

Influenza Summary Update (for the week ending November 6, 1999-Week 44)

The following information may be quoted:

Synopsis: Since October 3, 1999, laboratory-confirmed influenza A virus infections were reported in 30 states and influenza B infections were reported in 3 states. During week 44 (October 31 through November 6), 2 states and Puerto Rico reported regional influenza activity, and 35 other states reported sporadic influenza activity. Sentinel physician reports of influenza-like illness were within baseline levels of 0% to 3% in the United States, overall, and in 8 of 9 surveillance regions. Pneumonia and influenza mortality was above expected levels for week 44.

U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) Collaborating Laboratory Reports:* During week 44, WHO and NREVSS laboratories reported 646 specimens tested for influenza viruses, of which 26 (4%) were positive for influenza. Ten were influenza A(H3N2) viruses, 15 were unsubtype influenza A viruses, and 1 was an influenza B virus.

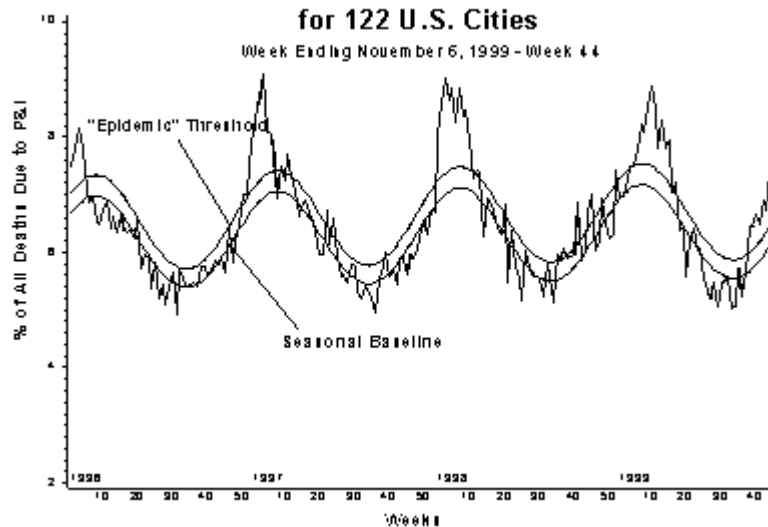
Since October 3, WHO and NREVSS laboratories have tested a total of 5,198 respiratory specimens and 121 (2%) have yielded influenza virus isolates. One hundred seventeen (97%) of the 121 isolates identified were influenza type A and 4 (3%) were influenza type B. Forty-nine (42%) of the 117 influenza A isolates have been subtyped, and all were A(H3N2).

Laboratory-confirmed influenza from all sources: Since October 3, laboratory-confirmed influenza A virus infections have been reported from 30 states. One or more isolates from 21 states have been subtyped as A(H3N2). Influenza B isolates have been reported from 3 states.

Pneumonia and Influenza Mortality: During week 44, the proportion of deaths due to pneumonia and influenza as reported by the vital statistics offices of 122 U.S. cities was 7.4%. This percentage is above the epidemic threshold of 6.5% for week 44. This period is the seventh consecutive week that the percentage of pneumonia and influenza deaths has exceeded threshold values for this time of year. Whether this increase in the percentage of pneumonia and influenza deaths is due to early 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.

Pneumonia and Influenza Mortality

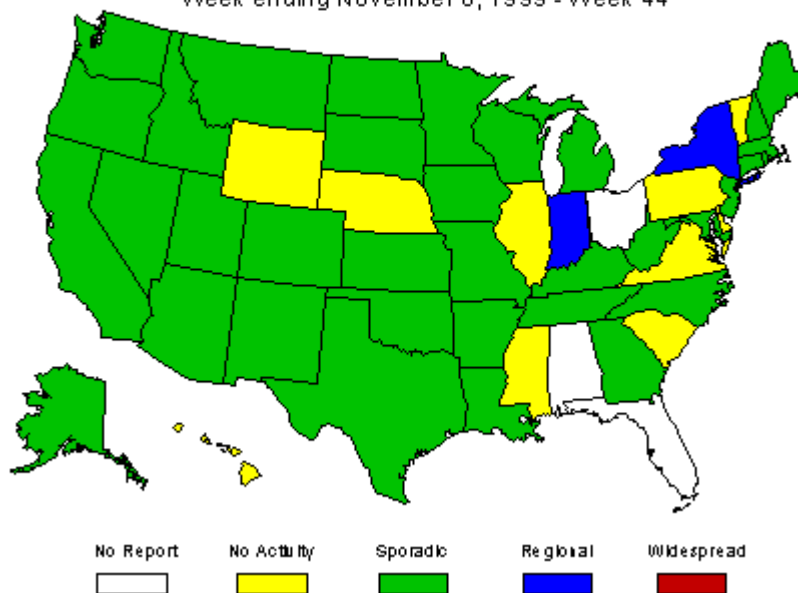
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Influenza Activity as Assessed by State and Territorial Epidemiologists:** During week 44, influenza activity was reported as regional in 2 states (Indiana and New York) and Puerto Rico. Thirty-five states (Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Georgia, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, New Jersey, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Texas, Utah, Washington, West Virginia, and Wisconsin) reported sporadic influenza activity. Ten states reported no influenza activity and 3 did not report.

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists

Week ending November 6, 1999 - Week 44



Influenza Morbidity Reports from U.S. Sentinel Physicians*: During week 44, 1% of patient visits to U.S. sentinel physicians were due to influenza-like illness. Five percent of patient visits were due to ILI in the West South Central region. The percentage of ILI was within baseline levels (0%-3%) in the 8 other 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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**National Center for Infectious Diseases
Centers for Disease Control and Prevention
Atlanta, GA**

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