

## THE US-MEXICO BORDER INFLUENZA SURVEILLANCE NETWORK WEEKLY UPDATE 2008-2009 Influenza Season

### Weekly Report ending May 30<sup>th</sup>, 2009 (MMWR Week 21)

Region	Influenza Activity Level (see below for description)
<b>Border Region of New Mexico/Chihuahua</b>	<b>Local</b>
<b>New Mexico</b>	<b>Sporadic</b>
<b>Texas</b>	<b>Regional</b>

#### Summary of Border Influenza Activity in the Region of Southwestern New Mexico/Northern Chihuahua/West Texas for Week Ending 5/30/2009<sup>1</sup>:

The border region\* includes 15 influenza sentinel surveillance and 14 sentinel laboratory sites within 100 kilometers of US/Mexico border. The sites reported a total of 1850 patient visits for the reporting period, of which 47 (2.5%) were positive for an influenza-like illness (ILI)<sup>2</sup>.

Clinic	Patients seen week ending: 5/30/2009	Patients with ILI this week (n; % of this weeks total):	Patients with ILI last week (n; % of last weeks total):
Centro Salud "B", Juarez	289	34(11.7%)	38(15%)
CAAPS Águilas, Juarez	Report error		10(1.2%)
CAAPS Anapra, Juarez	128	2(1.6%)	1(1.0%)
CSHS, Nuevo Casas Grandes	No report		No report
CSHS, Ojinaga	No report		No report
BAHC, Columbus	53	0	0
BAHC, Deming	123	0	1(0.6%)
BAHC, Dona Ana	377	0	1(0.2%)
HMS, Lordsburg	180	0	1(0.6%)
LCDF, Sunland	200	0	1(0.5%)
Alpine	83	5(6.0%)	6(7.2%)
Centro San Vicente	125	5(4.0%)	5(1.9%)
Fort Stockton	181	0	0
Marathon Health Ctr.	19	1(5.3%)	No report
UTEP Student Health	92	0	No report
<b>Totals:</b>	<b>1850</b>	<b>47(2.5%)</b>	<b>64(2.2%)</b>

<sup>1</sup>Weekly ILI and lab data may change as additional reports are compiled.

<sup>2</sup>Influenza-like Activity (ILI) is defined as Fever ( $\geq 100^{\circ}\text{F}$  [ $37.8^{\circ}\text{C}$ ], 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<sup>3</sup> in New Mexico, Chihuahua and West Texas for Week Ending 5/30/2009:**

Clinic/Lab <sup>4</sup> 2008-2009 Influenza Season	Number of Tests Performed <sup>4</sup>	Positive Type A (n,%)	Positive Type B (n,%)	Positive Type Unknown <sup>5</sup> (n,%)	Total Positive All Types (n,%)
Centro Salud "B"	34	5	0	0	5
CAAPS Águilas	Report error				
CAAPS Anapra	2	0	0	0	0
CSHS, NCG	No report				
CSHS, Ojinaga	No report				
Gila Regional Medical Ctr.	16	0	1	0	1
Mimbres Memorial	17	2	0	0	2
Memorial Medical Center	12	0	0	0	0
Mountain View	No report				
Alpine	5	0	0	5	5
Centro San Vicente	5	5	0	0	5
Fort Stockton	0	0	0	0	0
Marathon Health Ctr.	1	0	0	1	1
UTEP Student Health	0	0	0	0	
<b>Total:</b>	<b>92</b>	<b>12(13%)</b>	<b>1(1%)</b>	<b>6(7%)</b>	<b>19(21%)</b>

**National Flu Surveillance and Laboratory Activity, Week Ending 5/30/2009:**

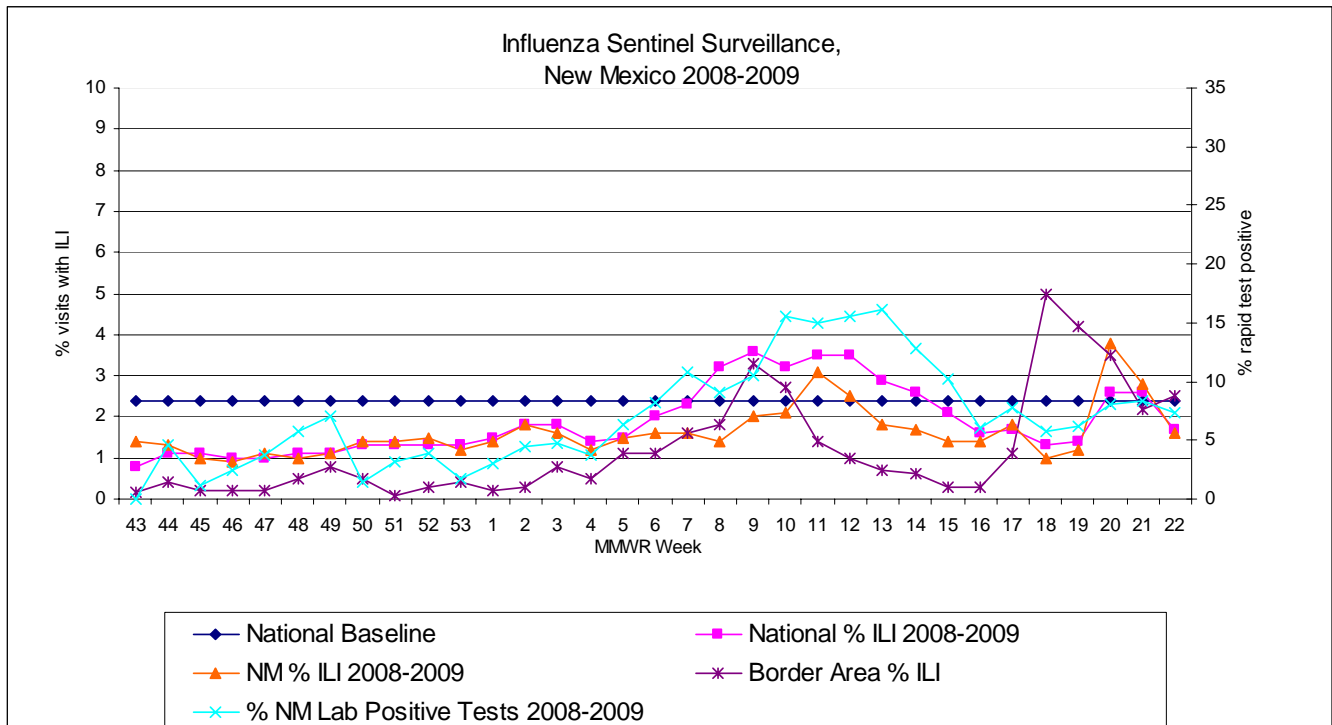
More information on national surveillance can be found at <http://www.cdc.gov/flu/weekly/>.

<sup>3</sup>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.

<sup>4</sup>Influenza test availability and clinical criteria for testing may not be consistent between clinics or clinicians.

<sup>5</sup>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		
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
Regional (doesn't apply to states with ≤4 regions)	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
Widespread	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
	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 ( $\geq 100^{\circ}\text{F}$  [ $37.8^{\circ}\text{C}$ ], 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>