



## THE US-MEXICO BORDER INFLUENZA SURVEILLANCE NETWORK WEEKLY UPDATE

### Weekly Report ending May 15, 2010 (MMWR Week 19)

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

### Summary of Border Influenza Activity in the Region of Southwestern New Mexico/Northern Chihuahua/West Texas for Week Ending 5/15/2010<sup>1</sup>:

The border region includes 15 influenza sentinel surveillance sites within 100 kilometers (60 miles) of US/Mexico border. The sites reported a total of 3550 patient visits for the reporting period, of which 0 (0%) were positive for an influenza-like illness (ILI)<sup>2</sup>.

Clinic	Patients seen week ending: 5/15/2010	Patients with ILI this week (n; % of this weeks total):	Patients with ILI last week (n; % of last weeks total):
Centro Salud "B", Juarez	<b>1128</b>	<b>0(0%)</b>	<b>0(0%)</b>
CAAPS Águilas, Juarez	<b>152</b>	<b>0(0%)</b>	<b>0(0%)</b>
CAAPS Anapra, Juarez	<b>802</b>	<b>0(0%)</b>	<b>0(0%)</b>
CSHS, Nuevo Casas Grandes	<b>75</b>	<b>0(0%)</b>	<b>0(0%)</b>
CSHS, Ojinaga	<b>No report</b>	<b>-</b>	<b>No report</b>
BAHC, Deming	<b>158</b>	<b>0(0%)</b>	<b>0(0%)</b>
BAHC, Dona Ana	<b>386</b>	<b>0(0%)</b>	<b>0(0%)</b>
HMS, Lordsburg	<b>180</b>	<b>0(0%)</b>	<b>0(0%)</b>
LCDF, Sunland Park	<b>150</b>	<b>0(0%)</b>	<b>0(0%)</b>
Alpine	<b>No report</b>	<b>-</b>	<b>No report</b>
Fort Stockton	<b>387</b>	<b>0(0%)</b>	<b>0(0%)</b>
Marathon Health	<b>No report</b>	<b>-</b>	<b>No report</b>
Marfa Community Health	<b>98</b>	<b>0(0%)</b>	<b>0(0%)</b>
Presidio Medical	<b>34</b>	<b>0(0%)</b>	<b>0(0%)</b>
UTEP Student Health	<b>No report</b>	<b>-</b>	<b>No report</b>
<b>Totals:</b>	<b>3550</b>	<b>0(0%)</b>	<b>0(0%)</b>

<sup>1</sup>Weekly ILI, lab and hospitalization data may change as additional reports are compiled and ongoing investigations are completed.

<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 5/15/2010:**

Clinic/Lab <sup>4</sup> 2009-2010 Influenza Season	Number of Tests Performed <sup>4</sup>	Positive Type A (n,%)	Positive Type A, 2009 H1N1 (n,%)	Positive Type A, Other (Seasonal H1N1, H3N2, unsubtypable) (n,%)	Positive Type B (n,%)	Total Positive All Types (n,%)
Centro Salud "B"	0	0	0	0	0	0
CAAPS Águilas	0	0	0	0	0	0
CAAPS Anapra	0	0	0	0	0	0
CSHS, NCG	0	0	0	0	0	0
CSHS, Ojinaga	No report	-	-	-	-	-
BAHC, Deming	0	0	0	0	0	0
BAHC, Doña Ana	0	0	0	0	0	0
HMS, Lordsburg	0	0	0	0	0	0
LCDF, Sunland Park	0	0	0	0	0	0
Gila RMC	0	0	0	0	0	0
Mountain View RMC	0	0	0	0	0	0
Memorial MC	3	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)
Alpine	No report	-	-	-	-	-
Fort Stockton	0	0	0	0	0	0
Marathon	No report	-	-	-	-	-
Marfa Comm. Health	0	0	0	0	0	0
Presidio Medical	0	0	0	0	0	0
UTEP Student Health	No report	-	-	-	-	-
<b>Total:</b>	<b>3</b>	<b>0(0%)</b>	<b>0(0%)</b>	<b>0(0%)</b>	<b>0(0%)</b>	<b>0(0%)</b>

<sup>3</sup> Includes an influenza rapid test (EIA), fluorescent antibody (DFA or IFA), RT-PCR or viral culture.

