

New Mexico Department of Health Influenza & Respiratory Disease Report, 2017-2018

A Summary of Influenza and RSV Surveillance in New Mexico

New Mexico Influenza Geographic Spread*

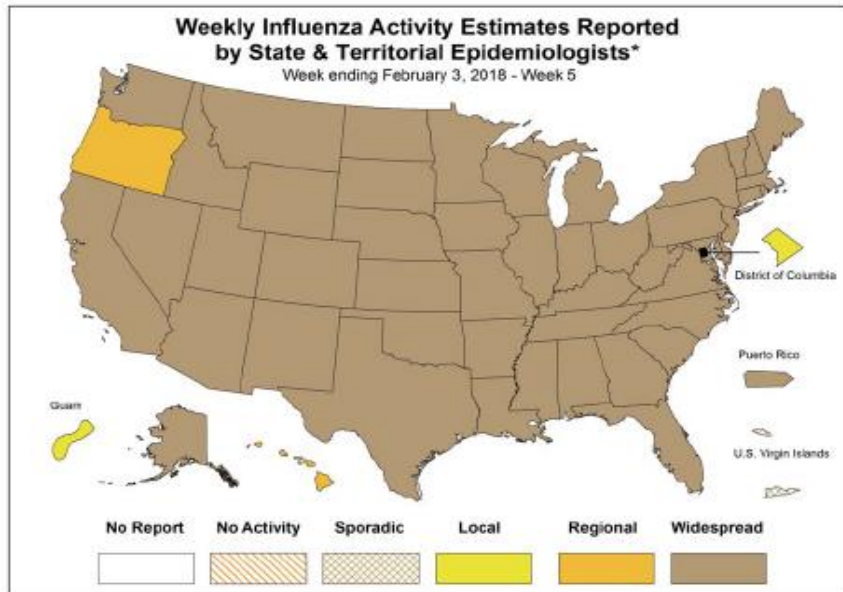
No Activity

Sporadic

Local

Regional

Widespread



* This map indicates geographic spread & does not measure the severity of influenza activity

Corrected Summary of Activity: Week 5 January 28th – February 3rd, 2018

- New Mexico ILI activity is currently 9.9% which is above the national baseline of 2.2%
- US ILI is 7.7% which is above the national baseline of 2.2%
- Influenza activity is above the NM baseline of 2.6% in all five health regions
- There was PCR confirmed lab activity from the Scientific Laboratory Division (SLD) in all New Mexico health regions
- **Two new influenza outbreaks** were reported this week

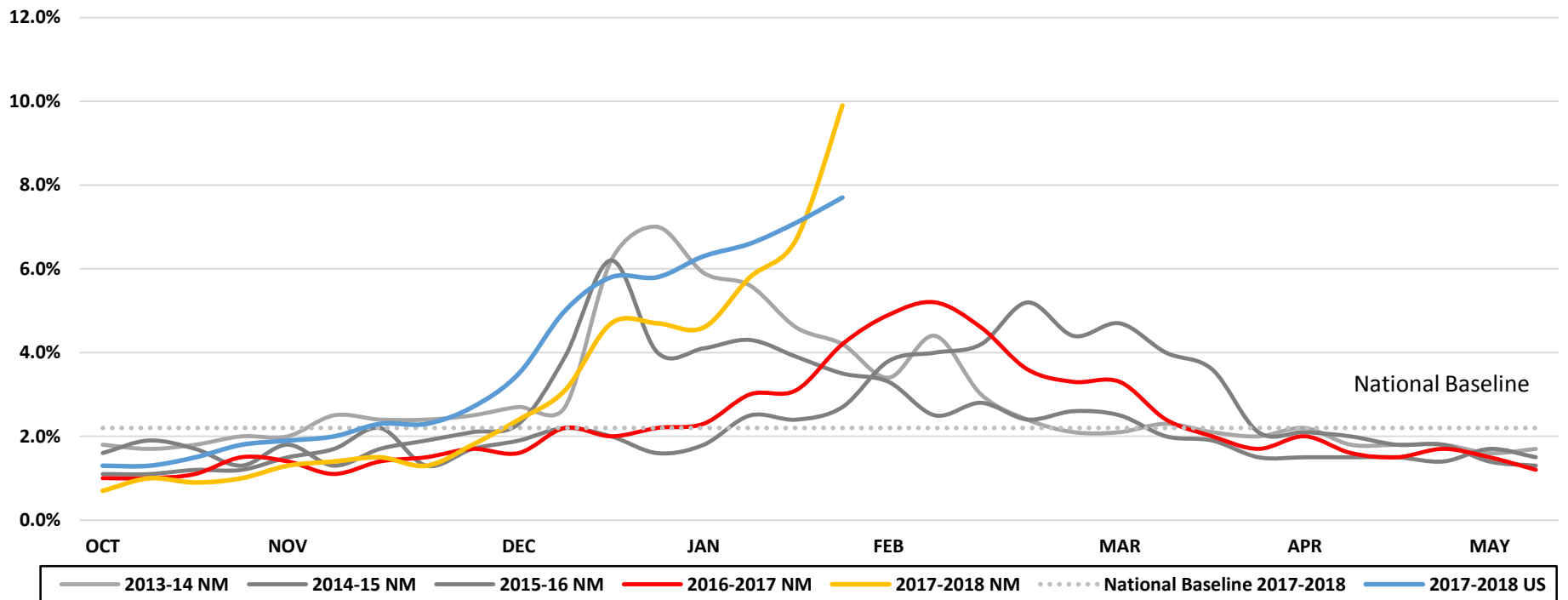
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Influenza-Like Illness (ILI) Activity, 2013 to Present

