

INFLUENZA SUMMARY UPDATE **(for the week ending February 26, 2000--Week 8)**

The following information may be quoted:

Synopsis: During week 8 (February 20 through February 26), 10% of specimens tested by WHO and NREVSS laboratories for influenza were positive. The state epidemiologist from 1 state reported widespread influenza activity, and 10 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 all 9 surveillance regions. The proportion of deaths attributed to pneumonia and influenza was 8.6%. This percentage is above the epidemic threshold for week 8.

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%. The proportion of deaths attributed to pneumonia and influenza (P&I) peaked at 11.2% 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.

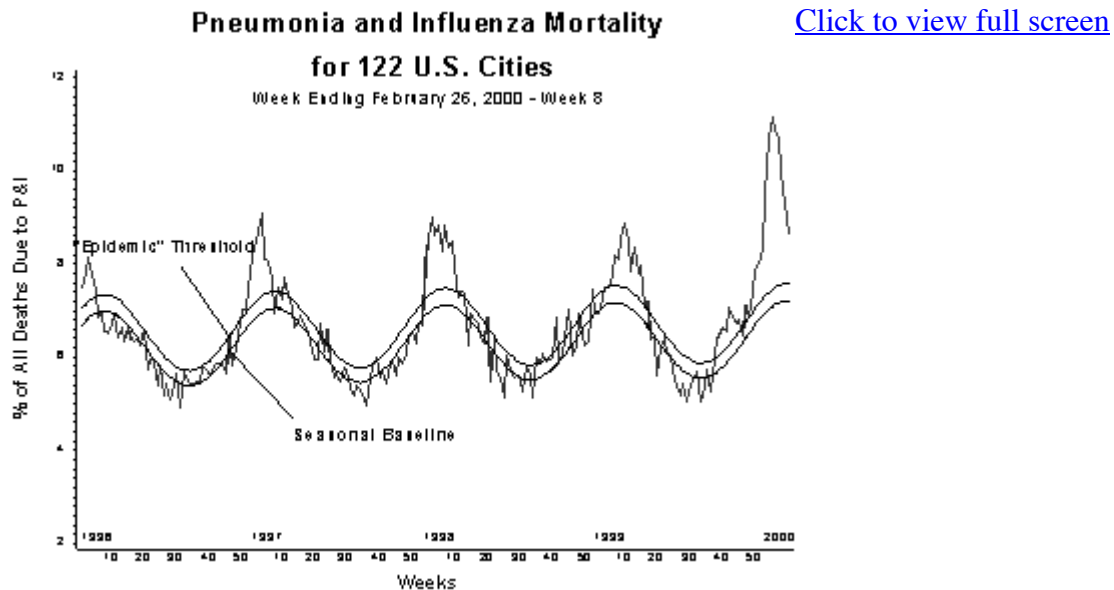
U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) Collaborating Laboratory Reports*: During week 8, WHO and NREVSS laboratories tested 1,118 specimens for influenza viruses and 111 (10%) were positive. Twenty-three were influenza A(H3N2) viruses, 12 were influenza A(H1N1) viruses, 75 were unsubtyped influenza A viruses, and 1 was an influenza B virus. In the New England and South Atlantic regions, 20% and 21%, respectively, of specimens tested over the past 3 weeks (weeks 6 through 8) were positive for influenza. In the 7 other regions, the percentage of specimens testing positive for influenza ranged from 3% to 17% during the past 3 weeks.

Since October 3, WHO and NREVSS laboratories have tested a total of 73,576 respiratory specimens for influenza viruses, and 12,651 (17%) were positive. Of the positive results, 12,622 (99.8%) were influenza type A and 29 (0.2%) were influenza type B. Of the 12,622 influenza A viruses, 3,310 (26%) have been subtyped and 3,266 (99%) were A(H3N2) and 44 (1%) were A(H1N1). The number of influenza A(H1N1) viruses reported increased during February. Of the 44 influenza A(H1N1) viruses, 33 were reported in the past 4 weeks (weeks 5 through 8) and accounted for 11% of the subtyped influenza A viruses during that time. This season, 31 (70%) of the 44 influenza A(H1N1) viruses reported by WHO and NREVSS laboratories were from the East South Central and South Atlantic regions. Influenza A(H1N1) viruses were also identified in the East North Central, Mid-Atlantic, Mountain, and West South Central regions.

