



# Epidemiology and Response Division

## **NEW MEXICO INFLUENZA SURVEILLANCE UPDATE from the Epidemiology and Response Division of the New Mexico Department of Health (NMDOH)** Weekly Report ending October 22, 2005; posted on November 2, 2005.

### **Summary of Influenza Activity in New Mexico for Week Ending October 22, 2005:**

- Twenty of the 21 sentinel sites reported a total of 5,239 patient visits, of which 26 (0.49%) were for an influenza-like illness<sup>1</sup>. The previous week ending October 15th reported 0.50% influenza-like illness.
- NMDOH received report of 1 patient with a positive influenza (Influenza A) test using rapid testing. There were no reports of positive influenza by culture.
- NMDOH reported the state influenza activity as “NO ACTIVITY” to the Centers for Disease Control and Prevention (CDC) (see table below for definitions).

### **Laboratory Activity in NM:**

- For the week ending October 22, 2005, 15 of 15 clinical laboratories reported performing 27 rapid or DFA tests, of which one (3.7%) was positive for influenza A, and none were positive for influenza B nor indistinguishable<sup>2</sup>.
- Since October 2, 2005, NMDOH has received reports of two (3.17%) positive influenza A tests, no positive influenza B tests and no indistinguishable<sup>2</sup> positive influenza tests out of 63 rapid tests performed at 15 clinical laboratories.

### **Influenza-Related Pediatric Mortality**

During the week ending October 15, there were no influenza-related pediatric deaths reported to CDC. No cases have been reported to NMDOH.

### **Flu Activity in the Mountain Region and Texas**

For the week ending October 15 (the most recent data available), influenza activity was reported as “Local” by Idaho, and “No Activity” by Arizona, Utah, Colorado, Montana, Nevada, New Mexico and Wyoming. Texas reported “Sporadic” activity. There were no reports of culture lab-confirmed influenza in the Mountain region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming)<sup>3</sup>.

### **National Flu Surveillance and Laboratory Activity**

For the week ending October 15, one (0.2%) of 590 specimens tested for influenza viruses was positive. The influenza virus identified was an influenza A that was not subtyped from the South Atlantic region. Nationwide, 1.3% of patient visits to U.S. sentinel providers were due to influenza-like-illness. Influenza activity was reported as ‘Local’ by Idaho; eight states and New York City states reported ‘Sporadic’ activity. Forty states and

<sup>1</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.

<sup>2</sup> Some rapid influenza tests cannot differentiate between types A and B.

<sup>3</sup> All data are preliminary and change as more reports are received after the end of the reporting week.

the District of Columbia reported ‘No Activity’ and one state did not report. More information on national surveillance can be found at <http://www.cdc.gov/flu/weekly/>.

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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
<b>No activity</b>	Low	<b>And</b>	No lab confirmed cases <sup>†</sup>
<b>Sporadic</b>	Not increased	<b>And</b>	Isolated lab-confirmed cases
	<b>OR</b>		
<b>Local</b>	Not increased	<b>And</b>	Lab confirmed outbreak in one institution <sup>‡</sup>
	Increased ILI in 1 region**; ILI activity in other regions is not increased	<b>And</b>	Recent (within the past 3 weeks) lab evidence of influenza in region with increased ILI
<b>Regional</b>	<b>OR</b>		
	2 or more institutional outbreaks (ILI or lab confirmed) in 1 region; ILI activity in other regions is not increased	<b>And</b>	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
<b>Regional</b> (doesn't apply to states with ≤4 regions)	Increased ILI in ≥2 but less than half of the regions	<b>And</b>	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
	Institutional outbreaks (ILI or lab confirmed) in ≥2 and less than half of the regions	<b>And</b>	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
<b>Widespread</b>	Increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at least half of the regions	<b>And</b>	Recent (within the past 3 weeks) lab confirmed influenza in the state.

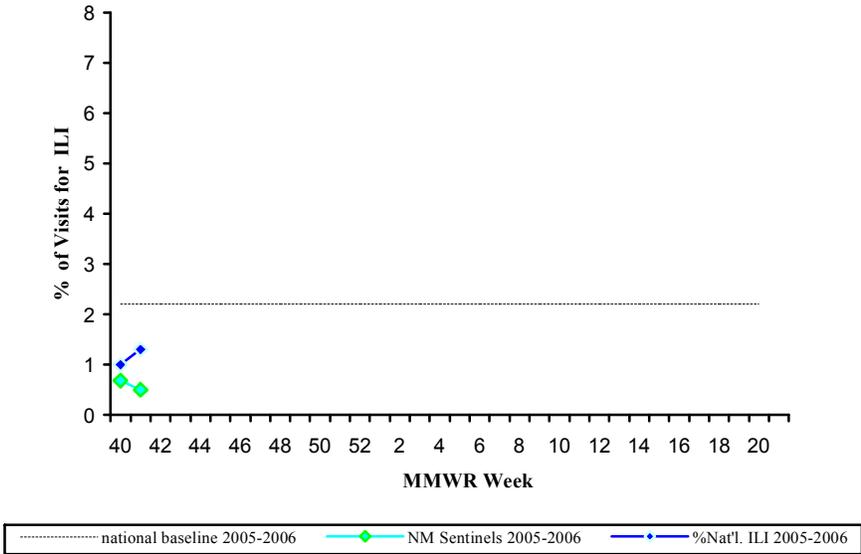
\*ILI activity can be assessed using a variety of data sources including sentinel providers, school/workplace absenteeism, and other syndromic surveillance systems that monitor influenza-like illness.

<sup>†</sup> 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.

<sup>‡</sup> 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.

**Percentage of Visits for Influenza-like Illness Reported by Sentinel Providers, NM and US, 2005-2006**



**Percentage of Visits for Influenza-like Illness Reported by Sentinel Providers 2004 - 2005**