New Mexico Department of Health (NMDOH) is collaborating with 24 ILI sentinel sites and 19 syndromic surveillance sites* for the 2017-2018 season. Sites report weekly on the number of patients that present to their facility with influenza-like illness (ILI). That number is then divided by the total number of patients seen for any reason, resulting in percent of ILI activity. ILI is defined as fever of > 100° F and cough and sore throat in absence of known cause.

New Mexico and U.S. ILI Activity, 2013 to Present

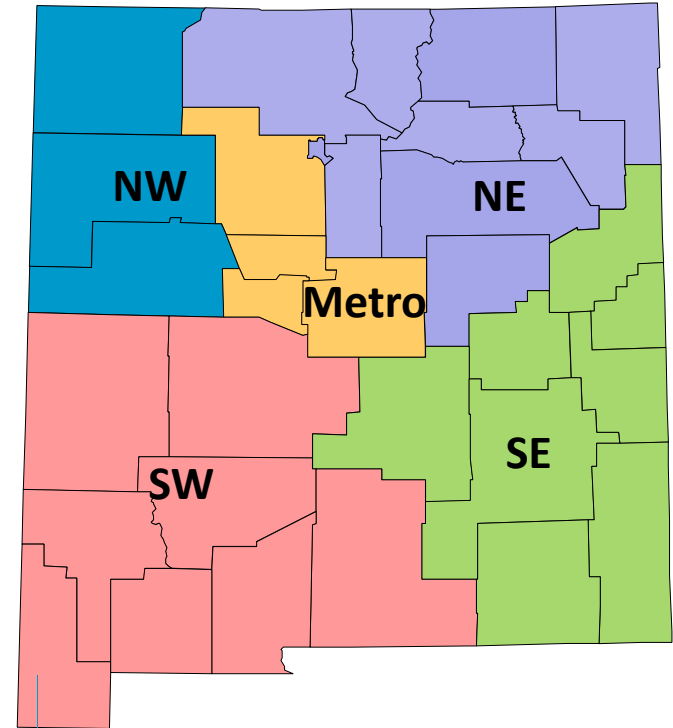
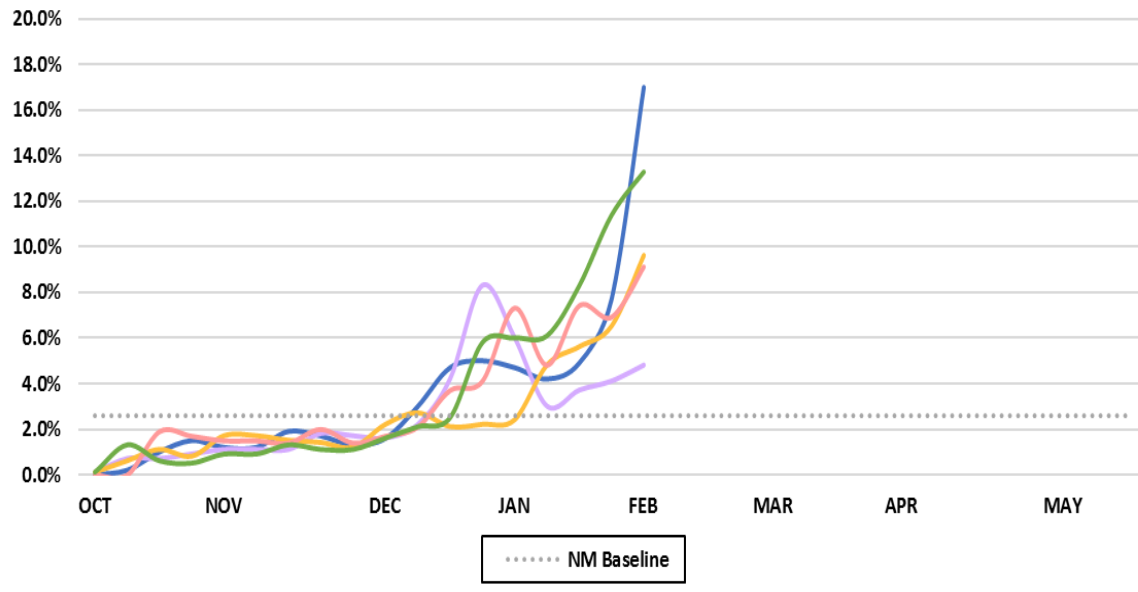


