NEW MEXICO INFLUENZA SURVEILLANCE UPDATE
Weekly Report ending October 16, 2004

Weekly Summary of Influenza Activity in NM:
Fifteen of the seventeen sentinel sites reported 3765 patient visits during the week ending October 16, 2004, of which 0.24% were for an influenza-like illness. During that time there have been no laboratory confirmed influenza cases reported to the Epidemiology and Response Division of the New Mexico Department of Health (NMDOH) and **NO ACTIVITY** was reported by NMDOH to the Centers for Disease Control and Prevention (CDC) (see table below for definitions).

Influenza Vaccine Shortage – further recommendations
Because there probably won't be enough vaccine for everyone in the identified high priority groups this season, the Department of Health in collaboration with the NM Influenza Vaccine Consortium is recommending that people in the following groups delay receiving their flu shot until more vaccine becomes available:

- People age 65 to75 who are healthy and do not have any chronic medical problems.
- Pregnant women who are healthy and do not have any chronic medical problems.
- Persons who take care of children <6 months of age.

The Department of Health continues to work with CDC to achieve wide coverage of New Mexico's priority populations. As vaccine becomes available, New Mexico Medical Review Association (NMMRA) (http://www.nmmra.org/flu.php) and Department of Health (http://www.health.state.nm.us/flu/) websites will be updated.

Flu Activity in the Region
For the week ending October 9, 2004 (the most recent data available), Utah and Texas reported sporadic flu activity. Only two cases of Influenza type A (AH3N2) were isolated in the Mountain region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming).

National Flu Surveillance and Laboratory Activity:
For the week ending October 9, 2004, a total of 7 states (California, Florida, New York, Pennsylvania, Michigan, Texas and Utah) reported sporadic flu activity nationally. During the same period, 0.9% of patient visits to reporting U.S. sentinel providers were due to ILI. More information on national surveillance can be found at http://www.cdc.gov/flu/weekly/.

Global Avian Flu Activity:
There have been no new reports of human Avian Flu Activity since the cases in September, 2004, when there were 3 reported deaths in Thailand due to Avian Flu (H5N1). More information on avian influenza can be found at

http://www.oie.int/eng/en_index.htm and at http://www.who.int/en/ and from the CDC at http://www.cdc.gov/flu/avian/ .

Laboratory Activity in NM:
To date this season, there have been no influenza virus isolates identified by culture at the Department of Health Scientific Laboratory Division (SLD) or at TriCore laboratory.

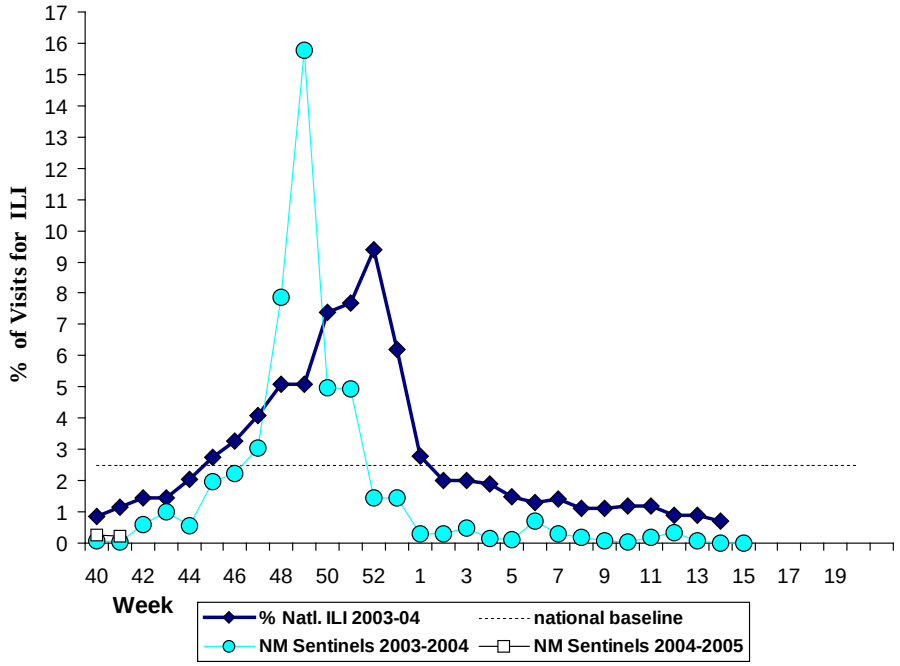
This information is collected by the Infectious Disease Epidemiology Bureau, Epidemiology Response Division, New Mexico Department of Health. For questions, please call 505-827-0006. For more information on influenza go to the NMDOH web page: http://www.health.state.nm.us/flu/ or the CDC web page: http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm

Activity Level	ILI activity*/Outbreaks		Laboratory data
No activity	Low	**And**	No lab confirmed cases†
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.

* ILI activity can be assessed using a variety of data sources including sentinel providers, school/workplace absenteeism, and other syndromic surveillance systems that monitor influenza-like illness.

† 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

Percentage of Visits for Influenza-like Illness Reported by Sentinel Providers



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-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.