenza B Victoria lineage), and B/Massachusetts/2012-like (influenza B Yamagata lineage). Additionally, CDC has also identified A/Switzerland/9715293/2013-like (H3N2) viruses from New Mexico influenza A positive specimens. These influenza A (H3N2) are different (or “drifted”) from the 2014-2015 Northern Hemisphere A (H3N2) vaccine component. Of the H3N2 viruses that have been characterized nationally by the CDC, 77.9% are drifted.



- Influenza and pneumonia-related deaths:** There have been 28 influenza-related deaths and 148 pneumonia-related deaths among New Mexico residents reported since the start of the 2014-2015 influenza season. There has been one pediatric influenza-related death reported since the start of this season.

- Influenza-related Hospitalizations:** The New Mexico Emerging Infections Program (EIP) is part of FluSurv-NET (a population-based surveillance system for influenza related hospitalizations in children and adults). In New Mexico active, population-based surveillance is conducted for laboratory-confirmed influenza-related hospitalizations in seven New Mexico counties: Bernalillo, Chaves, Dona Ana, Grant, Luna, San Juan, and Santa Fe. Weekly de-identified data are sent to the Centers for Disease Control and Prevention. Data are used to estimate weekly age-specific hospitalization rates for persons hospitalized with severe influenza illness. Incidence rates are calculated using the National Center for Health Statistics' (NCHS) population estimates for the counties included in the surveillance catchment area. Overall, 42.6 people per 100,000 population in New Mexico were hospitalized for influenza, to date, during the 2014-2015 flu season. Nationally, 61.1 per 100,000 population were hospitalized for influenza.
- Geographic Spread of Influenza in the State:** NMDOH reported the state influenza activity level as **'Local'** to the Centers for Disease Control and Prevention (CDC). See the table on page 5 for the activity level definitions. The map below displays New Mexico activity in comparison to influenza activity in bordering states, regions, and nationally for the week ending April 4, 2015.



* This map indicates geographic spread & does not measure the severity of influenza activity

This information is collected by the Infectious Disease Epidemiology Bureau, Epidemiology Response Division, New Mexico Department of Health.

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/flu/about/disease/>

TABLE OF INFLUENZA ACTIVITY LEVELS

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		
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
	OR		
Regional	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	Increased ILI in less than half of the regions (2 or less)	And	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
	OR		
Regional	Institutional outbreaks (ILI or lab confirmed) in less than half of the regions (2 or less)	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 3 of the 5 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, at the start of the season, NMDOH uses lab confirmation by PCR or culture to declare the presence of lab-confirmed influenza in the state. Positivity by other lab methods is recognized and tracked as another influenza activity indicator as the season progresses.

[‡] 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. In New Mexico, the NMDOH regions are: **Northwest Region: San Juan, McKinley, and Cibola counties; **Northeast Region:** Los Alamos, Rio Arriba, Taos, Colfax, Union, Mora, Harding, Santa Fe, San Miguel and Guadalupe counties; **Metro Region:** Bernalillo, Sandoval, Torrance and Valencia counties; **Southeast Region:** Quay, Curry, DeBaca, Lincoln, Roosevelt, Chaves, Eddy and Lea counties, and **Southwest Region:** Socorro, Catron, Grant, Sierra, Otero, Dona Ana, Luna and Hidalgo counties.