% ILI, NM Week 5 Jan 28th - Feb 3rd, 2018 (current Week)	% ILI, NM Week 4 Jan 21st - Jan 27th, 2018 (previous week)	% ILI, United States Week 5 Jan 28th - Feb 3rd, 2018 (current week)
9.9%	6.7%	7.7%

* See appendix for reporting sites

Regional Influenza-Like Illness (ILI) Activity

NM ILI Activity by Health Region, 2017-2018



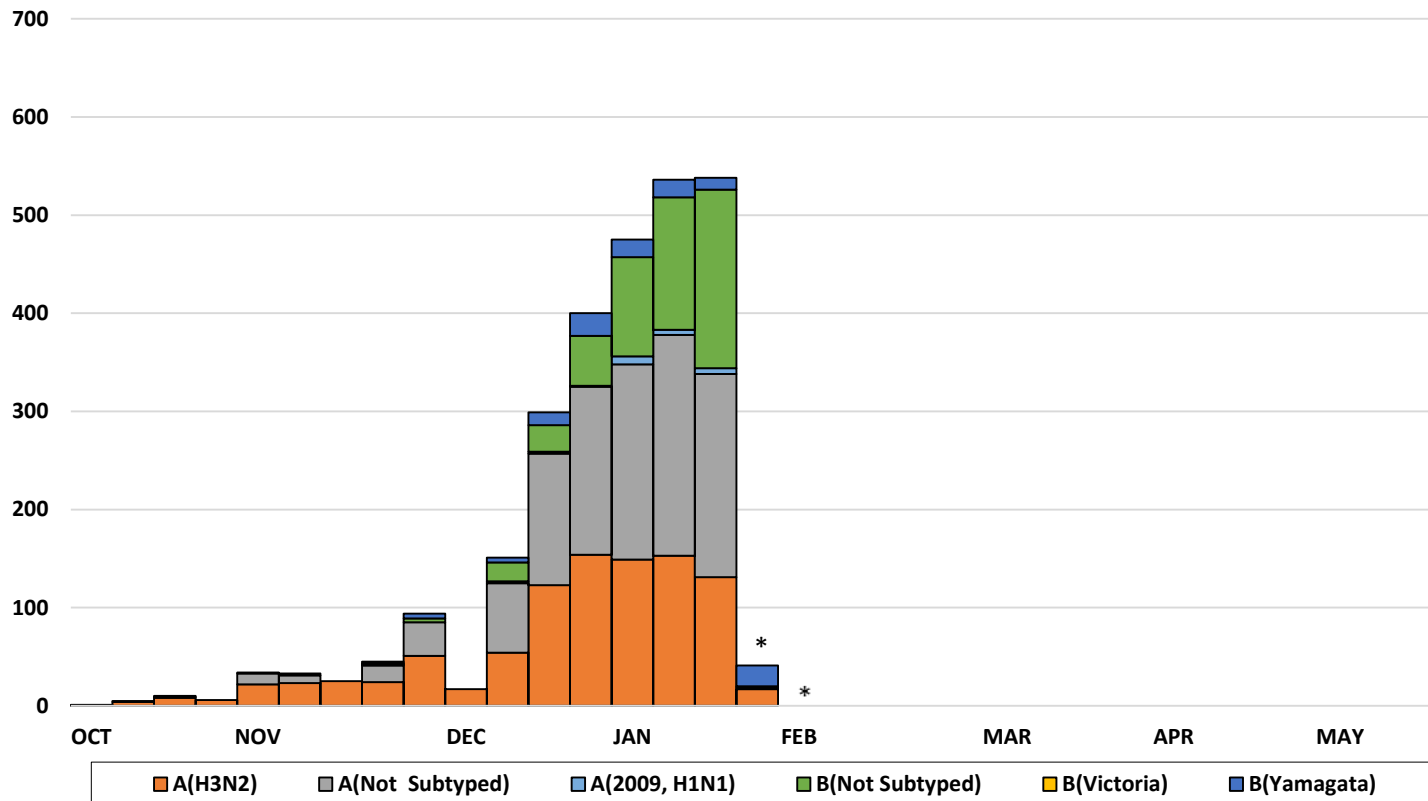
Region	This Week	Last Week	Outbreaks	+PCR testing at SLD
NW	17.0%	7.7%	No	Yes
NE	4.8%	4.1%	No	Yes
Metro	9.6%	6.5%	Yes	Yes
SW	9.1%	6.9%	No	Yes
SE	13.3%	11.4%	Yes	Yes

