

## **Influenza Summary Update (for the week ending January 8, 2000--Week 1)**

The following information may be quoted:

**Synopsis:** During week 1 (January 2 through January 8), 27% of specimens tested by WHO and NREVSS laboratories for influenza were positive. State and territorial epidemiologists from 31 states and the District of Columbia reported widespread influenza activity, and 11 from other states reported regional influenza activity. Patient visits to sentinel physician for influenza-like illness were 5% overall in the United States, exceeding baseline levels of 0% to 3%, and were above the baseline in 8 of 9 surveillance regions. The proportion of deaths attributed to pneumonia and influenza was 9.3% and was above the epidemic threshold for week 1.

During the current season, the overall national percentage of respiratory specimens positive for influenza appears to have peaked at 34% during week 51. During the past 3 years, the peak percentages of respiratory specimens positive for influenza viruses have ranged from 28% to 34%. For this season, the percentage of patient visits for influenza-like illness appears to have peaked at 6% during week 52. During the past 3 years, the peak percentages for such visits have ranged between 5% and 7%. So far, the proportion of deaths attributed to pneumonia and influenza has not clearly peaked. During the previous 3 years, P&I mortality levels have peaked between 8.8% and 9.1%.

The current season's P&I figures must be interpreted with caution because important changes have taken place in this year's case definition that may be contributing to higher estimates of P&I mortality than in previous years.

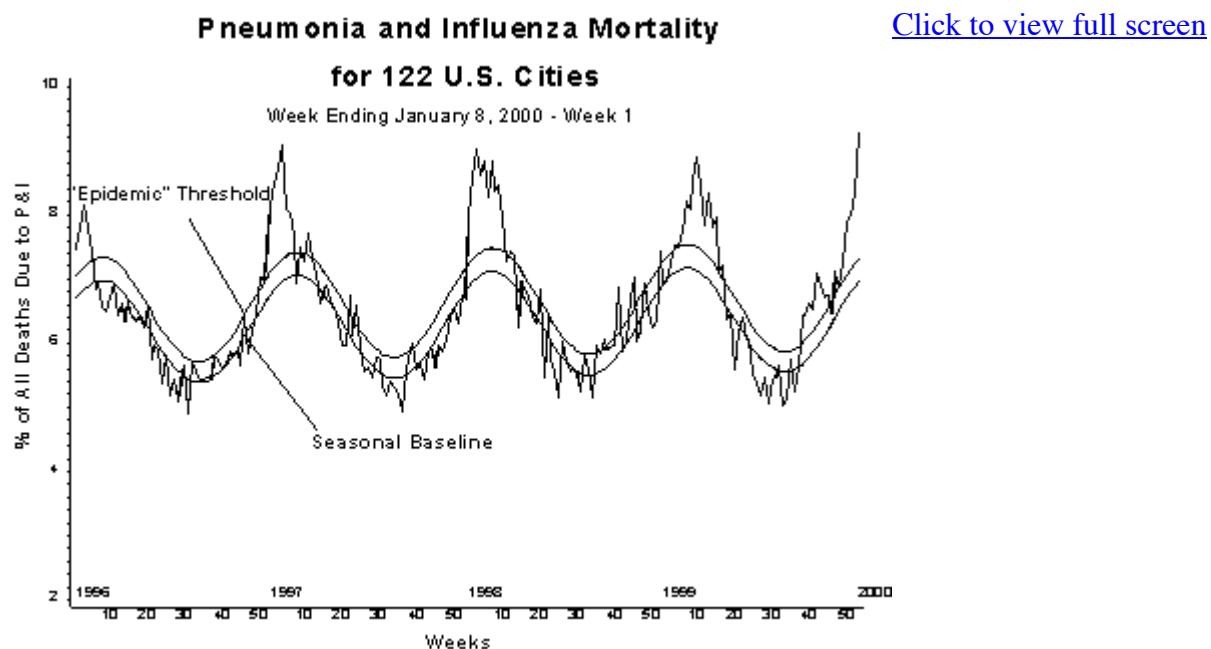
**U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) Collaborating Laboratory Reports\*:** During week 1, WHO and NREVSS laboratories reported 1,894 specimens tested for influenza viruses, of which 510 (27%) were positive. Seventy were influenza A(H3N2) viruses and 440 were unsubtyped influenza A viruses. In 5 regions (East North Central, Mountain, New England, West North Central, and West South Central), more than 30% of specimens tested over the past 3 weeks (weeks 51 through 1) were positive for influenza (range 32% to 38%). In the remaining 4 regions, the percentage of specimens testing positive for influenza ranged from 16% to 25% during the past 3 weeks.

