

**Influenza Summary Update**  
**(for the week ending December 18, 1999--Week 50)**

***No report will be issued on December 31, 1999. The report for weeks 51 and 52 will be available January 10, 2000.***

The following information may be quoted:

**Synopsis:** During week 50 (December 12 through December 18), 24% of specimens tested by WHO and NREVSS laboratories for influenza were positive. State and territorial epidemiologists from 3 states reported widespread influenza activity, and 16 other states and Puerto Rico reported regional 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 50.

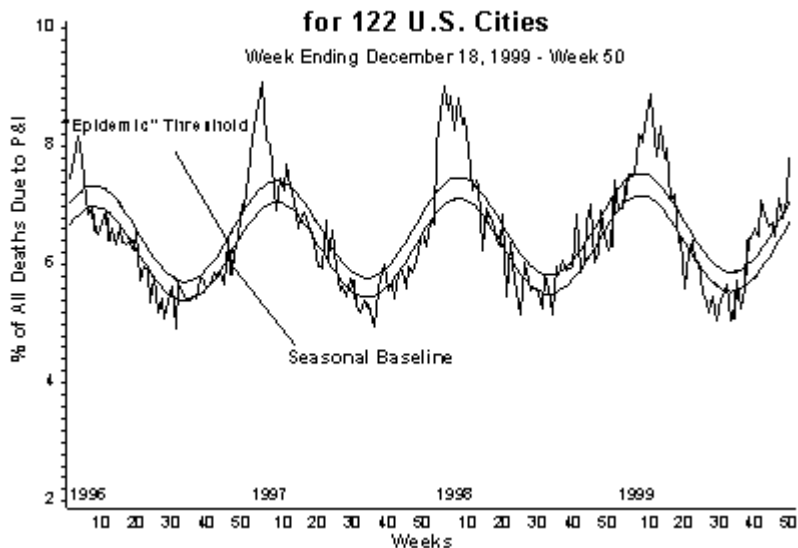
**U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) Collaborating Laboratory Reports\*:** During week 50, WHO and NREVSS laboratories reported 1,621 specimens tested for influenza viruses, of which 383 (24%) were positive. Forty-six were influenza A(H3N2) viruses, 336 were unsubtype influenza A viruses, and 1 was an influenza type B virus. In five regions (East North Central, Mountain, New England, West North Central, and West South Central), 20% or more of the specimens tested over the past 3 weeks were positive for influenza. In the 4 other regions, the percentage of specimens testing positive for influenza ranged from 2% to 15%.

Since October 3, WHO and NREVSS laboratories have tested a total of 18,624 respiratory specimens for influenza viruses, and 1,903 (10%) were positive. One thousand eight hundred ninety-six (99.6%) were influenza type A and 7 (0.4%) were influenza type B. Five hundred ninety-one (31%) of the 1,896 influenza A viruses identified have been subtyped; 590 (99.8%) were A(H3N2) and 1 (0.2%) was A(H1N1).

**Pneumonia and Influenza Mortality\*:** During week 50, 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 7.1% for week 50. The percentage of pneumonia and influenza deaths has exceeded threshold values for this time of year for 11 of the past 13 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

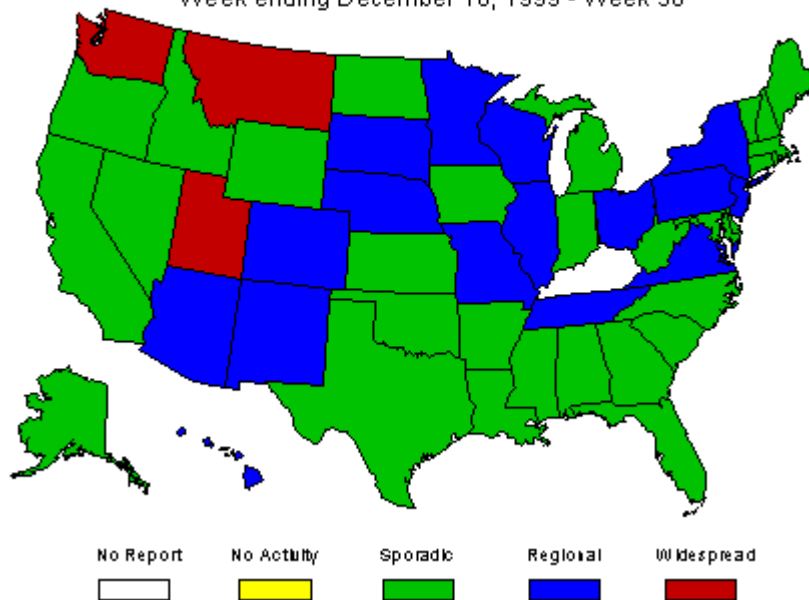
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**Influenza Activity as Assessed by State and Territorial Epidemiologists\*\*:** During week 50, influenza activity was reported as widespread in 3 states (Montana, Utah, and Washington). Sixteen states (Arizona, Colorado, Hawaii, Illinois, Minnesota, Missouri, Nebraska, New Jersey, New Mexico, New York, Ohio, Pennsylvania, South Dakota, Tennessee, Virginia, and Wisconsin) and Puerto Rico reported regional influenza activity. Thirty states and the District of Columbia reported sporadic activity, and 1 state did not report.

### Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists

Week ending December 18, 1999 - Week 50



**Influenza Morbidity Reports from U.S. Sentinel Physicians\*:** During week 50, 3% of patient visits to U.S. sentinel physicians were due to influenza-like illness (ILI). In the West North Central region 5% of patient visits were due to ILI. In the Pacific and West South Central regions 6% 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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**National Center for Infectious Diseases  
Centers for Disease Control and Prevention  
Atlanta, GA**

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