Outbreak: An influenza outbreak is defined as at least two cases of ILI in a specific area with at least one lab confirmed case.

PCR Testing: Polymerase Chain Reaction (PCR) tests can identify the presence of influenza viral RNA in respiratory specimens. PCR testing is performed at various laboratories across New Mexico.

Laboratory Data & Virologic Surveillance, 2017-2018

PCR Positive Results among Hospital/Clinical Sites and Scientific Laboratory Division (SLD), 2017-2018

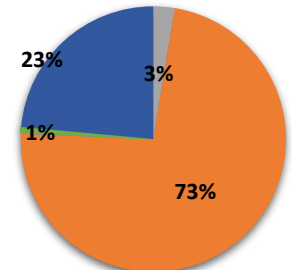


* Week 4 and 5 National Respiratory and Enteric Virus Surveillance System (NREVSS) data not available at this time

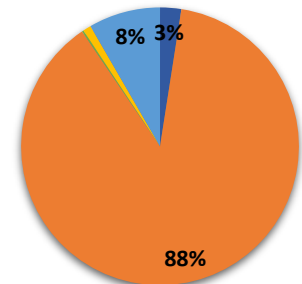
Since the start of the 2017-2018 influenza season, laboratories have reported that a total of 2,710 out of 11,389 respiratory specimens have tested positive for influenza by PCR. Twenty-seven specimens were subtyped as A(H1N1), 961 were A(H3N2), 1,080 influenza A specimens were not subtyped. Five hundred twenty-four specimens tested positive as influenza B not subtyped, 0 positive specimens were identified as B(Victoria) and 118 as B(Yamagata).

