

**2007-2008 Influenza Season**  
**Week 15, ending April 12, 2008**

*(All data are preliminary and may change as more reports are received.)*

**Synopsis:** During week 15 (April 6 – 12, 2008), influenza activity continued to decrease in the United States.

- Three hundred fifty (11.9%) specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories were positive for influenza.
- The proportion of deaths attributed to pneumonia and influenza has been above the epidemic threshold for 14 consecutive weeks.
- The proportion of outpatient visits for influenza-like illness (ILI) and the proportion of outpatient visits for acute respiratory illness (ARI) were below national baseline levels. ILI was above the region-specific baseline in one region (New England), while the proportion of outpatient visits reported for ARI was below all region and age-specific baselines.
- Three states reported widespread influenza activity; four states reported regional influenza activity; 16 states reported local influenza activity; 26 states and the District of Columbia and Puerto Rico reported sporadic influenza activity; and one state reported no influenza activity.

**National and Regional Summary of Select Surveillance Components**

	Data for current week				Data cumulative for the season				
	Sentinel Provider ILI*	DoD and VA ARI*	% pos. for flu†	Number of jurisdictions reporting regional or widespread activity‡	A (H1)	A (H3)	A Unsub-typed	B	Pediatric Deaths
<b>Nation</b>	Normal	Normal	11.9%	7 of 51	2127	5705	18166	9487	66
<b>New England</b>	Elevated	Normal	13.6%	3 of 6	94	183	954	960	7
<b>Mid-Atlantic</b>	Normal	Normal	23.0%	3 of 3	209	344	1173	1338	12
<b>East North Central</b>	Normal	Normal	17.4%	0 of 5	178	1323	612	540	8
<b>West North Central</b>	Normal	Normal	18.1%	0 of 7	104	192	2739	1447	6
<b>South Atlantic</b>	Normal	Normal	13.3%	0 of 9	344	1749	4651	1559	7
<b>East South Central</b>	Normal	Normal	14.2%	0 of 4	37	756	144	132	6
<b>West South Central</b>	Normal	Normal	7.2%	0 of 4	109	497	5981	1693	8
<b>Mountain</b>	Normal	Normal	10.7%	0 of 8	526	446	983	1046	5
<b>Pacific</b>	Normal	Normal	12.8%	1 of 5	526	215	929	772	7

\* Elevated means the % of visits for ILI or ARI is at or above the national or region-specific baseline

† National data are for current week; regional data are for the most recent three weeks

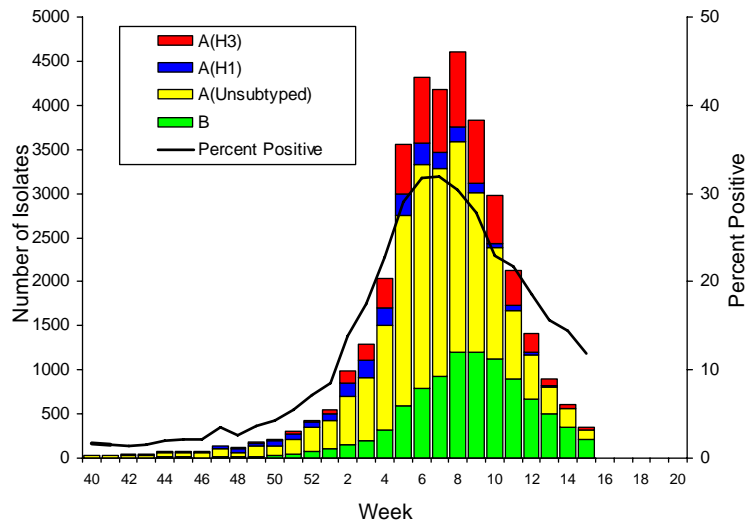
‡ Includes all 50 states and the District of Columbia

**Laboratory Surveillance:** During week 15, WHO and NREVSS laboratories reported 2,935 specimens tested for influenza viruses, 350 (11.9%) of which were positive, including five influenza A (H1) viruses, 24 influenza A (H3) viruses, 105 influenza A viruses that were not subtyped, and 216 influenza B viruses.

