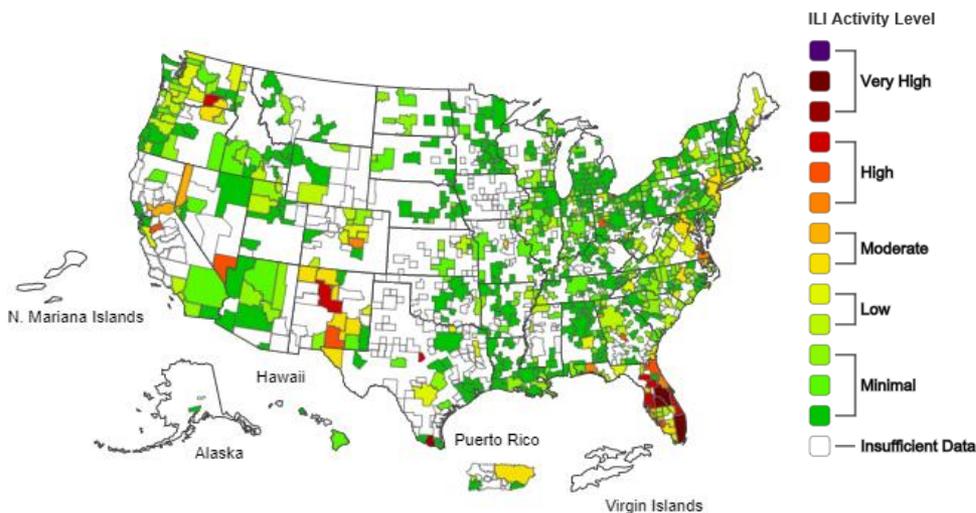


# New Mexico Department of Health Influenza & Respiratory Disease Report, 2021-2022

2021-22 Influenza Season Week 21 ending May 28, 2022



New Mexico is experiencing High ILI activity\*

Please visit <https://cv.nmhealth.org> for  
COVID-19 Weekly Epidemiology Reports

Visit [CDC FluView](https://www.cdc.gov/flu/view/) for the national ILI report

## Summary of Activity: Week 21 May 22<sup>nd</sup> – May 28<sup>th</sup> 2022

- New Mexico influenza-like illness (ILI) activity is currently 4.6% of patient visits statewide, and is above the NM ILI baseline of 3.4% in all five health regions.
- While ILI activity has declined slightly, respiratory illness overall remains elevated as COVID-19 rates have climbed again.
- Consider testing for influenza for moderate to severe respiratory illness and the appropriate use of antiviral medications. It's not too late to get a flu shot!
- US ILI is 2.3%, below the national ILI baseline of 2.5%
- No influenza outbreaks were reported this week.