** Pie chart data and bar graph data are populated from two separate sources. Therefore, not equivalent

NM subtyping performed at SLD **

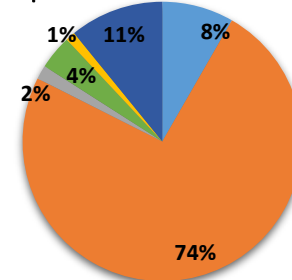


2017-2018 NM



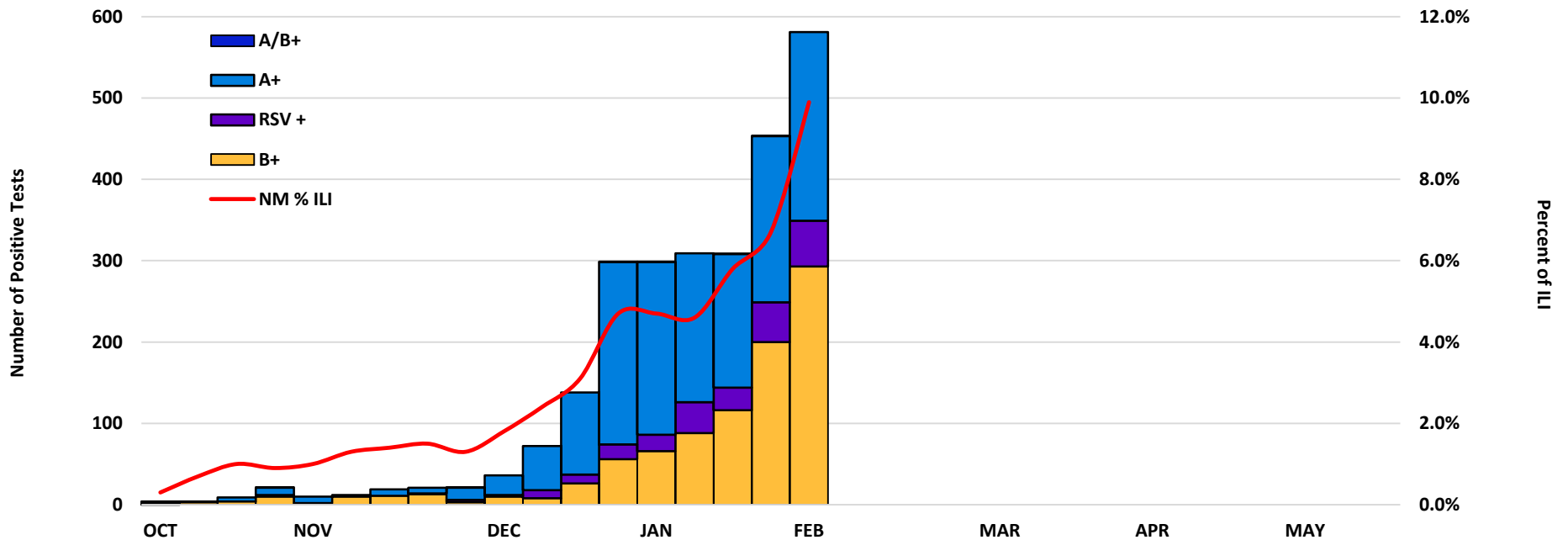
2016-2017 NM

U.S. virus characterization performed at CDC **



2017-2018 US

RSV and Rapid Influenza Laboratory Data*, 2017-2018

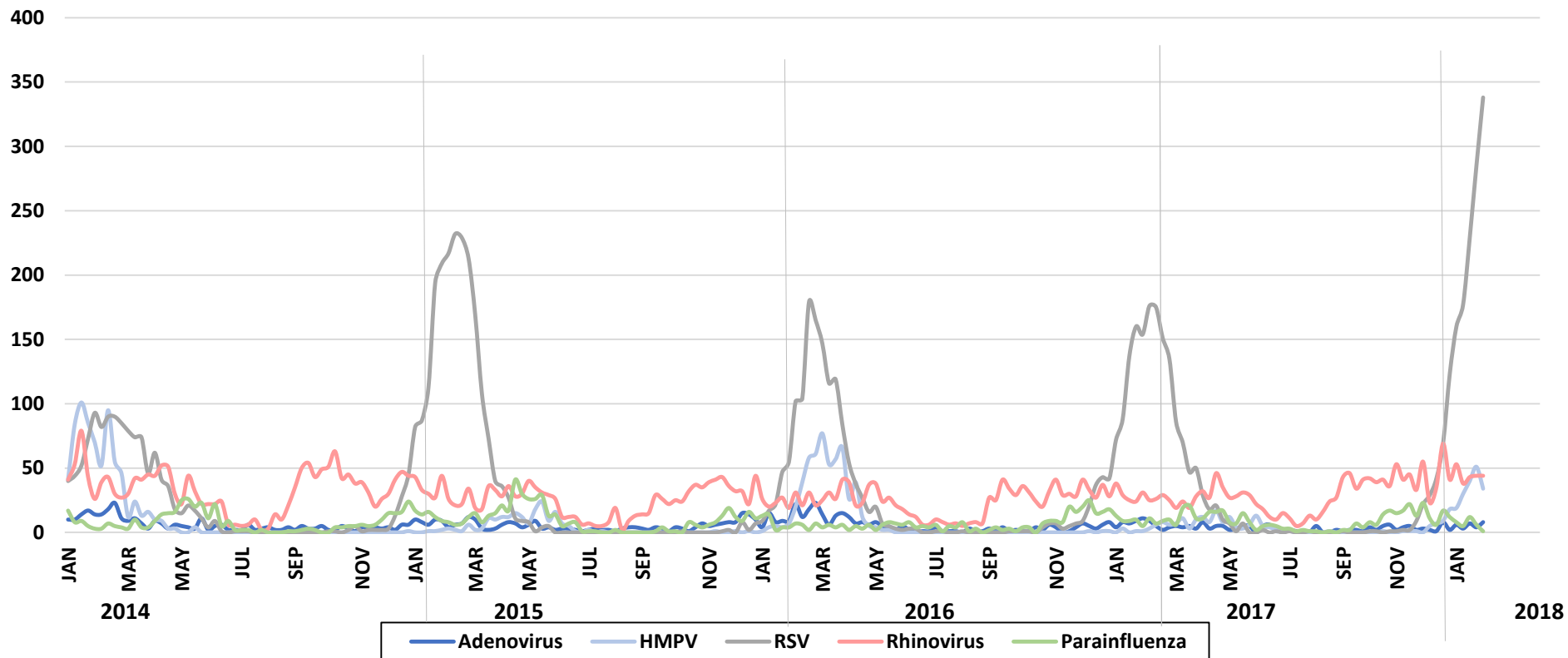


Laboratory Sites Participating in Rapid influenza Data Collection (Facility name, City)	
NW	San Juan Regional Medical Center, Farmington; and Acoma-Canoncito-Laguna Indian Health Hospital, Acoma Pueblo
NE	Taos-Picuris Indian Health Clinic, Taos; Pecos Valley Medical Center, Pecos; La Familia Medical Clinics, Santa Fe; Los Alamos Family Care Clinic, Los Alamos; Jicarilla Apache Indian Health Clinic, Dulce; Children's Clinic PA, Los Alamos
Metro	Lovelace Downtown Medical Center, Albuquerque; University of New Mexico Student Health Clinic, Albuquerque; Presbyterian Medical Group-Atrisco, Northside, Pediatric Urgent Care; Albuquerque Health Partners Urgent Care, Rio Rancho
SW	Gila Regional Medical Center, Silver City; Hidalgo Medical Services Clinic, Lordsburg; Ben Archer Health Center, Deming, Columbus, and Dona Ana; La Clinica de Familia, Sunland Park; Mescalero Apache Indian Health Hospital, Mescalero; New Mexico Mining and Technology Institute, Socorro
