THE US-MEXICO BORDER INFLUENZA SURVEILLANCE NETWORK WEEKLY UPDATE

Weekly Report ending December 3, 2011 (MMWR Week 48)

Region	Influenza Activity Level (see below for description)
Border Region of New Mexico/ Chihuahua/Texas	No activity
New Mexico	Sporadic
Texas	Sporadic

Summary of Border Influenza Activity in the Region of Southwestern New Mexico/Northern Chihuahua/West Texas for Week Ending 12/03/2011[1]:

The border region includes 12 influenza sentinel surveillance sites within 100 kilometers (60 miles) of US/Mexico border. The sites reported a total of 4640 patient visits for the reporting period, of which 17 (0.4%) were positive for an influenza-like illness (ILI)[2].

	Clinic	Patients seen week ending: 12/03/2011	Patients with ILI this week (n; % of this week's total):	Patients with ILI last week (n; % of last week's total):
Chihuahua	CAAPS Águilas	1305	1(0.1%)	2(0.1%)
	CAAPS Anapra	811	5(0.6%)	0(0.0%)
	Centro Salud "B"	1197	1(0.1%)	0(0.0%)
	CSHS, Nuevo Casas Grandes	107	0(0.0%)	0(0.0%)
	CSHS, Ojinaga	241	0(0.0%)	1(0.6%)
New Mexico	BAHC, Deming	169	0(0.0%)	0(0.0%)
	BAHC, Dona Ana	479	9(1.9%)	10(4.6%)
	HMS, Lordsburg	169	1(0.6%)	0(0.0%)
	LCDF, Sunland	162	0(0.0%)	1(1.1%)
Texas	Alpine	No report	-	-
	Marfa Community Health	No report	-	-
	Presidio Medical	No report	-	-
	Totals:	4640	17(0.4%)	14(0.4%)

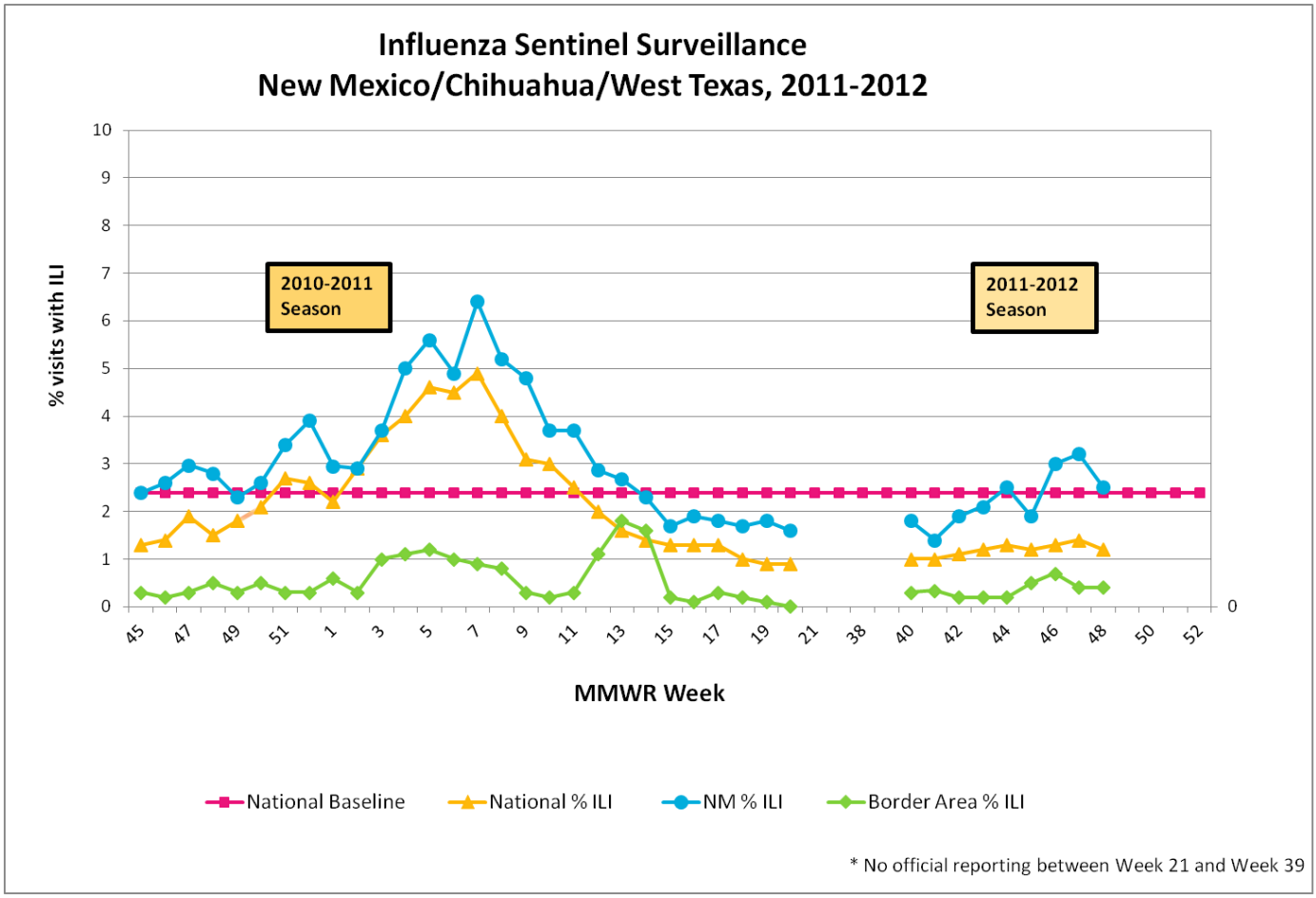
[1]Weekly ILI and lab data may change as additional reports are compiled and ongoing investigations are completed.
[2]Influenza-like Activity (ILI) is defined as Fever (≥ 100°F [37.8° C], oral or equivalent) AND cough and/or sore throat in absence of a KNOWN cause other than influenza.

