

## **INFLUENZA SUMMARY UPDATE** **(for the week ending January 29, 2000--Week 4)**

The following information may be quoted:

**Synopsis:** During week 4 (January 23 through January 29), 15% of specimens tested by WHO and NREVSS laboratories for influenza were positive. State and territorial epidemiologists from 15 states reported widespread influenza activity, and 24 from other states reported regional influenza activity. The proportion of patient visits to sentinel physicians for influenza-like illness was within baseline levels of 0% to 3% in the United States overall and in 6 of 9 surveillance regions. The proportion of deaths attributed to pneumonia and influenza was 10.7%. This percentage is above the epidemic threshold for week 4.

During the current season, the overall national percentage of respiratory specimens positive for influenza peaked at 33% during week 51. During the previous 3 years (1996-97, 1997-98, and 1998-99), the peak percentages of respiratory specimens testing positive for influenza viruses ranged from 28% to 34%. For this season, the percentage of overall patient visits for influenza-like illness peaked at 6% during week 52. During the previous 3 years, the peak percentages for such visits ranged between 5% and 7%. During week 4, the proportion of deaths attributed to pneumonia and influenza (P&I) began to decline, from a high of 11.0% during week 3. During the previous 3 years, P&I mortality levels 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.

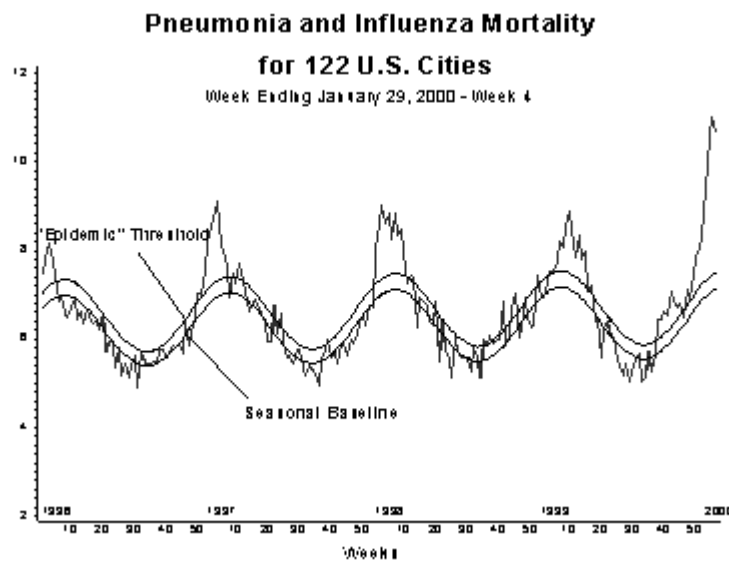
**U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) Collaborating Laboratory Reports\*:** During week 4, WHO and NREVSS laboratories tested 2,010 specimens for influenza viruses and 302 (15%) were positive. Seventy-nine were influenza A(H3N2) viruses, and 223 were untyped influenza A viruses. In the South Atlantic region, 32% of specimens tested over the past 3 weeks (weeks 2 through 4) were positive for influenza. In the 8 other regions, the percentage of specimens testing positive for influenza ranged from 10% to 21% during the past 3 weeks.

Since October 3, WHO and NREVSS laboratories have tested a total of 55,999 respiratory specimens for influenza viruses, and 10,234 (18%) were positive. Of the positive results, 10,203 (99.7%) were influenza type A and 31 (0.3%) were influenza type B. Of the 10,203 influenza A viruses, 2,415 (24%) have been subtyped and 2,408 (99.7%) were A(H3N2) and 7 (0.3%) were A(H1N1).

**Antigenic Characterization of Viral Isolates:** CDC has antigenically characterized 264 influenza viruses received from U.S. laboratories since October 1. Of the 257 influenza A(H3N2) viruses tested, 232 (90%) were similar to the vaccine strain A/Sydney/05/97 and 25 (10%) 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. Of the 3 influenza A(H1N1) viruses antigenically characterized, 2 were similar to A/Beijing/262/95, the H1N1 component of the current vaccine, while 1 was more closely related to the antigenic variant A/New Caledonia/20/99.

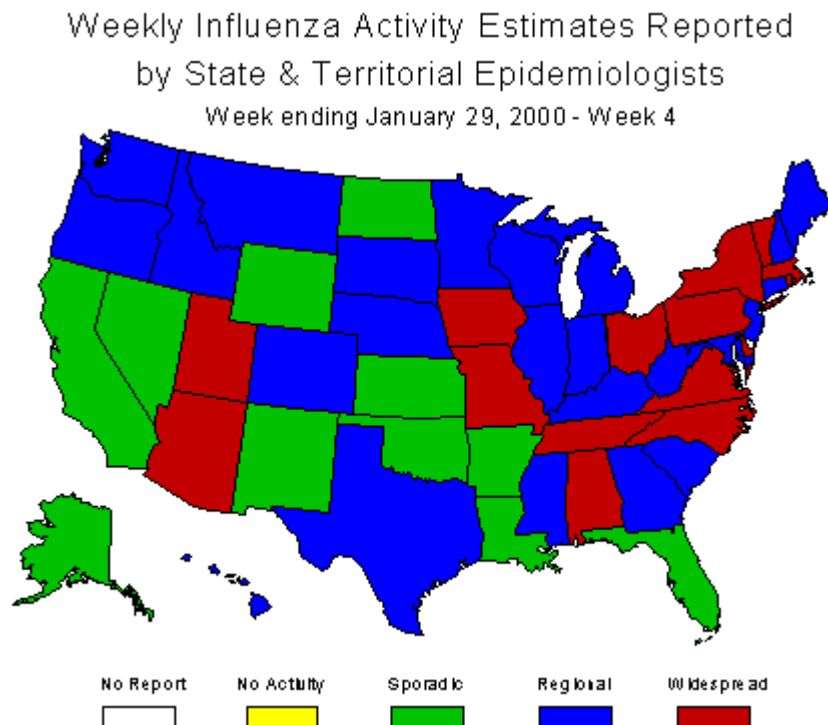
**Pneumonia and Influenza Mortality\*:** During week 4, the proportion of deaths due to pneumonia and influenza as reported by the vital statistics offices of 122 U.S. cities was 10.7%. This percentage is above the epidemic threshold of 7.5% for week 4 and is unusually high. The percentage of pneumonia and influenza deaths has exceeded threshold values for this time of year for 18 of the past 19 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 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.



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**Influenza Activity as Assessed by State and Territorial Epidemiologists\*\*:** During week 4, influenza activity was reported as widespread in 15 states (Alabama, Arizona, Delaware, Iowa, Massachusetts, Missouri, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Tennessee, Utah, Vermont, and Virginia). Regional influenza activity was reported in 24 states (Colorado, Connecticut, Georgia, Hawaii, Idaho, Illinois, Indiana, Kentucky, Maine, Maryland, Michigan, Minnesota, Mississippi, Montana, Nebraska, New Hampshire, New Jersey, Oregon, South Carolina, South Dakota, Texas, Washington, West Virginia, and Wisconsin) and the District of Columbia. Sporadic influenza activity was reported in 11 states.



**Influenza Morbidity Reports from U.S. Sentinel Physicians\*:** During week 4, 2% of patient visits to U.S. sentinel physicians were due to influenza-like illness (ILI). The percentage of ILI was above the

baseline levels of 0% to 3% in 3 of the 9 surveillance regions (Pacific, South Atlantic, and West South Central) and was 4% in these 3 regions.

\*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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