Since September 30, 2007, WHO and NREVSS laboratories have tested a total of 192,828 specimens for influenza viruses and 35,485 (18.4%) were positive. Among the 35,485 influenza viruses, 25,998 (73.3%) were influenza A viruses and 9,487 (26.7%) were influenza B viruses. Seven thousand eight hundred thirty-two (30.1%) of the 25,998 influenza A viruses have been subtyped: 2,127 (27.2%) were influenza A (H1) viruses and 5,705 (72.8%) were influenza A (H3) viruses.

During the 2007-08 season, influenza A (H1), A (H3), and B viruses have co-circulated in the United States. Influenza A (H3) viruses have predominated during the season overall, however, the most commonly reported influenza virus has varied by week. From week 40 through week 3 (September 30, 2007 – January 19, 2008) influenza A (H1) viruses were more frequently reported; from week 4 through week 12 (January 20 – March 22, 2008), influenza A (H3) viruses were more commonly reported; and from weeks 13 through 15 (March 23 – April 12, 2008), more influenza B than influenza A viruses were reported. The predominant virus has also varied by region. Influenza A (H3) viruses have been reported more frequently than A (H1) viruses in seven of the nine surveillance regions (East North Central, East South Central, Mid-Atlantic, New England, South Atlantic, West North Central, and West South Central) while influenza A (H1) viruses have predominated this season in two regions (Mountain and Pacific).

U.S. WHO/NREVSS Collaborating Laboratories  
National Summary, 2007-08



**Composition of the 2008-09 Influenza Vaccine:** WHO and FDA have recommended that the 2008-09 trivalent influenza vaccine for the Northern Hemisphere contain A/Brisbane/59/2007-like (H1N1), A/Brisbane/10/2007-like (H3N2), and B/Florida/4/2006-like viruses. All three components have been changed from the 2007-08 Northern Hemisphere vaccine formulation. A/Brisbane/10/2007-like (H3N2) and B/Florida/4/2006-like viruses are currently included in the 2008 Southern Hemisphere vaccines. This recommendation was based on surveillance data related to epidemiology and antigenic characteristics, serological responses to 2007-08 vaccines, and the availability of candidate strains and reagents.

**Antigenic Characterization:** CDC has antigenically characterized 620 influenza viruses [290 influenza A (H1N1), 161 influenza A (H3N2), and 169 influenza B viruses] collected by U.S. laboratories since September 30, 2007.

#### **Influenza A (H1N1) [290]**

- Two hundred (69%) of the 290 viruses were characterized as A/Solomon Islands/3/2006-like, the influenza A (H1N1) component of the 2007-08 influenza vaccine for the Northern Hemisphere and the 2008 influenza A (H1N1) component for the Southern Hemisphere.
- Twenty (7%) of the 290 viruses showed somewhat reduced titers with antisera produced against A/Solomon Islands/3/2006.
- Seventy (24%) of the 290 viruses were characterized as A/Brisbane/59/2007-like. A/Brisbane/59/2007 is a recent genetic/antigenic variant which evolved from A/Solomon Islands/03/2006. An A/Brisbane/59/2007-like virus is the WHO recommended strain for the 2008-09 Northern Hemisphere vaccine formulation.

#### **Influenza A (H3N2) [161]**

- Thirty-five (22%) of the 161 viruses were characterized as A/Wisconsin/67/2005-like, the influenza A (H3N2) component of the 2007-08 influenza vaccine for the Northern Hemisphere.
- One hundred fifteen (71%) of the 161 viruses were characterized as A/Brisbane/10/2007-like. A/Brisbane/10/2007-like viruses are a recent antigenic variant which evolved from, but are antigenically distinct from, A/Wisconsin/67/2005-like viruses. A/Brisbane/10/2007-like virus is the recommended influenza A (H3N2) component for the 2008 Southern Hemisphere and 2008-09 Northern Hemisphere vaccines.
- Eleven (7%) of the 161 viruses showed somewhat reduced titers with antisera produced against A/Wisconsin/67/2005 and A/Brisbane/10/2007.

