

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 8, 2005, reported October 18, 2005.

Weekly Summary of Influenza Activity in NM:

This season there are a total of 21 sentinel influenza sites throughout New Mexico. Nineteen of the twenty-one sentinel sites reported 4,988 patient visits during the week ending October 8, 2005, of which 5 (0.7%) were for an influenza-like illness. During this week there were 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).

Influenza Vaccine Update:

Four companies are currently distributing their vaccine (see FDA's website http://www.fda.gov/cber/flu/flulot101205.htm). If all anticipated doses are distributed, the 89 million to 97 million doses will be available. Last year, 61 million doses were available.

While the Nation's total influenza vaccine supply forecast appears promising, some uncertainty remains. Given this uncertainty, CDC continues to recommend that inactivated vaccine be reserved for the following priority groups until **October 24, 2005**:

- Persons aged >65 years with comorbid conditions
- Residents of long-term--care facilities
- Persons aged 2--64 years with comorbid conditions
- Persons aged >65 years without comorbid conditions
- Children aged 6--23 months
- Pregnant women
- Health-care personnel who provide direct patient care
- Household contacts and out-of-home caregivers of children aged <6 months

Please refer to the CDC flu vaccination link for further details: http://www.cdc.gov/flu/professionals/flubulletin.htm

Global Avian Flu Activity:

To date (October 10, 2005), there has been a total of 117 human cases (with 60 deaths; 50% case fatality rate) of Avian Flu (H5N1) reported in the countries of Indonesia, Thailand, Cambodia and Vietnam. H5N1 continues to be detected in bird populations, most recently in Turkey, Romania and Greece. Information on avian influenza can be found at http://www.oie.int/eng/en_index.htm and at http://www.oie.int/en/ and from the CDC at http://www.cdc.gov/flu/avian/.

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 Labs.

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

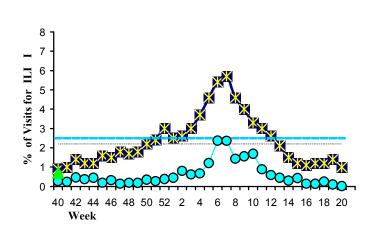
*ILI activity can be assessed using a variety of data sources including sentinel providers, school/workplace absenteeism, and other syndromic surveillance systems that monitor influenza-like illness.

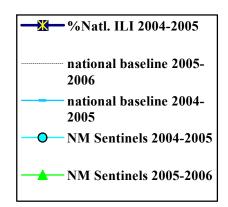
[†] Lab confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR. Care should be given when relying on results of point of care rapid diagnostic test kits during times when influenza is not circulating widely. The sensitivity and specificity of these tests vary and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

Percentage of Visits for Influenza-like Illness Reported by Sentinel Providers, US and NM, 2004-2005 and 2005-2006





Note: National ILI baseline has changed from 2.5% in season 2004-2005 to 2.2% in season 2005-2006. Future graphs will reflect the 2005-2006 season ILI percentage of 2.2%