Antigenic Characterization of Viral Isolates: CDC has antigenically characterized 380 influenza viruses received from U.S. laboratories since October 1. Of the 359 influenza A(H3N2) viruses tested, 336 (94%) were similar to the vaccine strain A/Sydney/05/97 and 23 (6%) 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 17 influenza A(H1N1) viruses antigenically characterized, 1 was similar to A/Beijing/262/95, the H1N1 component of the current vaccine, 8 were similar to A/Bayern/07/95, and 8

were more closely related to the antigenic variant A/New Caledonia/20/99. A/Bayern/07/95-like viruses are antigenically distinct from the A/Beijing/262/95-like viruses; however, the A/Beijing/262/95 vaccine strain produces high titers of antibody that cross-react with A/Bayern/07/95-like viruses.

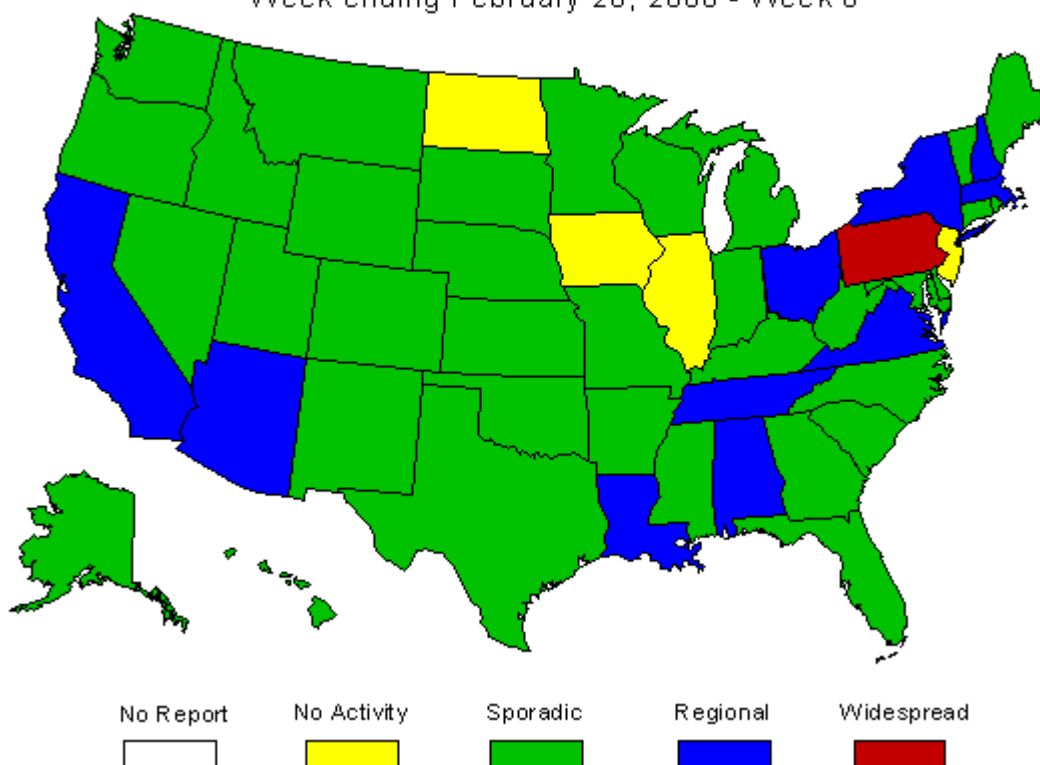
Pneumonia and Influenza Mortality*: During week 8, the proportion of deaths due to pneumonia and influenza as reported by the vital statistics offices of 122 U.S. cities was 8.6%. This percentage is above the epidemic threshold of 7.6% for week 8. The percentage of pneumonia and influenza deaths has exceeded threshold values for this time of year for 22 of the past 23 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.



Influenza Activity as Assessed by State and Territorial Epidemiologists:** During week 8, influenza activity was reported as widespread in Pennsylvania and regional in 10 states (Alabama, Arizona, California, Louisiana, Massachusetts, New Hampshire, New York, Ohio, Tennessee, and Virginia). Sporadic influenza activity was reported in 35 states, and 4 states reported no influenza activity.

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists

Week ending February 26, 2000 - Week 8



Influenza Morbidity Reports from U.S. Sentinel Physicians*: During week 8, 1% of patient visits to U.S. sentinel physicians were due to influenza-like illness (ILI). The percentage of ILI was within baseline levels of 0% to 3% in all 9 surveillance 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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