

Epidemiology and Response Division

NEW MEXICO INFLUENZA SURVEILLANCE UPDATE 2007-2008 Influenza Season

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

Week Ending	Activity Level
11/24/07 (MMWR Week 47)	No Activity

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 11/24/07¹:

 Twenty-one of the 24 sentinel provider sites reported a total of 5,476 patient visits, of which 78 (1.42%) were positive for an influenza-like illness (ILI)². The previous week ending November 17th reported 0.7 % influenza-like illness.

Summary of Sentinel Laboratory Activity in New Mexico:

Period of 2007-2008 Influenza Season	Number of Tests Performed**	Positive Type A (n,%)	Positive Type B (n,%)	Positive Type Unknown ³ (n,%)	Total Positive All Types (n,%)
Week ending 11/24/07 (31 of 31 labs reporting)	179	3 (1.68%)	2 (1.12%)	0 (0.0%)	2 (2.79%)
Cumulative as of 10/1/07	1080	9 (0.83%)	2 (0.19%)	0 (0.0%)	11 (1.02%)

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

Note: The sensitivity and specificity of point of care rapid diagnostic tests vary during times when influenza is not circulating widely. The NM Influenza Surveillance Program expects some false positive rapid diagnostic results outside the time of peak influenza activity (i.e., beginning and end of season). The first NM laboratory confirmed case of the influenza season is based on a positive viral culture result.

Influenza-Related Pediatric Mortality:

No influenza-related pediatric deaths were reported to CDC for week 47 (ending 11/24/07). NM has had no influenza-related pediatric deaths reported this season.

Reported Flu Activity in the Mountain Region and Texas, Week Ending 11/24/07:

State	Activity Level	State	Activity Level
Montana	Sporadic	Arizona	Sporadic
Idaho	Sporadic	Utah	Sporadic
Wyoming	None	Nevada	Sporadic
Colorado	Sporadic	Texas	Sporadic

Weekly 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.

National Flu Surveillance and Laboratory Activity, Week Ending 11/24/07:

Nationwide, for the week ending 11/24/07, 1.6% of patient visits to U.S. sentinel providers were due to ILI, which is less than the national baseline of 2.2 %. Influenza activity was reported as "Local" in 4 states (Florida, Louisiana, Virginia and Hawaii), "Sporadic" by 24 states and the District of Columbia. Twenty-two states reported "No Activity". More information on national surveillance can be found at http://www.cdc.gov/flu/weekly/.

During this same week, the World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratories reported 1,767 specimens tested for influenza viruses, 36 (2.0%) of which were positive: three influenza A/H1 (Mountain region), 28 influenza viruses that were not subtyped (various regions), and five influenza B viruses (South Atlantic region). The District of Columbia and 29 states from all nine surveillance regions have reported laboratory-confirmed influenza this season with Florida, Hawaii, and Texas accounting for 287 (76.5%) of the 375 reported influenza viruses.

Antigenic Characterization:

CDC has antigenically characterized six influenza viruses [three influenza A (H3), and three influenza B viruses] collected by U.S. laboratories since September 30, 2007.

Influenza A (H3) [3]

All three viruses were characterized as A/Brisbane/10/2007-like. A/Brisbane/10/2007 is a recent antigenic variant which evolved from A/Wisconsin/67/2005-like, the influenza A (H3) component of the 2007-08 influenza vaccine. A/Brisbane/10/2007-like virus is the recommended influenza A (H3) component for the 2008 Southern Hemisphere vaccine.

Influenza B [3]

All three viruses were identified as belonging to the B/Yamagata lineage.

The recommended influenza B component for the 2007-08 influenza vaccine is a B/Malaysia/2506/2004-like virus, belonging to the B/Victoria lineage.

It is too early in the influenza season to determine which influenza viruses will predominate or how well the vaccine and circulating strains will match.

New Feature: The <u>Border Influenza Sentinel Surveillance Weekly Update</u> report which provides information on influenza activity in the Border region of New Mexico and Mexico, is now available for review via a link to its specific section in the NMDOH official Influenza website homepage at www.health.state.nm.us/flu

This information is collected by the Infectious Disease Epidemiology Bureau, Epidemiology Response Division of NMDOH.

In future issues of this weekly report, NMDOH will be reporting on added influenza surveillance program components (e.g. school surveillance, hospitalization surveillance, and border and tribal surveillance) as data become available.

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		Recent (within the past 3 weeks) lab	
	region**; ILI activity in	And	evidence of influenza in region with	
	other regions is not	7	increased ILI	
	increased			
Local		1	OR	
200 0.	2 or more institutional		Recent (within the past 3 weeks) lab	
	outbreaks (ILI or lab		evidence of influenza in region with the	
	confirmed) in 1 region; ILI	And	outbreaks; virus activity is no greater than	
	activity in other regions is		sporadic in other regions	
	not increased		December (with in the amount Quantum) lab	
	Increased ILI in ≥2 but	A so al	Recent (within the past 3 weeks) lab	
Dogional	less than half of the	And	confirmed influenza in the affected regions	
Regional (doesn't apply	regions	egions OR		
to states with	Institutional outbreaks (ILI		Recent (within the past 3 weeks) lab	
≤4 regions)	or lab confirmed) in ≥2		confirmed influenza in the affected regions	
⊒4 regions)	and less than half of the	And	committed influenza in the affected regions	
	regions			
Widespread	Increased ILI and/or		Recent (within the past 3 weeks) lab	
	institutional outbreaks (ILI		confirmed influenza in the state.	
	or lab confirmed) in at	And		
	least half of the regions			

^{*}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— 2007-2008 Season:



