



Epidemiology and Response Division

NEW MEXICO INFLUENZA SURVEILLANCE UPDATE

Weekly Report ending October 30, 2004, updated

Weekly Summary of Influenza Activity in NM:

Eighteen of the eighteen sentinel sites reported 4609 patient visits during the week ending October 30, 2004, of which 0.37% were for an influenza-like illness. The week ending October 23 reported 0.46% influenza-like illness. During the week ending October 30, 2004 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).

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>

Influenza-related Pediatric Mortality

As of the week ending October 23, 2004, no cases of influenza-associated pediatric deaths have been reported to the CDC.

Flu Activity in the Region

For the week ending October 23, 2004 (the most recent data available), influenza activity was reported as sporadic in 5 states (Colorado, Idaho, Montana, Nevada and Texas) in our area. Two specimens tested for influenza viruses were positive in the Mountain region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming). Of these, 1 was influenza A (H3N2) virus and 1 was influenza A that was not subtyped.

National Flu Surveillance and Laboratory Activity:

For the week ending October 23, 2004, 7 (0.7%) of 1,009 specimens tested for influenza viruses were positive. Of these, 2 were influenza A (H3N2) viruses, 3 were influenza A that were not subtyped and 2 were influenza B viruses. Nationwide 1.4% of patient visits to U.S. sentinel providers were due to influenza-like-illness. A total of 17 states reported sporadic flu activity nationally. More information on national surveillance can be found at <http://www.cdc.gov/flu/weekly/>.

Influenza Vaccine Supply Update

The New Mexico Department of Health has not yet received notification as to when it will receive the public-sector allotment of vaccine from CDC. The Department of Health and the Governor are continuing efforts to locate additional vaccine from other countries and sources.

It now appears that there will be more live-attenuated influenza vaccine (LAIV - FluMist®) than previously thought. The New Mexico Department of Health is recommending that persons who are not at high risk for influenza complications [see below] should be given LAIV rather than inactivated vaccine so that the inactivated vaccine is available for those who are at high risk for complications.

Persons in the current high priority groups who are recommended to receive LAIV are:

- **household contacts and out-of-home caregivers of healthy children under the age of six months (children younger than six months cannot be vaccinated); and**
- **healthcare workers who provide direct care to patients who are not severely immunocompromised.**

When these groups have had the opportunity to receive LAIV, the Department of Health anticipates lifting restrictions on the use of LAIV under the current Public Health Order. We do not anticipate changes in the restrictions on the use of inactivated influenza vaccine unless substantial amounts of additional vaccine are received.

The CDC and the New Mexico Department of Health do not advise using partial doses of recommended dosages of inactivated influenza vaccine.

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 [‡]
	OR		
	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
	OR		
	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	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.

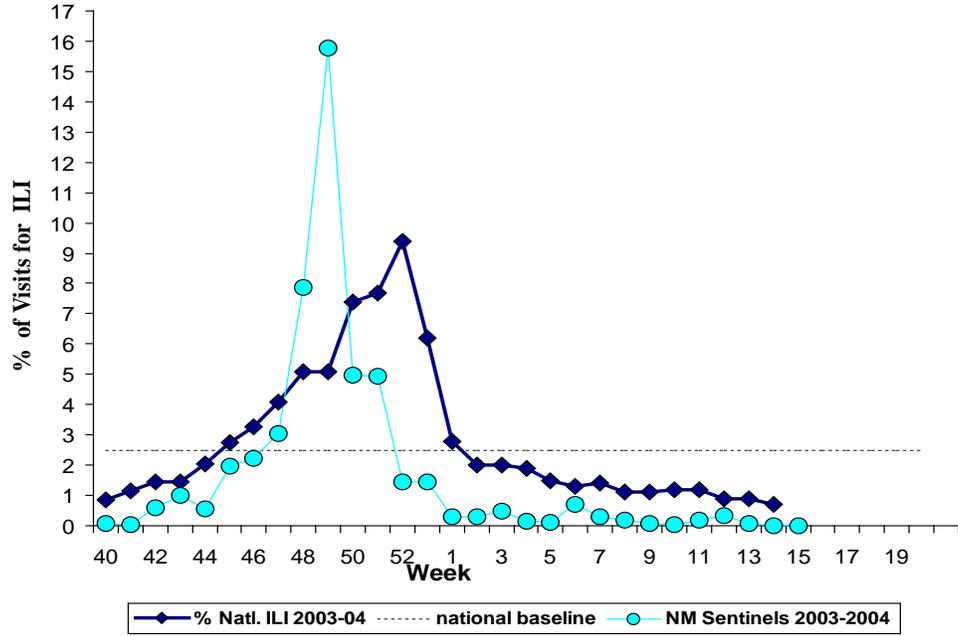
[†] Lab confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR. Care should be given when relying on results of point of care rapid diagnostic test kits during times when influenza is not circulating widely. The sensitivity and specificity of these tests vary and the 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.

[‡] 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.

**Percentage of Visits for Influenza-like Illness
Reported by Sentinel Providers 2003 – 2004**



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Reported by Sentinel Providers 2004 - 2005**