#### **Influenza B (B/Victoria/02/87 and B/Yamagata/16/88 lineages) [169]**

##### **Victoria lineage [8]**

- Eight (5%) of the 169 influenza B viruses characterized belong to the B/Victoria lineage of viruses.
  - Six (75%) of these 8 viruses were characterized as B/Ohio/01/2005-like. The recommended influenza B component for the 2007-08 influenza vaccine is a B/Malaysia/2506/2004-like virus, belonging to the B/Victoria lineage. B/Ohio/01/2005 is a recent B/Malaysia/2506/2004-like reference strain.
  - Two (25%) of these 8 viruses showed somewhat reduced titers with antisera produced against B/Ohio/01/2005 and B/Malaysia/2506/2004.

##### **Yamagata lineage [161]**

- One hundred sixty-one (95%) of the 169 influenza B viruses characterized belong to the B/Yamagata lineage of viruses.
  - One hundred fifty-six (97%) of these 161 viruses were identified as B/Florida/04/2006-like, the recommended influenza B component for the 2008-09 Northern Hemisphere vaccine formulation.
  - Five (3%) of these 161 viruses showed a somewhat reduced titer with antiserum produced against B/Florida/04/2006.

These data indicate similarities and differences between a sample of circulating strains and this year's vaccine strains as determined by laboratory studies. Interim results from a study carried out with the Marshfield Clinic in Wisconsin found vaccine effectiveness of 58% against circulating influenza A (H3N2) viruses, based on data collected from Jan 21 through Feb 8, 2008. No vaccine

effectiveness against influenza B viruses was found. No influenza A (H1N1) viruses were identified through Feb 8 and, thus, no vaccine effectiveness estimate is available for H1N1 viruses. These interim results suggest that vaccination provided substantial protection against H3N2 influenza-associated medically attended illness in the study population. Enrollment in this study concluded on March 28, 2008, and final results will be available later this year. Additional information on this study can be found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5715a1.htm>

**Antiviral Resistance:** In the United States, two groups of antiviral drugs have been approved by FDA for use in treating or preventing influenza virus infections. These two groups of antiviral drugs are: neuraminidase inhibitors (oseltamivir and zanamivir) and adamantanes (amantadine and rimantadine). A description of these drugs can be found at: <http://www.cdc.gov/flu/protect/antiviral/index.htm>.

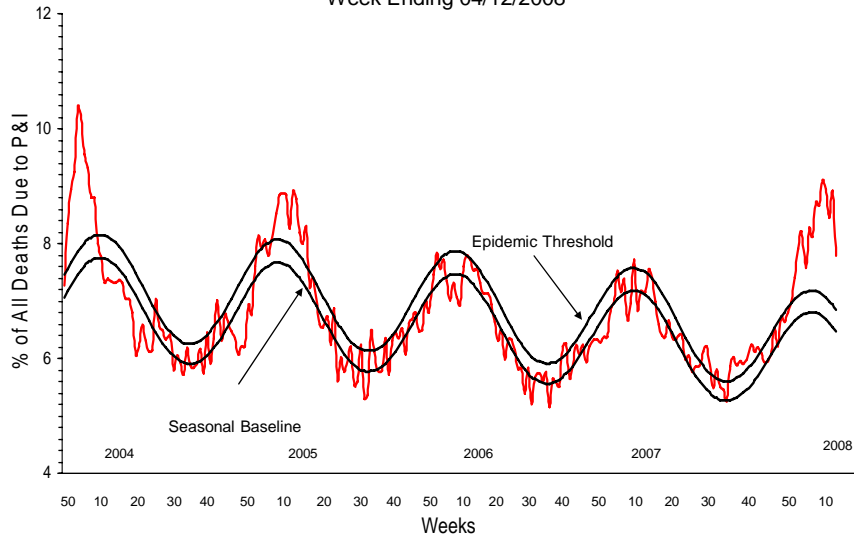
**Neuraminidase Inhibitor Antiviral Drugs:** So far this season, 1,195 influenza A and B viruses from the United States have been tested for antiviral resistance. Eighty-seven (8.3%) of 1,048 influenza A viruses tested, and 0 (0.0%) of 147 influenza B viruses tested have been found to be resistant to oseltamivir. Currently all of the resistant viruses are influenza A (H1N1) viruses, with 87 (10.4%) of 838 influenza A (H1N1) viruses tested exhibiting a genetic mutation that confers oseltamivir resistance. All tested viruses retain their sensitivity to zanamivir. Additional information on antiviral resistance can be found at: <http://www.cdc.gov/flu/about/qa/antiviralresistance.htm>