Since October 3, WHO and NREVSS laboratories have tested a total of 34,536 respiratory specimens for influenza viruses, and 5,876 (17%) were positive. Of the positive results, 5862 (99.8%) were influenza type A and 14 (0.2%) were influenza type B. Of the 5,862 influenza A viruses identified, 1,373 (23%) have been subtyped and 1370 (99.8%) were A(H3N2) and 3 (0.2%) were A(H1N1).

**Antigenic Characterization of Viral Isolates:** CDC has antigenically characterized 176 influenza viruses received from U.S. laboratories since October 1. Of the 172 influenza A(H3N2) viruses tested, 158 (92%) were similar to the vaccine strain A/Sydney/05/97 and 14 (8%) 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.

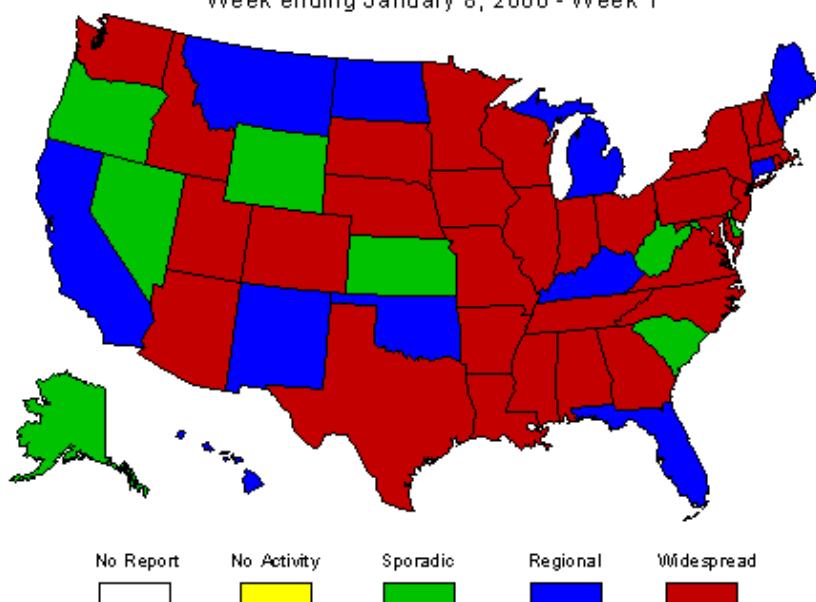
**Pneumonia and Influenza Mortality\*:** During week 1, the proportion of deaths due to pneumonia and influenza as reported by the vital statistics offices of 122 U.S. cities was 9.3%. This percentage is above the epidemic threshold of 7.3% for week 1. The percentage of pneumonia and influenza deaths has exceeded threshold values for this time of year for 15 of the past 16 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 1, influenza activity was reported as widespread in 31 states (Alabama, Arizona, Arkansas, Colorado, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, and Wisconsin) and the District of Columbia. Eleven states (California, Connecticut, Florida, Hawaii, Kentucky, Maine, Michigan, Montana, New Mexico, North Dakota, and Oklahoma) reported regional influenza activity and 8 states reported sporadic activity.

Weekly Influenza Activity Estimates Reported  
by State & Territorial Epidemiologists  
Week ending January 8, 2000 - Week 1



**Influenza Morbidity Reports from U.S. Sentinel Physicians\***: During week 1, 5% of patient visits to U.S. sentinel physicians were due to influenza-like illness (ILI). This is the third consecutive 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 ILI was above the baseline levels of 0% to 3% in 8 of the 9 surveillance regions (East North Central, Mid-Atlantic, Mountain, New England, Pacific, South Atlantic, West North Central, and West South Central) and ranged from 4% to 17%.

\*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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URL:<https://web.archive.org/web/20041101055911/http://www.cdc.gov/ncidod/diseases/flu/WeeklyArchives1999-2000/weekly01.htm>  
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