

**INFLUENZA SUMMARY UPDATE
(for the week ending December 11, 1999--Week 49)**

The following information may be quoted:

Synopsis: During week 49 (December 5 through December 11), 18% of specimens tested by WHO and NREVSS laboratories for influenza were positive. State and territorial epidemiologists from 9 states and Puerto Rico reported regional influenza activity, and 38 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 but were above baseline in 3 of 9 surveillance regions. The proportion of deaths attributed to pneumonia and influenza was above the epidemic threshold for week 49.

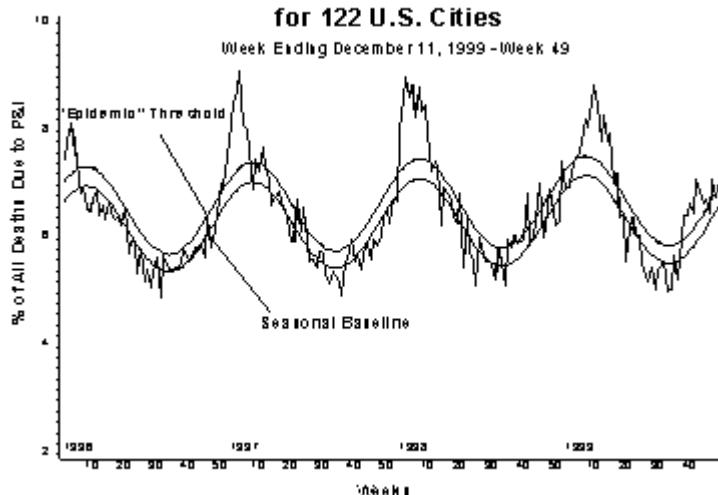
U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) Collaborating Laboratory Reports*: During week 49, WHO and NREVSS laboratories reported 983 specimens tested for influenza viruses, of which 177 (18%) were positive. Seventeen were influenza A(H3N2) viruses, and 160 were unsubtypeable influenza A viruses. In four regions (East North Central, West North Central, West South Central, and Mountain), 20% or more of the specimens tested over the past 3 weeks were positive for influenza. In all other regions, less than 15% of the specimens tested were positive for influenza.

Since October 3, WHO and NREVSS laboratories have tested a total of 14,717 respiratory specimens, and 1,123 (8%) have yielded influenza virus isolates. Of the 1,123 isolates identified, 1,118 (99.6%) were influenza type A and 5 (0.4%) were influenza type B. Four hundred forty-five (40%) of the 1,118 influenza A isolates have been subtyped and all were A(H3N2).

Pneumonia and Influenza Mortality*: During week 49, the proportion of deaths due to pneumonia and influenza as reported by the vital statistics offices of 122 U.S. cities was 7.1%. This percentage is above the epidemic threshold of 7.0% for week 49. The percentage of pneumonia and influenza deaths has exceeded threshold values for this time of year for 10 of the past 12 weeks. 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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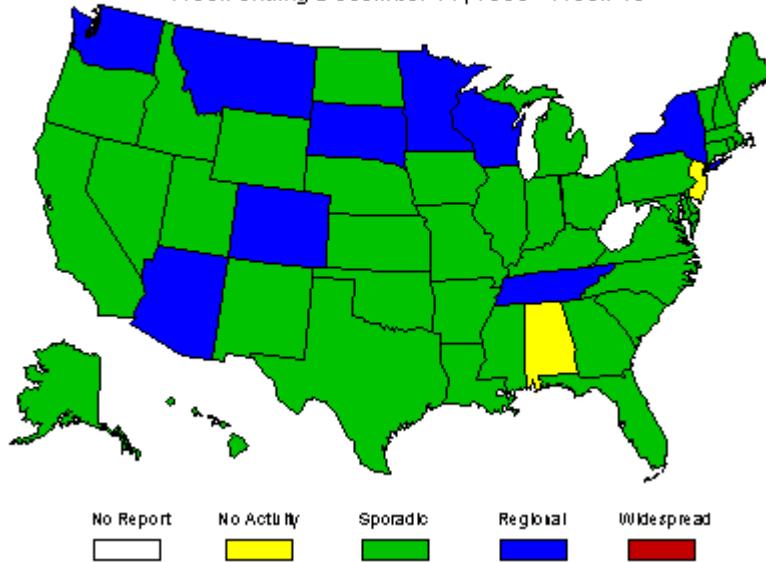


Influenza Activity as Assessed by State and Territorial Epidemiologists:** During week 49, influenza activity was reported as regional in 9 states (Arizona, Colorado, Minnesota, Montana, New York, South Dakota, Tennessee, Washington, and Wisconsin) and Puerto Rico. Thirty-eight states (Alaska, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Vermont, Virginia, and Wyoming) reported sporadic influenza activity. Two states reported no influenza activity, and one state did not report.

Weekly Influenza Activity Estimates Reported

by State & Territorial Epidemiologists

Week ending December 11, 1999 - Week 49



Influenza Morbidity Reports from U.S. Sentinel Physicians*: During week 49, 2% of patient visits to U.S. sentinel physicians were due to influenza-like illness (ILI). In the Mountain and West South Central regions 4% of patient visits were due to ILI. In the Pacific region 5% of patient visits were due

to ILI. The percentage of ILI was within the baseline levels of 0% to 3% in the 6 other surveillance regions and ranged from 1% to 3%.

*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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