

## **Influenza Summary Update (for the week ending March 25, 2000--Week 12)**

The following information may be quoted:

**Synopsis:** During week 12 (March 19 through March 25), 3% of specimens tested by WHO and NREVSS laboratories for influenza were positive. No state or territorial epidemiologist reported widespread influenza activity and only 1 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 7.8%. This percentage is above the epidemic threshold for week 12.

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 12, WHO and NREVSS laboratories tested 596 specimens for influenza viruses and 18 (3%) were positive. One was an influenza A(H3N2) virus, 7 were influenza A(H1N1) viruses, 9 were untyped influenza A viruses, and 1 was an influenza B virus. Over the past 3 weeks (weeks 9 through 11) the percentage of specimens testing positive for influenza ranged from 2% in the East North Central and East South Central regions to 10% in the New England region.

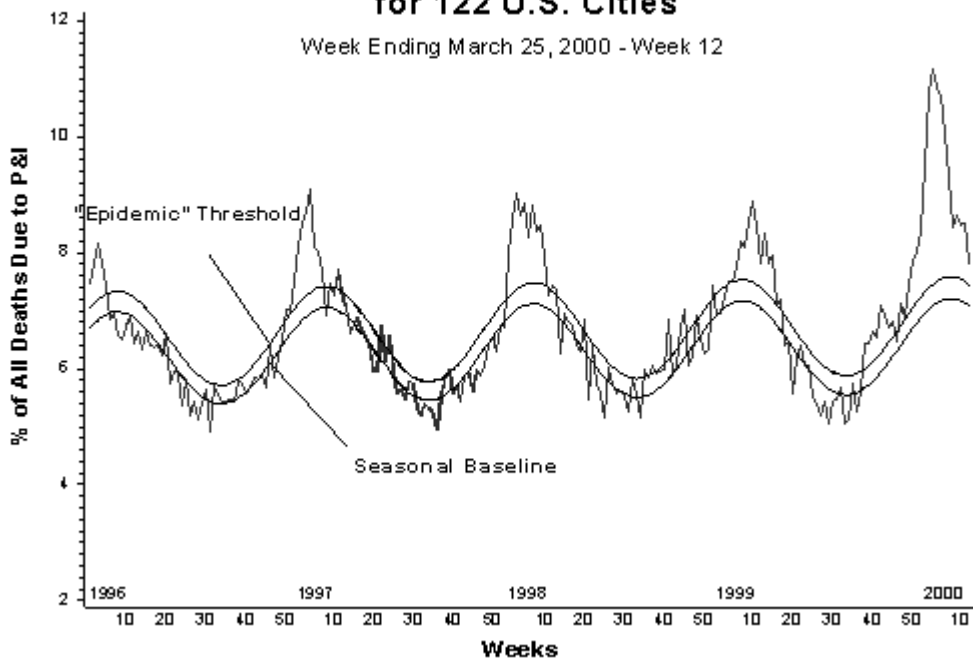
Since October 3, WHO and NREVSS laboratories have tested a total of 83,017 respiratory specimens for influenza viruses, and 13,462 (16%) were positive. Of the positive results, 13,409 (99.6%) were influenza type A and 53 (0.4%) were influenza type B. Of the 13,409 influenza A viruses, 3,646 (27%) have been subtyped and 3,555 (98%) were A(H3N2) and 91 (2%) were A(H1N1). Of the viruses that have been subtyped during March, influenza A(H1N1) viruses have been identified more frequently than influenza A(H3N2) viruses. Influenza A(H1N1) viruses have been reported by WHO and NREVSS laboratories from all but the New England region.

**Antigenic Characterization of Viral Isolates:** CDC has antigenically characterized 508 influenza viruses received from U.S. laboratories since October 1. Of the 447 influenza A(H3N2) viruses tested, 431 (96%) were similar to the vaccine strain A/Sydney/05/97 and 16 (4%) showed somewhat reduced titers to ferret antisera produced against A/Sydney/05/97. All 17 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 44 influenza A(H1N1) viruses antigenically characterized, 1 was similar to A/Beijing/262/95, the H1N1 component of the current vaccine, 16 were similar to A/Bayern/07/95, and 27 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 12, the proportion of deaths due to pneumonia and influenza as reported by the vital statistics offices of 122 U.S. cities was 7.8%. This percentage is above the epidemic threshold of 7.5% for week 12 but represents a substantial decrease from the peak of 11.2% seen in week 3. The percentage of pneumonia and influenza deaths has exceeded threshold values for this time of year for 26 of the past 27 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.

**Pneumonia and Influenza Mortality  
for 122 U.S. Cities**

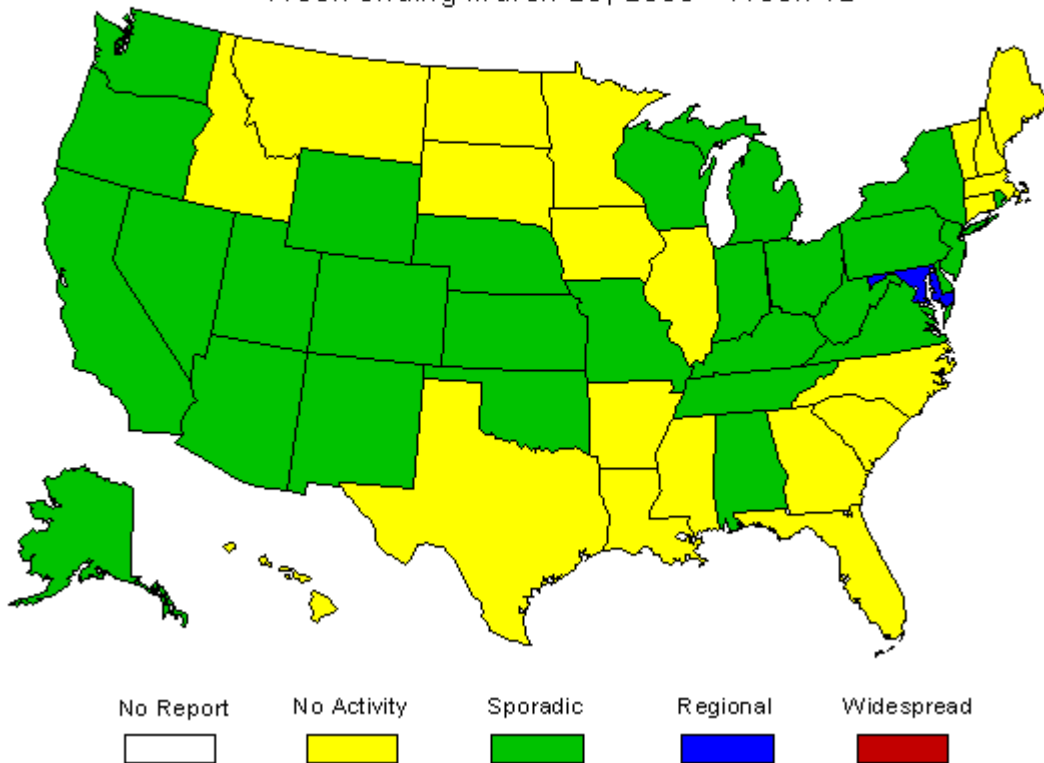
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**Influenza Activity as Assessed by State and Territorial Epidemiologists\*\*:** During week 12, influenza activity was reported as regional in 1 state (Maryland). Sporadic influenza activity was reported in 28 states, and 21 states reported no influenza activity.

# Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists

Week ending March 25, 2000 - Week 12



**Influenza Morbidity Reports from U.S. Sentinel Physicians\*:** During week 12, 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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URL: <https://web.archive.org/web/20020601232711/http://www.cdc.gov/ncidod/diseases/flu/WeeklyArchives1999-2000/weekly12.htm>  
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