SE	Carlsbad Medical Center, Carlsbad; Lea Regional Medical Center, Hobbs; Eastern New Mexico Medical Center, Roswell; Roosevelt General Hospital Clinic, Portales

Laboratory Sites Participating in RSV Data Collection (Facility name, City)	
NW	San Juan Regional Medical Center, Farmington and Acoma-Canoncito-Laguna Indian Health Hospital, Acoma, Gallup Indian Medical Center, Gallup; Zuni Hospital, Zuni; Crownpoint IHS, Gallup;
NE	Los Alamos Medical Center, Los Alamos, Dulce Health Center, Dulce; Christus St. Vincent. Santa Fe; Alta Vista Regional Hospital, Las Vegas; Miners' Colfax Medical Center, Raton
Metro	Quest Diagnostic Laboratory, Albuquerque
SW	Gerald Champion, Alamogordo
SE	Artesia General Hospital, Artesia; Carlsbad Medical Center, Carlsbad; Lea Regional Medical Center, Hobbs; Eastern New Mexico Medical Center, Roswell

* Data is not representative of all facilities in New Mexico

Non-Influenza Respiratory Disease Surveillance, 2014-2018



Adenoviruses: Cause a wide range of illnesses. They rarely cause serious illness or death. However, infants and people with weakened immune systems, or existing respiratory or cardiac disease, are at higher risk of developing severe illness from an adenovirus infection.