\*Activity Map from <https://www.cdc.gov/flu/weekly/index.htm>

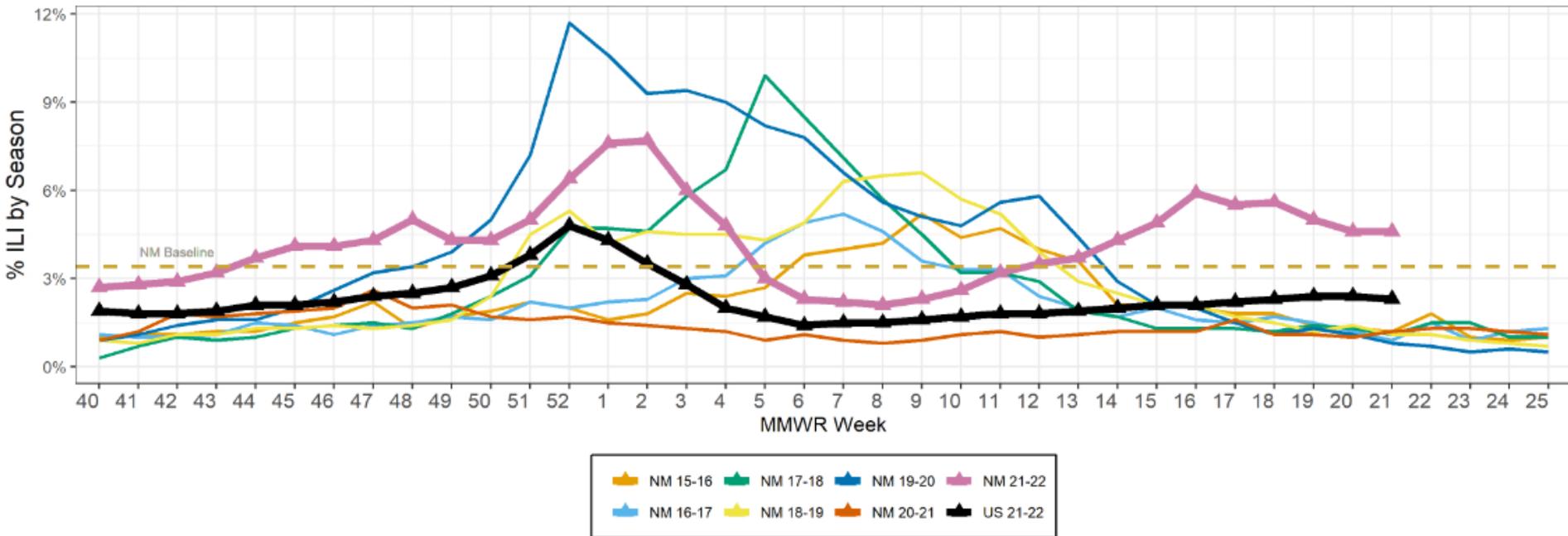
Please note:

- At this time, NM has elevated levels of influenza, increasing levels of COVID-19, and low levels of RSV activity – all of which contribute to the level of respiratory illness detected in the state.
- Influenza-like illness is a syndrome of respiratory illness, including conditions like COVID-19, Respiratory Syncytial Virus (RSV), and other seasonal respiratory viruses.

# Influenza-Like Illness (ILI) Activity, 2015 to Present

New Mexico Department of Health (NMDOH) is collaborating with 21 ILI sentinel sites and 30 syndromic surveillance sites\* for the 2021-2022 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 greater than or equal to 100° F and cough and/or sore throat.

New Mexico and U.S. ILI Activity, 2015 to Present

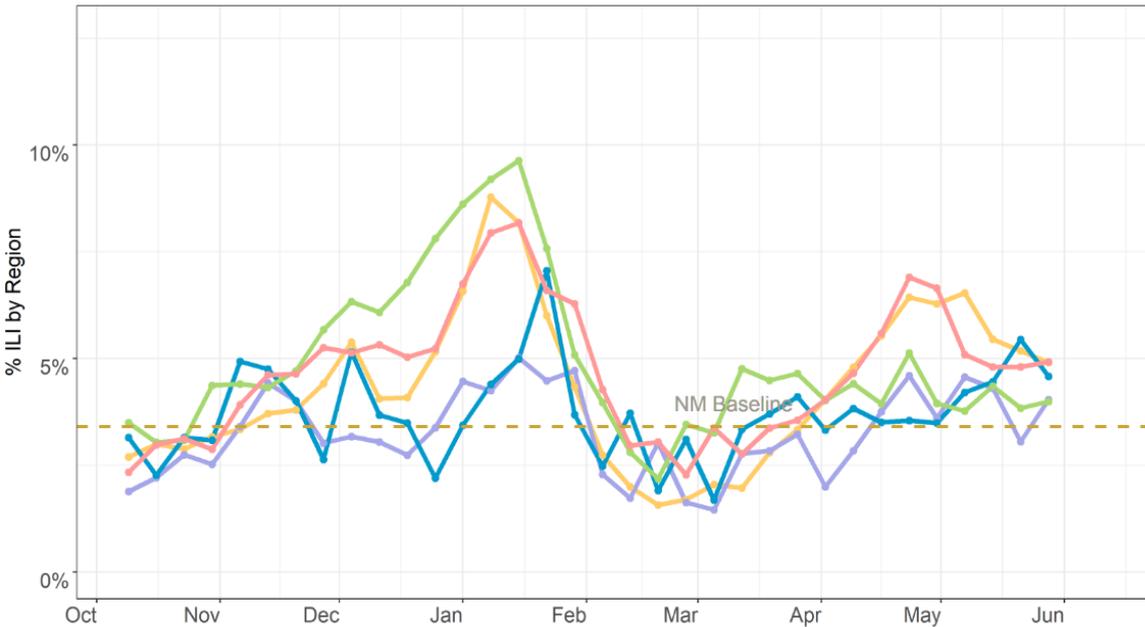


% ILI, NM, Week 21 May 22-May 28, 2022 (Current Week)	% ILI, NM, Week 20 May 15-May 21, 2022 (Last Week)	% ILI, US, Week 21 May 22-May 28, 2022 (Current Week)
4.6%	4.6%	2.3%

