Epidemiology and Response Division

THE NEW MEXICO
BORDER INFLUENZA SENTINEL SURVEILLANCE
WEEKLY UPDATE
2008-2009 Influenza Season

Weekly Report ending October 4th, 2008 (MMWR Week 40)

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

Summary of Border Influenza Activity in the Region of Southwestern New Mexico/Juarez for Week Ending 10/04/2008[1]:

- The **border region*** includes 6 influenza sentinel surveillance and sentinel laboratory sites within 100 kilometers of New Mexico/Mexico border. The sites reported a total of **1027** patient visits for the reporting period, of which **4(0.4%)** were positive for an influenza-like illness (ILI)[2].

Clinic	**Patients seen week ending:** 10/04/2008	**Patients with ILI this week (n; % of this weeks total):**	**Patients with ILI last week (n; % of last weeks total):**
Centro Salud "B", Juarez	95	0	
BAHC, Columbus	103	0	
BAHC, Deming	148	0	
BAHC, Dona Ana	330	4(1.2%)	
HMS, Lordsburg	180	0	
LCDF, Sunland Park	171	0	
Totals:	1027	4(0.4%)	

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

[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 and Juarez for Week Ending 10/04/08:

Clinic/Lab[4] 2008-2009 Influenza Season	**Number of Tests Performed[4]**	**Positive** Type A (n,%)	**Positive** Type B (n,%)	**Positive** Type Unknown[5] (n,%)	**Total Positive All Types** (n,%)
Centro Salud "B", Juarez	0	0	0	0	0
Gila Regional medical Center, Silver City	1	0	0	0	0
Memorial Medical Center, Las Cruces	0	0	0	0	0
Mimbres Memorial Hospital, Deming	3	0	0	0	0
Mountain View Medical Center, Las Cruces	1	0	0	0	0

National Flu Surveillance and Laboratory Activity, Week Ending 10/04/2008:

More information on national surveillance can be found at http://www.cdc.gov/flu/weekly/.

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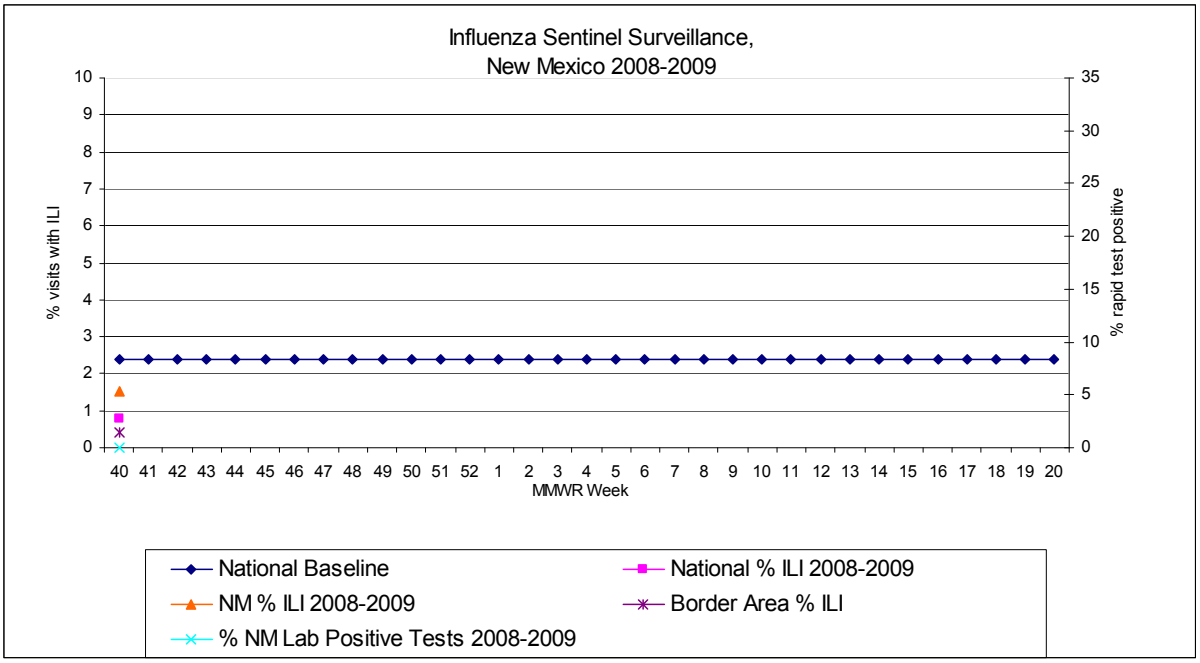
[3]Includes rapid antigen and immunofluorescence testing (i.e., direct fluorescent antibody staining)
Note: The sensitivity and specificity of point of care rapid diagnostic tests vary during times when influenza is not circulating widely. The NM Influenza Surveillance Program expects some false positive 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.
[4]Influenza test availability and clinical criteria for testing may not be consistent between clinics or clinicians.
[5]Not all point of care rapid influenza tests have the ability to distinguish between influenza A and B.



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 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.

This information is collected by the 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