Centers for Disease Control and Prevention

Influenza Summary Update (for the 2 weeks ending January 1, 2000--Weeks 51 and 52)

The following information may be quoted:

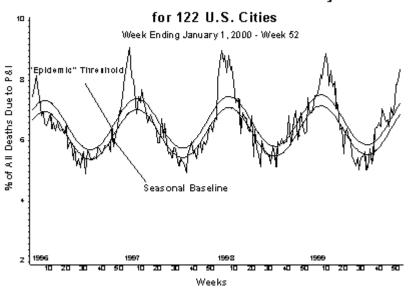
Synopsis: During weeks 51 and 52 (December 19 through January 1), 31% of specimens tested by WHO and NREVSS laboratories for influenza were positive. State and territorial epidemiologists reported widespread or regional influenza activity in 27 states and the District of Columbia for week 51 and in 35 states for week 52. Nationally, sentinel physician reports of influenza-like illness exceeded baseline levels of 0% to 3% during weeks 51 and 52. The percentages of patient visits to sentinel physicians were above baseline levels in 6 of 9 surveillance regions during week 51 and in all 9 regions during week 52. The proportion of deaths attributed to pneumonia and influenza was above the epidemic threshold for weeks 51 and 52.

U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) Collaborating Laboratory Reports*: During weeks 51 and 52, WHO and NREVSS laboratories reported 4,746 specimens tested for influenza viruses, of which 1,480 (31%) were positive. One hundred seventy were influenza A(H3N2) viruses, 1,309 were unsubtyped influenza A viruses, and 1 was an influenza type B virus. In the New England region, 36% of the specimens tested over the past 3 weeks (weeks 50 through 52) were positive for influenza. Thirty-five percent of specimens tested for influenza in the Mountain and West North Central regions were positive. In 3 other regions (East North Central, Pacific, and West South Central), the percentage of specimens testing positive for influenza ranged from 21% to 29%. In the remaining 3 regions, less than 20% of specimens tested were positive for influenza (range 6% to 18%).

Since October 3, WHO and NREVSS laboratories have tested a total of 27,998 respiratory specimens for influenza viruses, and 4,034 (14%) were positive. Four thousand twenty-five (99.8%) were influenza type A and 9 (0.2%) were influenza type B. Nine hundred thirty-five (23%) of the 4,025 influenza A viruses identified have been subtyped; 933 (99.8%) were A(H3N2) and 2 (0.2%) were A(H1N1).

Antigenic Characterization of Viral Isolates: CDC has antigenically characterized 164 influenza viruses collected since October 1. Of the 160 influenza A(H3N2) viruses tested, 155 (97%) were similar to the vaccine strain A/Sydney/05/97 and 5(3%) showed somewhat reduced titers to ferret antisera produced against A/Sydney/05/97. All 4 of the influenza B viruses antigenically characterized were similar to B/Beijing/184/93, which is represented in the current vaccine by B/Yamanashi/166/98.

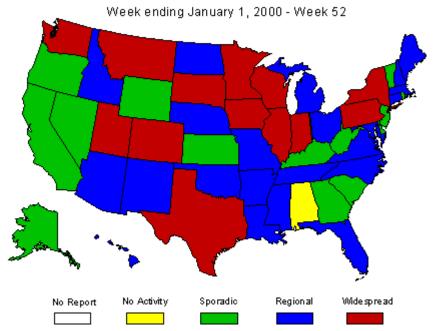
Pneumonia and Influenza Mortality*: During week 51, the proportion of deaths due to pneumonia and influenza as reported by the vital statistics offices of 122 U.S. cities was 8.0% and increased to 8.4% for week 52. These percentages are above the epidemic thresholds of 7.1% and 7.2% for weeks 51 and 52, respectively. The percentage of pneumonia and influenza deaths has exceeded threshold values for this time of year for 14 of the past 15 weeks. Whether this increase in the percentage of pneumonia and influenza deaths is due to influenza activity, respiratory illness due to some other pathogen, or reporting changes under way in the 122 Cities Mortality Reporting System is unknown. However, because these changes include a revision of the reporting case definition, the current increase in pneumonia and influenza mortality should be interpreted with caution.



Influenza Activity as Assessed by State and Territorial Epidemiologists**: During week 51, influenza activity was reported as widespread in 6 states (Colorado, Iowa, Montana, South Dakota, Utah, and Washington). Twenty-one states (Alabama, Arizona, Hawaii, Illinois, Indiana, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Nebraska, New Mexico, New York, North Carolina, North Dakota, Ohio, Pennsylvania, Tennessee, Texas, Virginia, and Wisconsin) and the District of Columbia reported regional influenza activity. Twenty-two states and Puerto Rico reported sporadic activity and 1 state reported no influenza activity.

During week 52, influenza activity was reported as widespread in 13 states (Colorado, Illinois, Indiana, Iowa, Minnesota, Montana, New York, Pennsylvania, South Dakota, Texas, Utah, Washington, and Wisconsin). Twenty-two states (Arizona, Arkansas, Connecticut, Florida, Hawaii, Idaho, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Tennessee, and Virginia) reported regional influenza activity. Fourteen states reported sporadic activity and 1 state reported no influenza activity.

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists



Influenza Morbidity Reports from U.S. Sentinel Physicians*: During week 51, 5% of patient visits to U.S. sentinel physicians were due to influenza-like illness (ILI). This is the first week this influenza season that the overall percentage of patient visits in the United States due to ILI has exceeded baseline levels of 0% to 3%. The percentage of patient visits for ILI were above baseline levels in 6 of the 9 surveillance regions (East North Central, Mountain, New England, Pacific, South Atlantic, West North Central, and West South Central) and ranged from 4% to 14%.

During week 52, the overall percentage of patient visits due to ILI increased to 6% in the United States and exceeded baseline levels in all 9 surveillance regions. This percentage ranged from 4% in the New England and Mid-Atlantic regions to 15% in the West South Central region.

*Reporting is incomplete for this week, so numbers and percentages may change as more reports are received.

**Influenza activity is defined as influenza-like illness and/or culture-confirmed influenza.

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