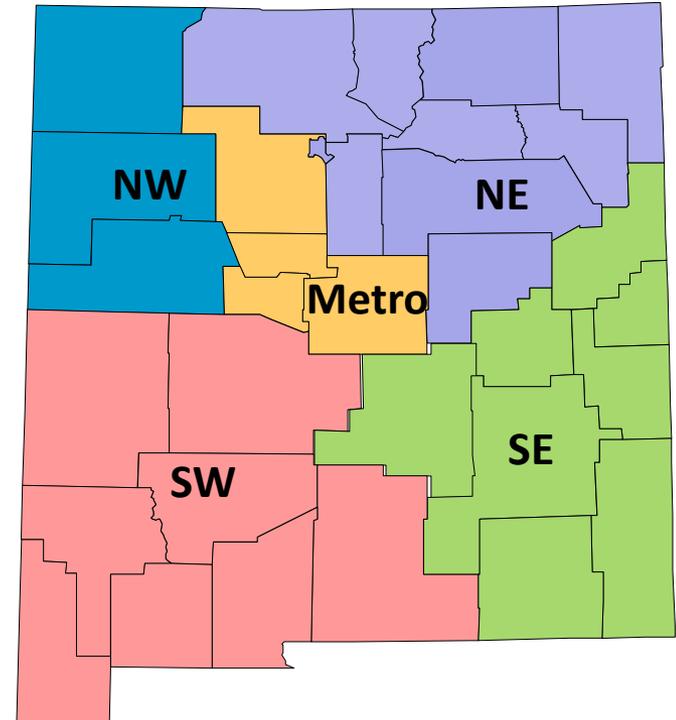
\* See appendix for reporting sites

# Regional Influenza-Like Illness (ILI) Activity, 2021-2022

NM ILI Activity by Health Region, 2021-2022

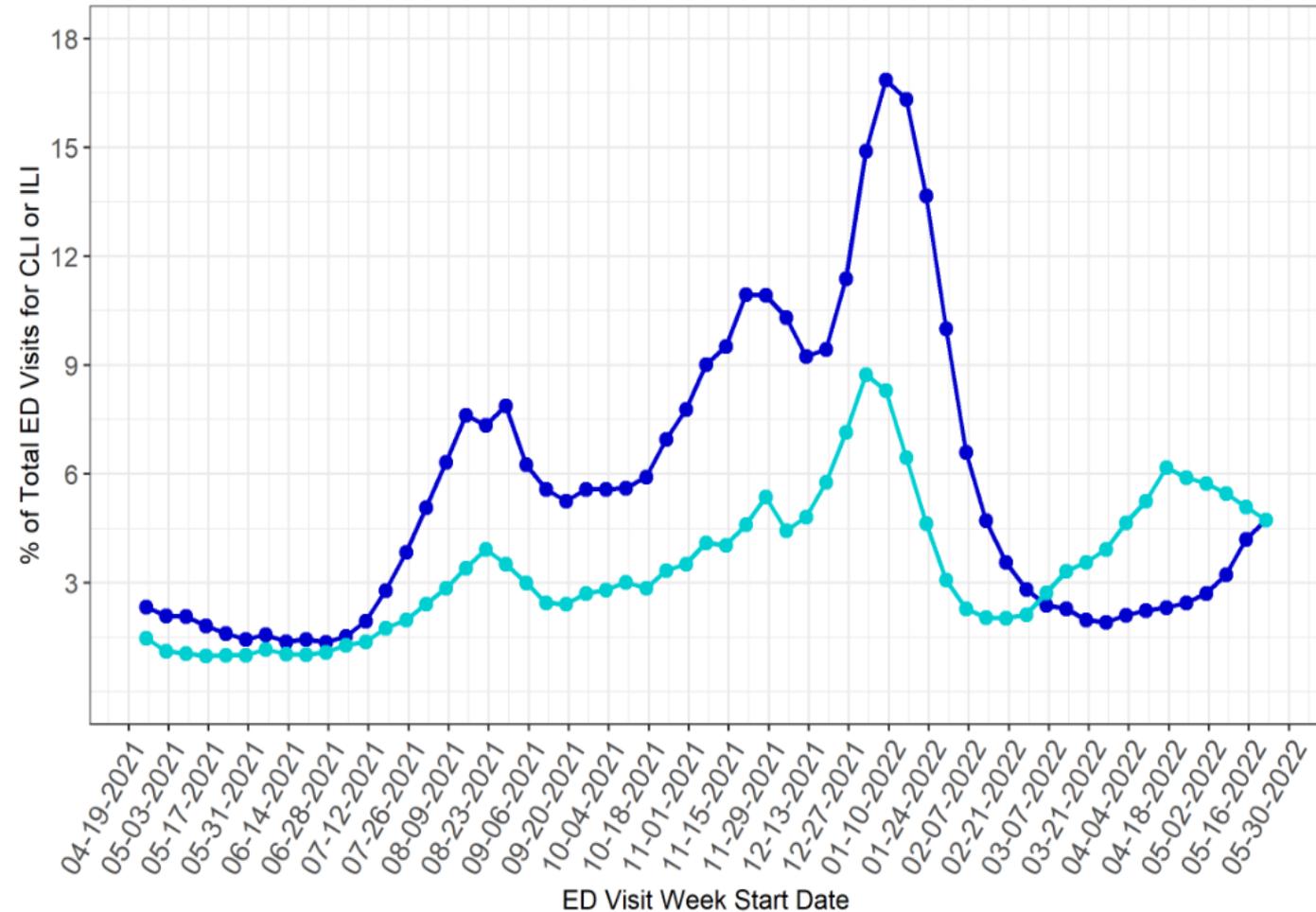


Region	This Week	Last Week	+ Rapid Flu	+ PCR at State Lab*
Metro	4.9%	5.2%	No Data Available	0
NE	4.0%	3.1%	4	0
NW	4.6%	5.4%	73	0
SE	4.0%	3.8%	No Data Available	0
SW	4.9%	4.8%	10	0



**\*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.

# Syndromic Surveillance for Coronavirus-Like Illness (CLI) and ILI in Emergency Departments, May 2021 – Present



This visualization is populated from data in New Mexico's Syndromic Surveillance Database. Initial patient encounter information is usually received within 24 hours, but clinical documentation is continuously being updated as it is identified throughout the patient encounter and hospital coding process.

**CLI CC with CLI DD and Coronavirus DD** includes ED encounters with chief complaint consisting of fever and cough, shortness of breath, or difficulty breathing, while also including COVID-19 associated discharge diagnoses codes. The CLI definition excludes known influenza related ED visits coded with related influenza discharge diagnosis.

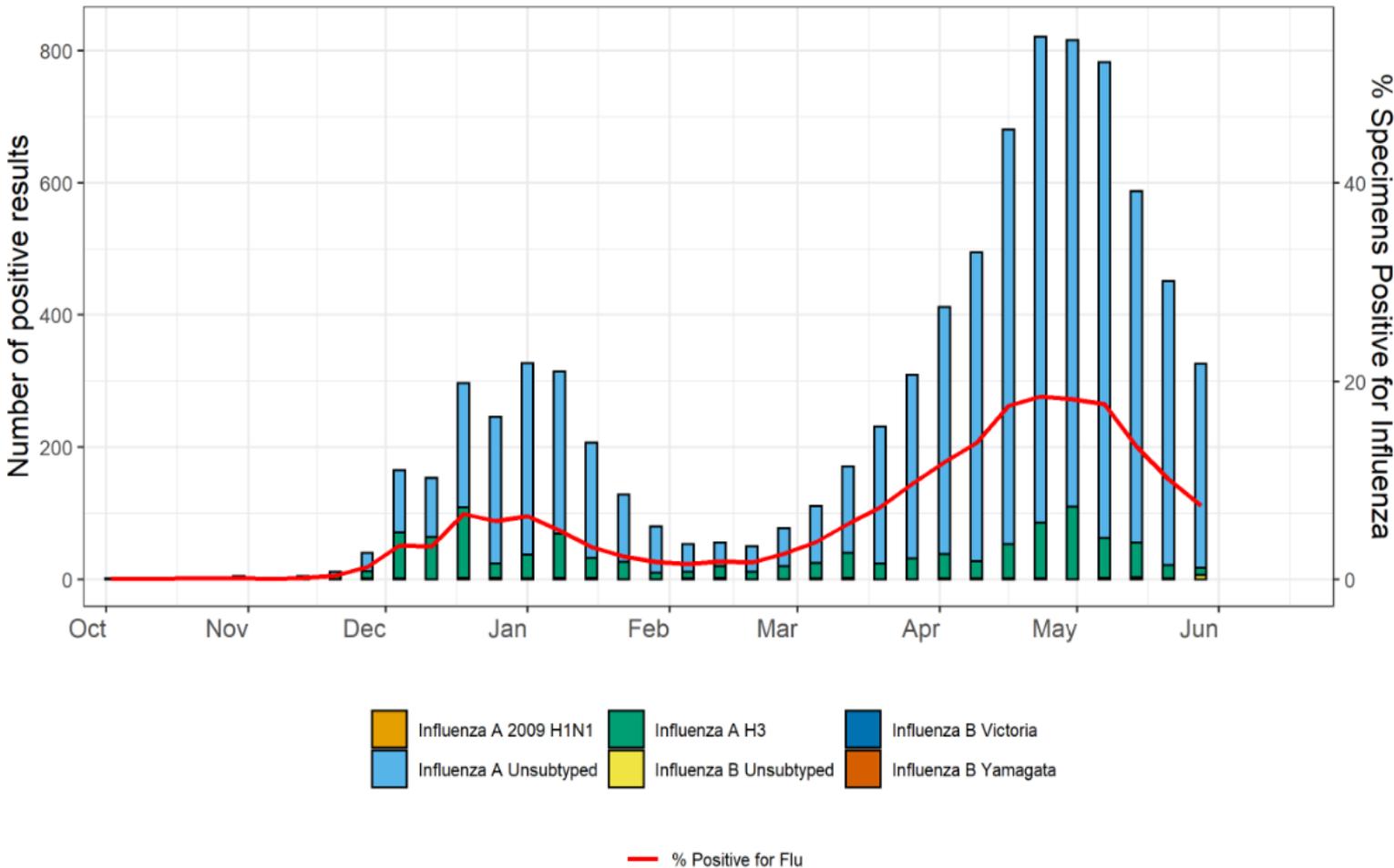
**ILI CCDD** includes ED encounters with chief complaint consisting of fever and cough, while also including ILI and influenza related discharge diagnoses.

- CLI CC (chief complaint) with CLI DD (discharge diagnoses) and Coronavirus DD
- ILI CC DD



# Laboratory Influenza Surveillance Data, 2021-2022

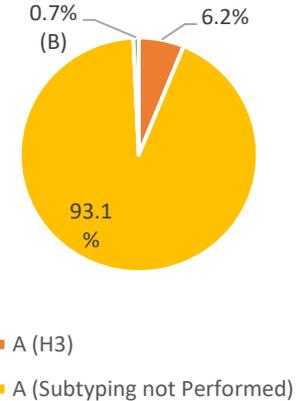
PCR Positive Results among Hospital/Clinical Sites and Scientific Laboratory Division\*



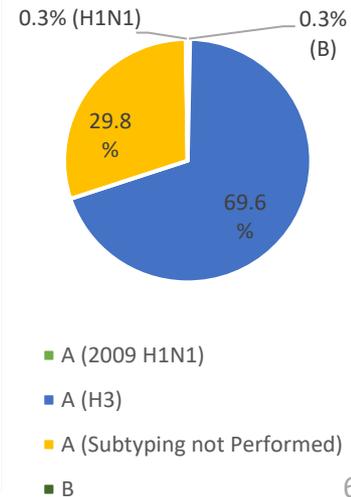
\*Tests in the bar chart above represent specimens tested at both SLD and TriCore

\*\*Virus Characterization is based on data from the three most recent MMWR weeks. Influenza types with zero specimens collected were excluded.

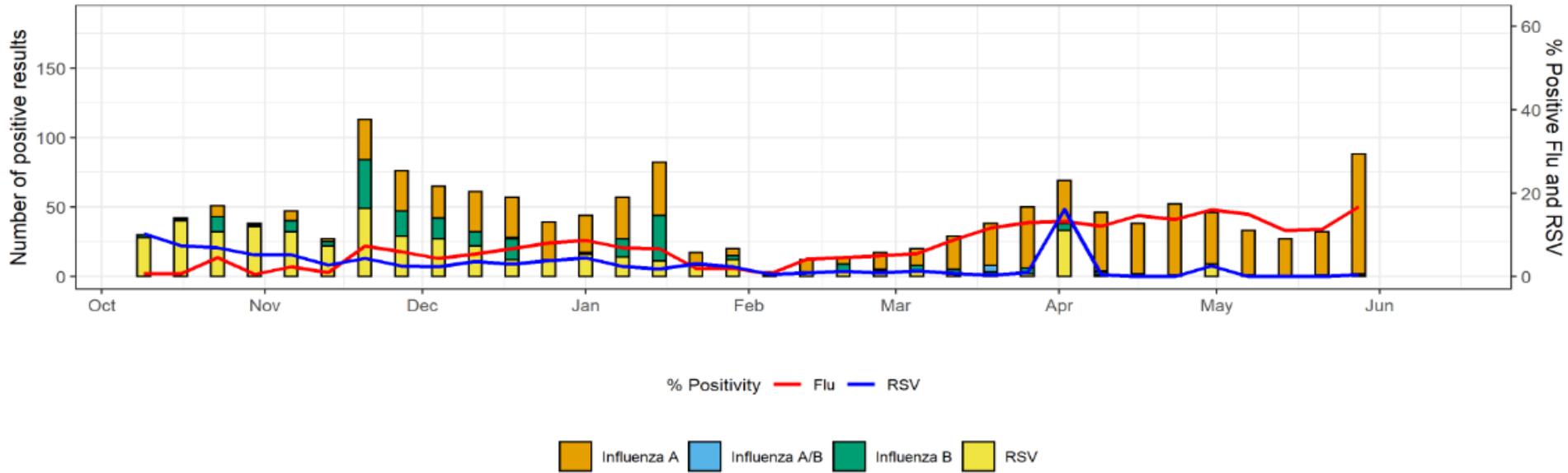
NM subtyping performed at SLD\*\*



U.S. virus characterization performed at CDC\*\*



# RSV and Rapid Influenza Laboratory Data\*, 2021-2022



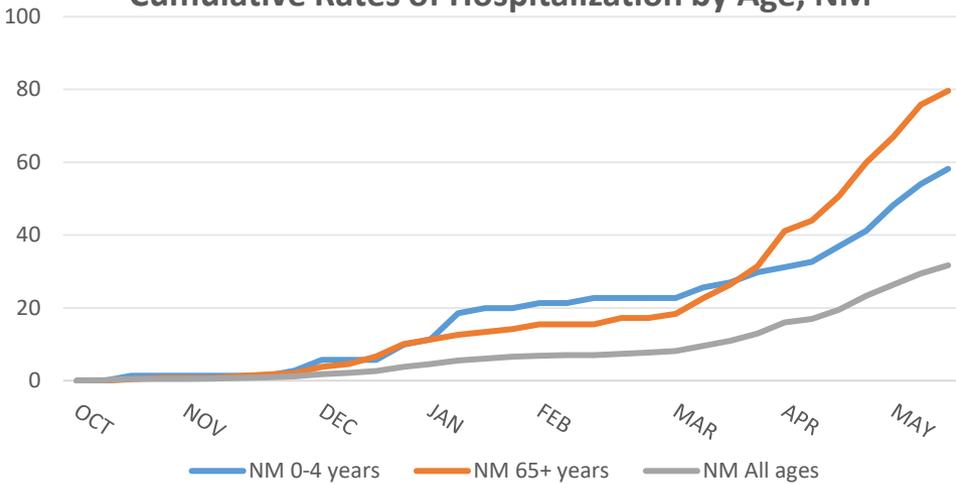
- **Rapid Influenza Diagnostic tests (RIDTs) are more likely to result in a false positive when community influenza activity is low. Early and late in the season, it is best to confirm a positive RIDT result by PCR.**