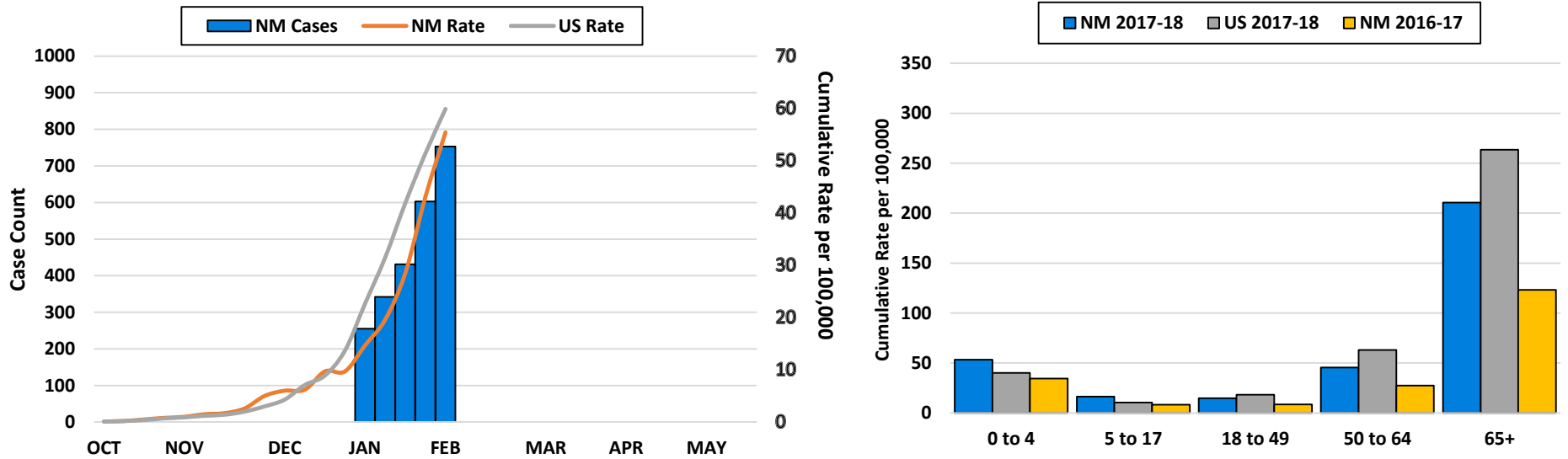
Human Metapneumovirus (HMPV): Cause upper and lower respiratory disease in people of all ages, especially among young children, older adults, and people with weakened immune systems.

Respiratory Syncytial Virus (RSV): Can cause more severe infections such as bronchiolitis, an inflammation of the small airways in the lung, and pneumonia, an infection of the lungs. It is the most common cause of bronchiolitis and pneumonia in children younger than 1 year of age.

Human Rhinoviruses: Are nonenveloped that cause upper respiratory tract infections. these infections can pose serious health concerns for young children, elderly individuals and persons with pre-existing health conditions leading to more serious illnesses.

Human Parainfluenza Viruses: Commonly cause upper and lower respiratory illnesses in infants and young children, but anyone can get infected. After you get infected, it takes about 2 to 7 days before you develop symptoms.

Influenza Hospitalizations, NM & US, 2017-2018



Pneumonia and Influenza (P & I) Deaths, NM, 2015-2018*

Season	Season to date P & I Deaths	Pneumonia Deaths	Adult Flu Deaths	Pediatric Flu Deaths	Total P & I Deaths
2017-2018	128	100	28	0	128
2016-2017	222	195	27	0	222
2015-2016	190	159	30	1	190

Pneumonia death: Is defined as having a cause of death that is related to pneumonia & influenza (P & I) not including: aspiration pneumonia, pneumonitis, or pneumococcal meningitis.
Influenza death: Is defined as having a cause of death that is related to pneumonia & influenza (P & I) not including: parainfluenzae or Haemophilus *influenzae*.

* The 2017-2018 flu season started October 1st, 2017, death data is delayed up to 8 weeks

Influenza Vaccination Information

Still Need to Get Your Flu Shot?

HealthMap Vaccine Finder:

<http://vaccine.healthmap.org/>

Or

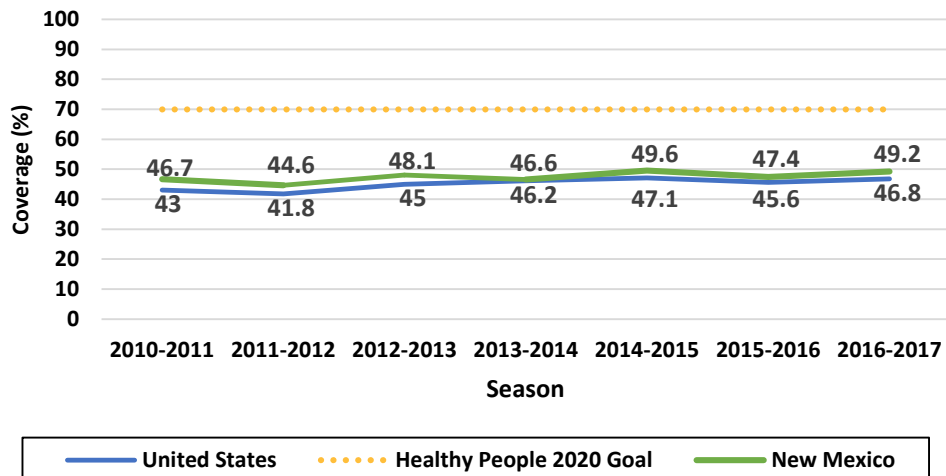
Contact your Primary Care Provider (PCP) or a local public health office (LPHO) near you:

<https://nmhealth.org/location/public/>

“Influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently, but millions of people get the flu every year, hundreds of thousands of people are hospitalized and thousands or tens of thousands of people die from flu-related causes every year. Even healthy people can get very sick from the flu and spread it to others. Flu-related hospitalizations since 2010 ranged from 140,000 to 710,000, while flu-related deaths are estimated to have ranged from 12,000 to 56,000. During flu season, flu viruses circulate at higher levels in the U.S. population in the United States can begin as early as October and last as late as May. An annual seasonal flu vaccine is the best way to reduce your risk of getting sick with seasonal flu and spreading it to others. When more people get vaccinated against the flu, less flu can spread through that community.”

-Centers for Disease Control and Prevention

New Mexico and National Influenza Vaccination Coverage by Season, Age >6 months, 2010-2017



For Additional Vaccine Information/resources:

FluVaxView:

<https://www.cdc.gov/flu/fluvoxview/index.htm>

Seasonal Influenza Vaccination Resources for Health Professionals:

<https://www.cdc.gov/flu/professionals/vaccination/index.htm>

Misconceptions about Flu Vaccines:

<https://www.cdc.gov/flu/about/qa/misconceptions.htm>

Appendix

Health Region	Participating Sentinel Sites (Facility name, City)	Syndromic Surveillance Hospitals (Facility name, City)
Northwest	Acoma-Canoncito-Laguna Indian Health Hospital, Acoma; Dzilth Health Center, Bloomfield	San Juan Regional Medical Center, Farmington; Cibola General Hospital, Grants
Northeast	Taos-Picuris Indian Health Clinic, Taos; Pecos Valley Medical Center, Pecos; La Familia Medical Clinics, Santa Fe; Jicarilla Apache Indian Health Clinic, Dulce; Children’s Clinic PA, Los Alamos;	Alta Vista Regional Hospital, Las Vegas; Christus St. Vincent, Santa Fe; Holy Cross Hospital, Taos; Los Alamos Medical Center, Los Alamos; Miners’ Colfax Medical Center, Raton; Presbyterian Espanola Hospital, Espanola
Metro	Lovelace Downtown Medical Center, Albuquerque; University of New Mexico Student Health Clinic, Albuquerque; Presbyterian Medical Group-Atrisco, Northside, Pediatric Urgent Care; Davita Urgent Care, Rio Rancho	Lovelace Westside Hospital, Albuquerque; UNM Health System, Albuquerque
Southwest	Gila Regional Medical Center, Silver City; Hidalgo Medical Services Clinic, Lordsburg; Ben Archer Health Centers, Deming and Dona Ana; La Clinica de Familia, Sunland Park; Mescalero Apache Indian Health Hospital, Mescalero; New Mexico Mining and Technology Institute, Socorro, Hobbs; La Clinica de Familia Sunland Park Medical, Sunland Park	Mimbres Memorial Hospital, Deming; Mountain View Regional Medical Center, Las Cruces
Southeast	Eastern New Mexico Medical Center, Roswell; Roosevelt General Hospital Clinic, Portales	Carlsbad Medical Center, Carlsbad; Dr. Dan C. Trigg Memorial, Tucumcari; Lea Regional Medical Center, Hobbs; Lincoln County Medical Center, Ruidoso; Lovelace Regional Hospital; Roswell; Nor-Lea Hospital District, Lovington; Plains Regional Medical Center, Clovis

In accordance with New Mexico Administrative Code (NMAC) 7.4.3.13 Influenza is a reportable condition for the following:

- Influenza, laboratory confirmed hospitalizations only
- Influenza-associated pediatric death
- Acute illness or condition of any type involving large numbers of persons in the same geographic area (outbreaks)
- Other illnesses or condition of public health significance (novel influenza A)

For more information on reportable conditions please visit:

<http://www.nmcpr.state.nm.us/nmac/parts/title07/07.004.0003.htm>

Report published by New Mexico Department of Health (NMDOH), Epidemiology and Response Division (ERD)

Infectious Disease Epidemiology Bureau (IDEB)

For questions, please call 505-827-0006. For more information on influenza go to the NMDOH web page:

<https://nmhealth.org/about/erd/ideb/isp/> Or The CDC web page: <http://www.cdc.gov/flu/index.htm>