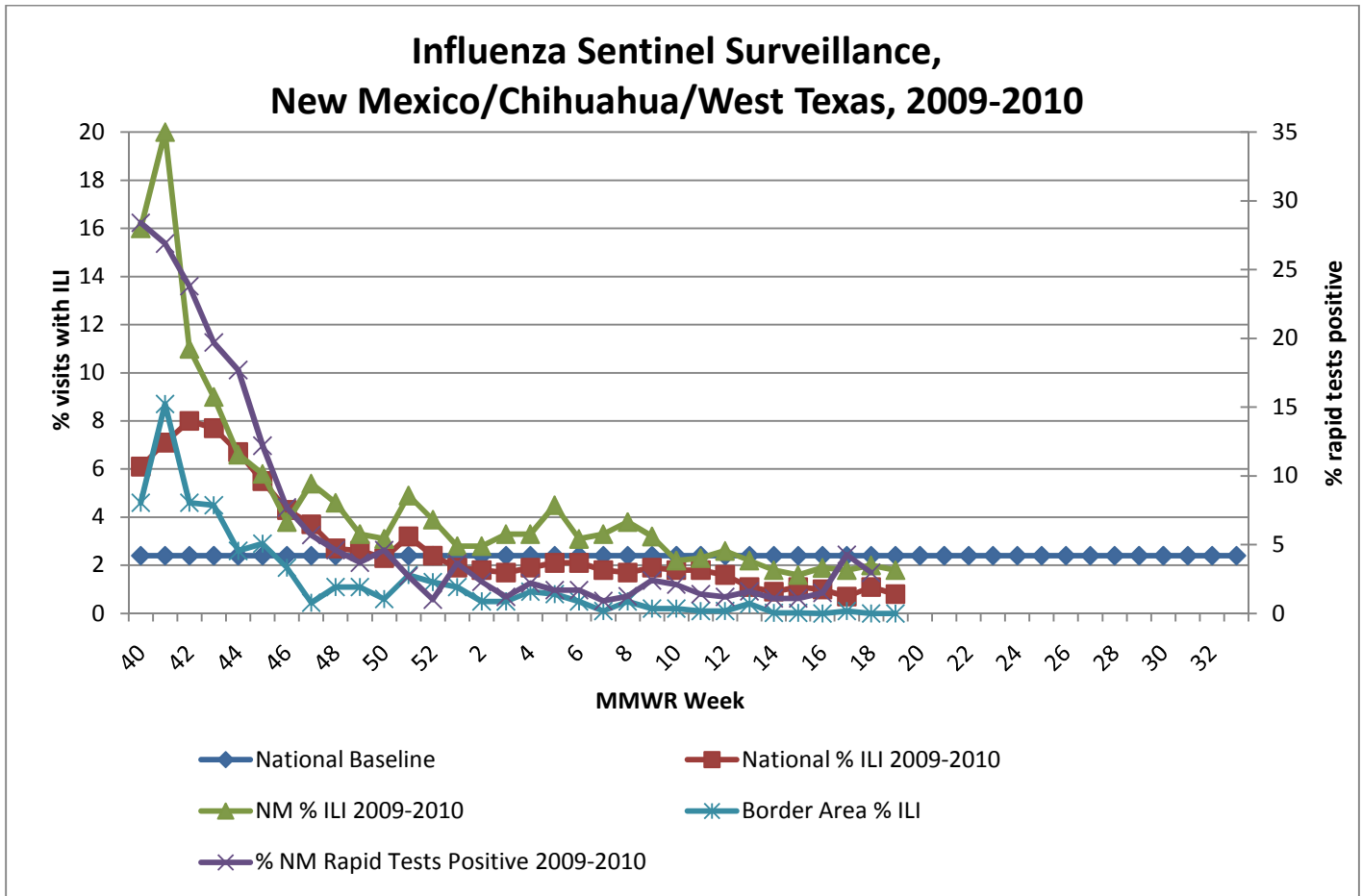
Note: Given the emergence of 2009 H1N1 Influenza, rapid influenza tests should be interpreted with caution. Recent studies have shown that the sensitivity of these tests for detecting 2009 H1N1 ranges from 10-70%. Therefore, a negative test does not exclude influenza infection. Please refer to the following CDC report for more information: *Interim Recommendations for Clinical Use of Influenza Diagnostic Testing During the 2009-2010 Influenza Season* at [http://www.cdc.gov/h1n1flu/guidance/diagnostic\\_tests.htm](http://www.cdc.gov/h1n1flu/guidance/diagnostic_tests.htm)

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

**Summary of Border Region Hospitalized Patients for Influenza Illness Counts in New Mexico and West Texas for the Week Ending 5/15/2010:**

Hospitalized 2009-2010 Influenza Season <sup>5</sup>	Number of confirmed Hospitalizations Week Ending: May 15, 2010	Number of confirmed Hospitalizations since 04/01/2009 (to last week)
Dona Ana County <sup>6</sup>	0	127
Grant County	0	20
Hidalgo County	0	3
Luna County	0	13
Otero County	0	34
Sierra County	0	13
El Paso County <sup>7</sup>	0	438
<b>Total:</b>	<b>0</b>	<b>648</b>

**National Flu Surveillance and Laboratory Activity, Week Ending 5/15/2010:**  
 More information on national surveillance can be found at <http://www.cdc.gov/flu/weekly/>.



<sup>5</sup> These counts represent patients who are residents of Border counties who may or may not have been admitted to a hospital in the Border region.  
<sup>6</sup> Confirmed hospitalized cases in New Mexico include any New Mexico resident admitted to an inpatient ward of a hospital with any of the following positive laboratory tests: an influenza rapid test (EIA), fluorescent antibody (DFA or IFA), RT-PCR or viral culture.  
<sup>7</sup> Hospitalized cases in El Paso County, Texas are confirmed with positive RT-PCR and/or viral culture tests only.



Activity Level	ILI activity*/Outbreaks		Laboratory data
No activity	Low	And	No lab confirmed cases†
	Not increased	And	Isolated lab-confirmed cases
Sporadic			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 ( $\geq 100^{\circ}\text{F}$  [ $37.8^{\circ}\text{C}$ ], 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 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 predictive 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. Note: Given the emergence of 2009 H1N1 Influenza, rapid influenza tests should be interpreted with caution. Recent studies have shown that the sensitivity of these tests for detecting 2009 H1N1 ranges from 10-70%. Therefore, a negative test does not exclude influenza infection. Please refer to the following CDC report for more information: *Interim Recommendations for Clinical Use of Influenza Diagnostic Testing During the 2009-2010 Influenza Season* at [http://www.cdc.gov/h1n1flu/guidance/diagnostic\\_tests.htm](http://www.cdc.gov/h1n1flu/guidance/diagnostic_tests.htm)

‡ 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/flu/>