Laboratory Sites Participating in Rapid Influenza Data Collection (Facility name, City)	
<b>NW</b>	San Juan Regional Medical Center, Farmington; Northern Navajo Medical Center, Shiprock;; Rehoboth McKinley Christian Hospital, Gallup;
<b>NE</b>	Los Alamos Medical Center, Los Alamos; Children’s Clinic Los Alamos, Los Alamos; Christus St. Vincent’s Hospital, Santa Fe; Jicarilla Apache Health Care Clinic, Dulce
<b>Metro</b>	
<b>SW</b>	Gerald Champion Regional Medical Center, Alamogordo; Mimbres Memorial Hospital, Deming; Ben Archer Health Center, Las Cruces; Mountain View Regional Medical Center, Las Cruces, La Clinica de Familia, Sunland Park
<b>SE</b>	Lea Regional Medical Center, Hobbs; Carlsbad Medical Center, Carlsbad; Artesia General Hospital, Artesia

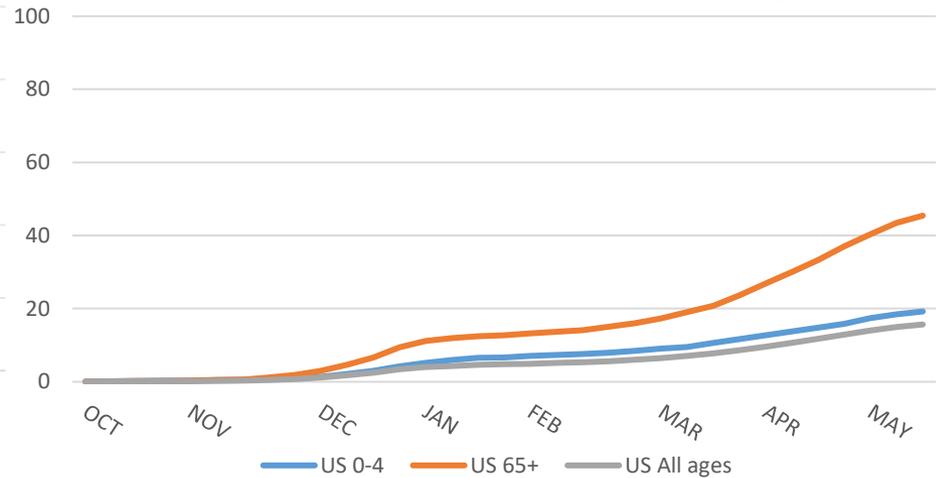
\* Data reported to NMDOH via a weekly online survey

# Influenza Hospitalizations, NM & US, 2021-2022

## Cumulative Rates of Hospitalization by Age, NM



## Cumulative Rates of Hospitalization by Age, USA



## Pneumonia and Influenza (P & I) Deaths, NM, 2017-2022\*

Season	Pneumonia (P) Deaths	Adult Influenza (I) Deaths	Pediatric Influenza Deaths	Total P & I Deaths
2021-2022	171	13	1	180
2020-2021	157	3	0	160
2019-2020	187	62	5	254
2018-2019	178	57	2	237
2017-2018	222	67	3	292

**Pneumonia death:** Is defined as having a cause of death that is related to pneumonia & influenza (P & I) not including: aspiration pneumonia, pneumonitis, pneumococcal meningitis or pneumonia caused by COVID-19

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

\* Death data is delayed up to 8 weeks, reporting period for each season is October 1 – May 15.

# Influenza Vaccination Information

## Still Need to Get Your Flu Shot?

Flu Vaccine Finder:

<https://www.vaccines.gov/find-vaccines/>

Or

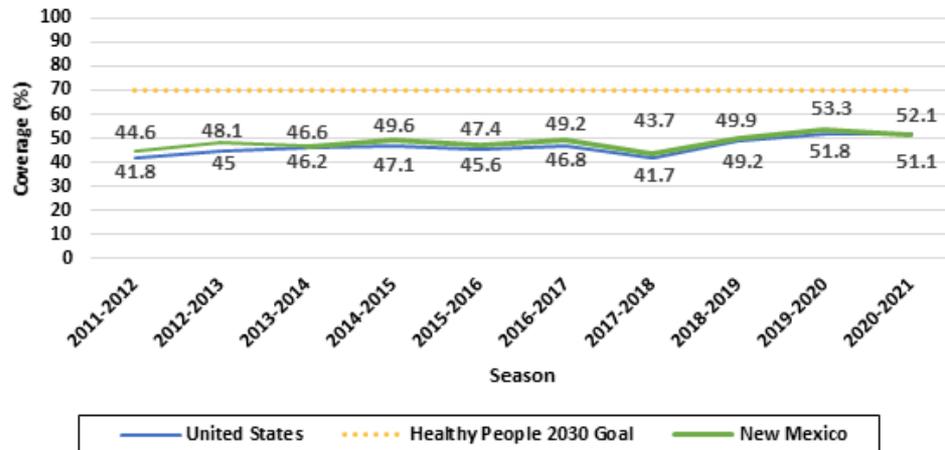
Contact your Primary Care Provider (PCP) or a local public health office (LPHO) near you:

<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 Vaccination Coverage by Season, Age >6 Months, 2010-2021**



## 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)
<b>Northwest</b>	Acoma-Canoncito-Laguna Indian Health Services, Acoma; Dzilth Indian Health Services, Bloomfield	San Juan Regional Medical Center, Farmington; Cibola General Hospital, Grants
<b>Northeast</b>	Taos-Picuris Indian Health Services, Taos; Jicarilla Apache Indian Health Services, Dulce; Children's Clinic PA, Los Alamos;	Alta Vista Regional Hospital, Las Vegas; Christus St. Vincent, Santa Fe; Los Alamos Medical Center, Los Alamos; Miners' Colfax Medical Center, Raton; Union County General Hospital, Clayton; Guadalupe County Hospital, Santa Rosa; Presbyterian Hospital, Espanola
<b>Metro</b>	University of New Mexico Student Health Clinic, Albuquerque; Presbyterian Medical Group-Atrisco, Northside, Carmel Pediatric Urgent Care, Las Estancias Pediatric Urgent Care; DaVita Urgent Care, Journal Center	Lovelace Westside Hospital, Downtown Medical Center and Women's Hospital, Albuquerque; UNM Health System, Albuquerque & Rio Rancho; Presbyterian Hospital, Kaseman and Rust Medical Center, Albuquerque & Rio Rancho; UNM Sandoval Regional Medical Center, Rio Rancho
<b>Southwest</b>	Gila Regional Medical Center, Silver City; Ben Archer Health Centers – Dona Ana, Deming, Columbus; Hidalgo Medical Services, Lordsburg; La Clinica de Familia, Sunland Park; La Clinica de Familia, Santa Teresa School Based Clinic, Santa Teresa; Mescalero Apache Indian Health Hospital, Mescalero	Mimbres Memorial Hospital, Deming; Mountain View Regional Medical Center, Las Cruces; Socorro General Hospital, Socorro; Gerald Champion Regional Medical Center, Alamogordo
<b>Southeast</b>	Roosevelt General Hospital Clinic, Portales;	Carlsbad Medical Center, Carlsbad; Eastern New Mexico Medical Center, Roswell; Lea Regional Medical Center, Hobbs; Artesia General Hospital, Artesia; Dan C Trigg Memorial Hospital, Tucumcari; 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://164.64.110.134/parts/title07/07.004.0003.html>

Found at the New Mexico State Records Center and Archives - Commission for Public Records



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>