



# 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 February 5, 2005

### **New Mexico Deaths Due to Influenza B**

Two middle-aged adults, one from Curry County and one from Bernalillo County, died from complications of influenza B (subtyped as Shanghai-like) infections in the Month of January, 2005. There is no indication that either of these individuals had received vaccination against influenza.

### **Influenza Outbreaks in Longterm Care Facilities**

The New Mexico Department of Health has been working with long-term care facilities in San Miguel, Eddy and McKinley counties to investigate influenza outbreaks among staff and residents of the facilities. All of the facilities have laboratory-confirmed influenza infections in residents.

NMDOH strongly recommends that unvaccinated health care workers get flu shots as soon as possible in order to protect themselves and their patients. Fewer than 30% of the staff at the San Miguel Eddy County facilities were immunized prior to the outbreaks. NMDOH believes this may have contributed to the spread of influenza in these facilities.

### **Summary of Influenza Activity in New Mexico for Week Ending February 5, 2005:**

- Eighteen of the 18 sentinel sites reported a total of 4717 patient visits, of which 57(1.21%) were for an influenza-like illness<sup>1</sup>. The previous week ending January 29 reported 0.67 % influenza-like illness.
- NMDOH received reports of 75 patients with positive influenza (38 influenza A, 31 influenza B, 6 indistinguishable<sup>2</sup>) tests using rapid testing. There were two reports of positive influenza A culture, and 5 reports of influenza B culture.
- NMDOH reported the state influenza activity as "WIDESPREAD" to the Centers for Disease Control and Prevention (CDC) (see table below for definitions).

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

- To date this season, there has been 23 influenza B virus isolates (16 subtyped as Shanghai-like) and 9 influenza A virus isolates\* (5 subtyped as H3) identified by culture at NMDOH Scientific Laboratory Division (SLD). After the first report of culture-confirmed influenza for the season, influenza activity reported to the CDC includes results from influenza rapid testing, fluorescent antibody (DFA) methods, or cultures.

<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.

- For the week ending February 5, 2005, sixteen clinical laboratories reported performing 530 rapid or DFA tests, of which 38(7.17%) were positive for influenza A, 31(5.85%) were positive for influenza B and 6(1.13%) were indistinguishable<sup>2</sup>.
- Since October 24, 2004, NMDOH has received reports of 96(4.20%) positive influenza A tests, 94(4.11%) positive influenza B tests and 15(0.65%) indistinguishable<sup>2</sup> positive influenza out of 2286 rapid tests performed at 16 clinical laboratories.

\*These cases may also be counted among the rapid test positive results.

### **Influenza-related Pediatric Mortality**

As of the week ending January 29, 2005, four cases of influenza-associated pediatric death have been reported nationally to CDC, one from Maine, one from Massachusetts, one from California and one from Ohio. No cases have been reported to the NMDOH.

### **Flu Activity in the Region**

For the week ending January 29, 2005 (the most recent data available), influenza activity was reported as “widespread” by Colorado and Texas, “regional” by Arizona, Idaho, Montana, Nevada and Utah, and “local” by New Mexico and Wyoming. There were 12 reports of influenza A (H3N2) virus, 9 influenza A that were not subtyped and 20 influenza B viruses in the Mountain region (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah and Wyoming).<sup>4</sup>

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

For the week ending January 29, 2005, 474 (15.9 %) of 2,986 specimens tested for influenza viruses were positive. Of these 92 were influenza A (H3N2) virus, 297 were influenza A that were not subtyped, and 85 were influenza B viruses. Nationwide 3.7% of patient visits to U.S. sentinel providers were due to influenza-like-illness. Sixteen states reported widespread activity, 19 states reported regional activity, 9 states reported local activity and 5 states reported sporadic activity nationally. 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>

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<sup>4</sup> All data are preliminary and change as more reports are received after the end of the reporting week.

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 <sup>**</sup> ; 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
	<b>OR</b>		
<b>Regional</b> (doesn't apply to states with ≤4 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>OR</b>		
<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.

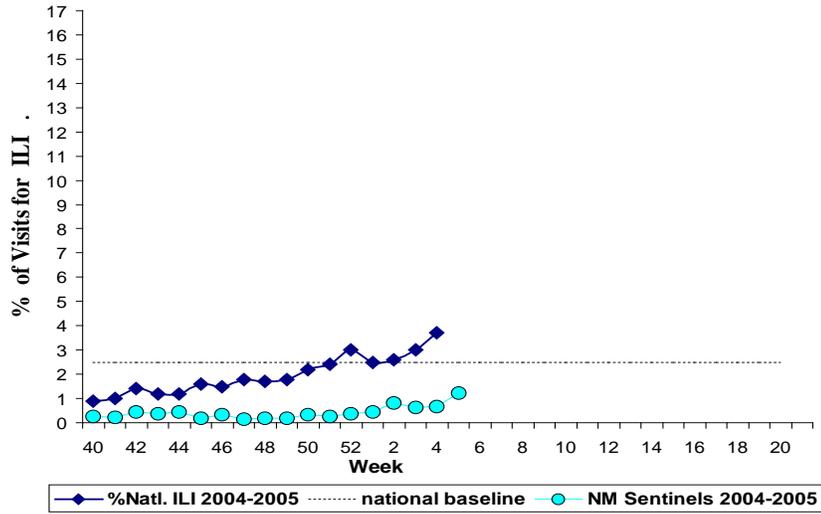
\* ILI activity can be assessed using a variety of data sources including sentinel providers, school/workplace absenteeism, and other syndromic surveillance systems that monitor influenza-like illness.

<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 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.

<sup>‡</sup> Institution includes nursing home, hospital, prison, school, etc.

<sup>\*\*</sup>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 2004 - 2005**



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