

Epidemiology and Response Division

NEW MEXICO INFLUENZA SURVEILLANCE UPDATE 2006-2007 Influenza Season

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

Weekly Report ending October 28, 2006 (MMWR Week 43)

NMDOH reported the state influenza activity as "**No Activity**" to the Centers for Disease Control and Prevention (CDC) (see table below for definitions).

Summary of Influenza Activity in New Mexico for Week Ending 10/28/06¹:

 Nineteen of the 19 sentinel sites reported a total of 5,020 patient visits, of which 32 (0.63%) were positive for an influenza-like illness (ILI)². The previous week ending October 21st reported 0.72 % influenza-like illness.

Summary of Sentinel Laboratory Activity in New Mexico:

Period of 2006-2007 Influenza Season	Number of Tests Performed *	Positive Type A (n,%)	Positive Type B (n,%)	Positive Type Unknown ³ (n,%)
Week ending 10/28/06 (30 of 30 labs reporting)	115	0 (0%)	0 (0%)	1 (0.87%)
Cumulative as of 10/1/06	373	5 (1.34%)	(0%)	1 (0.27%)

^{*} Includes rapid antigen and immunofluorescence testing (i.e., direct fluorescent antibody staining)

NMDOH Scientific Laboratory Division (SLD) has not isolated influenza A or B from respiratory specimens submitted since mid-September 2006.

Influenza-Related Pediatric Mortality:

There have been no cases of influenza-related pediatric deaths reported to CDC, or in New Mexico, this influenza season.

Reported Flu Activity in the Mountain Region and Texas, Week Ending 10/21/06:

Of the 7 other states in the Mountain Region, all reported "no activity". Texas reported "sporadic" activity.

National Flu Surveillance and Laboratory Activity, Week Ending 10/21/06:

Nationwide, for the week ending 10/21/06, 1.2% of patient visits to U.S. sentinel providers were due to ILI, which is less than the national baseline of 2.1 %. Influenza activity was reported as "Local" by 2 states and "Sporadic" by 9 states and New York City. All other states and the District of Columbia reported "No Activity". More information on national surveillance can be found at http://www.cdc.gov/flu/weekly/.

During this same week, WHO and NREVSS laboratories reported 1,164 specimens tested for influenza viruses, 3 of which were positive: one influenza A (H3), one influenza A that was not subtyped, and one influenza B virus.

¹Weekly 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.

³ Some rapid influenza tests cannot differentiate between types A and B.

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

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 [‡]		
	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		
Local	OR				
Local	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	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		
(doesn't apply	OR				
to states with ≤4 regions)	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.

Influenza Surveillance Graphs:

Percentage of Visits for Influenza-Like Illness reported by Sentinel Providers, NM and US, 2006-2007 Season



