Epidemiology and Response Division

NEW MEXICO INFLUENZA SURVEILLANCE UPDATE
2008 - 2009 Influenza Season

Week Ending	Activity Level
5/16/09 (MMWR Week 19)	Regional

NMDOH reported the state influenza activity as **"Regional"** to the Centers for Disease Control and Prevention (CDC) for week ending May 16th, the most recent week that data are available (see table on page 3 for definitions).

Summary of Influenza Outpatient Surveillance in NM for Week Ending 5/16/09[1]:

Twenty-five of the 26 sentinel provider sites reporting:

- total of 8,179 patient visits seen for any reason,
- 132 (1.6%) were positive for influenza-like illness (ILI)[2], and
- previous week (ending May 9th) reported 2.8% influenza-like illness.

Summary of Sentinel Laboratory Influenza Testing in NM:

Period of 2008-2009 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 5/16/09 (30 of 32 labs reporting)	1145	35 (3.1%)	47 (4.1%)	1 (0.1%)	83 (7.3%)
Cumulative as of 9/28/08	19,243	1200 (6.2%)	540 (2.8%)	68 (0.4%)	1807 (9.4%)

**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:

Since October 2008 to present, a total of 61 pediatric deaths have been reported to CDC in this season. There have been no influenza-related pediatric deaths reported in New Mexico.

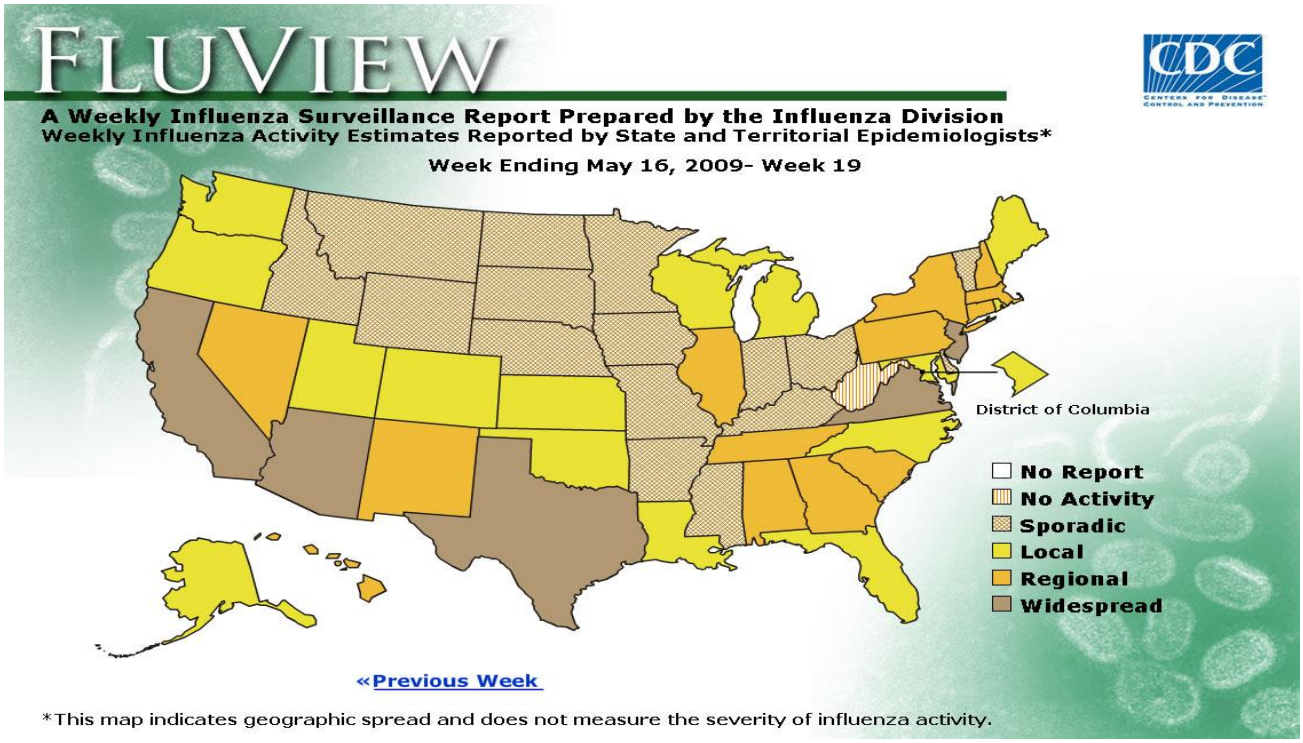
National Flu Surveillance and Laboratory Activity, Week Ending 5/16/09:

Flu Activity: Nationwide, for the week ending 5/16/09, 1.7% of patient visits to U.S. sentinel providers were due to ILI, which is below the national baseline of 2.4%. Refer to map below for state by state reported activity. More information on national surveillance can be found at: http://www.cdc.gov/flu/weekly/.

[1] 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.



ALERT: **Update on H1N1 (swine) flu cases in New Mexico**

The most recent information on case reporting:

As May 15, 2009, total confirmed cases in New Mexico: 68 (cases by county listed below)

- **Bernalillo: 13**
- **Curry: 1**
- **Dona Ana: 5**
- **Eddy: 8**
- **Hidalgo: 11**
- **Luna: 4**
- **Otero: 1**
- **Sandoval: 3**
- **San Juan: 1**
- **Santa Fe: 2**
- **Sierra: 1**
- **Socorro: 7**
- **Taos: 1**
- **Valencia: 4**
- **County Unknown: 6**

Please direct any questions to the New Mexico Department of Health Epidemiology Division 24/7/365 response line at **505-827-0006.**

Additional information is available at the NMDOH Swine Flu Webpage:
http://www.health.state.nm.us/FLU/seasonal/swine_flu.html

This information is collected by the Influenza Sentinel Surveillance Program, Infectious Disease Epidemiology Bureau, Epidemiology Response Division, NMDOH.
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

Table: Influenza Activity Levels

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**; ILI activity in other regions is not increased	**And**	Recent (within the past 3 weeks) lab evidence of influenza in region with increased ILI
	OR		
	2 or more institutional outbreaks (ILI or lab confirmed) in 1 region; ILI activity in other regions is not increased	**And**	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
Regional (doesn't apply to states with ≤4 regions)	Increased ILI in ≥2 but less than half of the regions	**And**	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
	OR		
	Institutional outbreaks (ILI or lab confirmed) in ≥2 and less than half of the regions	**And**	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
Widespread	Increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at least half of the regions	**And**	Recent (within the past 3 weeks) lab confirmed influenza in the state.

*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— 2008-2009 Season: