

## **INFLUENZA SUMMARY UPDATE** **(for the week ending November 20, 1999--Week 46)**

The following information may be quoted:

**Synopsis:** Since October 3, 1999, laboratory-confirmed influenza A virus infections have been reported in 39 states and influenza B infections have been reported in 3 states. During week 46 (November 14 through November 20), 6 states reported regional influenza activity, and 34 other states reported sporadic influenza activity. Sentinel physician reports of influenza-like illness were within baseline levels of 0% to 3% and the proportion of deaths attributed to pneumonia and influenza was below the epidemic threshold for week 46.

**U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) Collaborating Laboratory Reports:**\* During week 46, WHO and NREVSS laboratories reported 509 specimens tested for influenza viruses, of which 48 (9%) were positive for influenza. Twenty-three were influenza A(H3N2) viruses and 25 were untyped influenza A viruses.

Since October 3, WHO and NREVSS laboratories have tested a total of 8,596 respiratory specimens and 298 (3%) have yielded influenza virus isolates. Two hundred ninety-four (99%) of the 298 isolates identified were influenza type A and 4 (1%) were influenza type B. One hundred twenty-seven (43%) of the 294 influenza A isolates have been subtyped and all were A(H3N2). Influenza A isolates have been reported by WHO and NREVSS laboratories from 38 states and influenza B isolates from 2 states.

**Laboratory-Confirmed Influenza from Other Sources:** Since October 3, in addition to the viruses reported through the WHO/NREVSS system, laboratory-confirmed influenza A virus infections were reported from 1 additional state, and influenza B was reported from 1 additional state.

**Pneumonia and Influenza Mortality:**\* During week 46, the proportion of deaths due to pneumonia and influenza as reported by the vital statistics offices of 122 U.S. cities was 6.4%. This percentage is below the epidemic threshold of 6.7% for week 46. The percentage of pneumonia and influenza deaths exceeded threshold values for this time of year for the 8 weeks prior to week 46. 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.



\*\*Influenza activity is defined as influenza-like illness and/or culture-confirmed influenza.

Report prepared: November 26, 1999

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Updated:02/26/2024 11:19:55