Summary of Border Region Sentinel Laboratory Activity[3] in New Mexico, Chihuahua and West Texas for Week Ending 12/03/2011:

		Rapid Test Results for This Week				Laboratory Confirmed[4] Cumulative for Season				
	2011-2012 Influenza Season[5]	Number Tests Performed [5]	Positive Type A (n,%)	Positive Type B (n,%)	Total Positive All Types[6]	Number Specimens Tested	Positive Type A (n, %)			Positive Type B (n, %)
							A H3	A H1N1 (2009)	A Not subtyped	
Chihuahua	CAAPS Águilas									
	CAAPS Anapra	5	0(0.0%)	0(0.0%)	0(0.0%)					
	Centro Salud "B"									
	CSHS, Nuevo Casas Grandes									
	CSHS, Ojinaga									
New Mexico	BAHC, Deming									
	BAHC, Dona Ana	2	0(0.0%)	0(0.0%)	0(0.0%)					
	HMS, Lordsburg	1	0(0.0%)	0(0.0%)	0(0.0%)					
	LCDF, Sunland									
Texas	Alpine									
	Marfa Community Health									
	Presidio Medical									
	El Paso County[7]					21	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)
	Total:	8	0(0.0%)	0(0.0%)	0(0.0%)	21	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)

National Flu Surveillance and Laboratory Activity, Week Ending 12/03/2011:
More information on national surveillance can be found at http://www.cdc.gov/flu/weekly/.

[3] Includes an influenza rapid test (EIA), fluorescent antibody (DFA or IFA), RT-PCR or viral culture.
[4] Laboratory results will be reported as they become available.
[5] Influenza test availability and clinical criteria for testing may not be consistent between clinics or clinicians.
[6] This includes positive "type unknown" rapid test results.
[7] This information is reported by the City of El Paso Dept. of Public Health and represents a laboratory surveillance network of hospitals and outpatient sentinel sites in the County of El Paso. Only cumulative and aggregate laboratory confirmed specimen results will be reported.


Influenza Sentinel Surveillance
New Mexico/Chihuahua/West Texas, 2011-2012
% visits with ILI
10
9
8
7
6
5
4
3
2
1
0
2010-2011 Season
2011-2012 Season
45 47 49 51 1 3 5 7 9 11 13 15 17 19 21 38 40 42 44 46 48 50 52
MMWR Week
National Baseline
National % ILI
NM % ILI
Border Area % ILI
* No official reporting between Week 21 and Week 39


GILA
NATIONAL
FOREST
GREAT
PLAINS
UNITED STATES
NEW MEXICO
Las Cruces
Deming
Lordsburg
Sunland Park
TEXAS
Ciudad Juarez
Nuevo Casas Grandes
Marfa
Alpine
CHIHUAHUA
Presidio
Ojinaga
Rio Grande
MEXICO
Influenza Surveillance Site
Source: New Mexico Office of Border Health

Activity Level	ILI activity*/Outbreaks		Laboratory data
No activity	Low	And	No lab confirmed cases†
Sporadic	Not increased	And	Isolated lab-confirmed cases
	OR		
	Not increased	And	Lab confirmed outbreak in one institution‡
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		
	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
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		
	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 (≥ 100°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 influenza rapid test (EIA), fluorescent antibody (DFA or IFA), RT-PCR or viral culture. 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.

This information is collected by the Border Infectious Disease Surveillance (BIDS) and Early Warning Infectious Disease Surveillance (EWIDS) programs in the Office of Border Health and the Infectious Disease Epidemiology Bureau, Epidemiology & Response Division, NMDOH. For questions, please call 575-528-5103 or 505-827-0006. To see this report online and for more information on influenza, go to the NMDOH web page: http://nmhealth.org/flu/ or the CDC web page: http://cdc.gov/flu/.