**Adamantane Antiviral Drugs:** Resistance to the adamantanes continues to be high among influenza A (H3N2) viruses with 278 (99.6%) of 279 influenza A (H3N2) viruses tested resistant to the adamantanes. Adamantane resistance among influenza A (H1N1) viruses has also been detected but at a lower level. Of 755 influenza A (H1N1) viruses tested, 83 (11.0%) were resistant to the adamantanes. The adamantanes are not effective against influenza B viruses. Since late January, influenza A (H3N2) viruses have predominated in the United States, and during week 14, 72.8% of influenza A viruses subtyped were A (H3N2).

Based on the level of oseltamivir resistance observed in only one influenza subtype, H1N1, persisting high levels of resistance to the adamantanes in H3N2 viruses, and the predominance of H3N2 viruses circulating in the United States during the 2007-08 season with co-circulation of influenza B viruses, CDC continues to recommend the use of oseltamivir and zanamivir for the treatment or prevention of influenza. Use of amantadine or rimantadine is not recommended. Guidance on influenza antiviral use can be found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5606a1.htm>

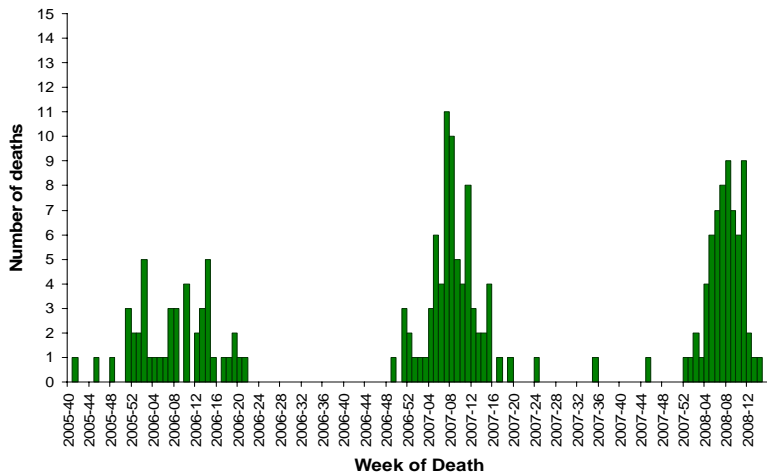
**Pneumonia and Influenza (P&I) Mortality Surveillance:** During week 15, 7.8% of all deaths reported through the 122 Cities Mortality Reporting System were reported as due to P&I. This percentage is above the epidemic threshold of 6.8% for week 15. Including week 15, P&I mortality has been above epidemic threshold for 14 consecutive weeks.

**Pneumonia and Influenza Mortality  
for 122 U.S. Cities  
Week Ending 04/12/2008**



**Influenza-Associated Pediatric Mortality:** One influenza-associated pediatric death was reported to CDC during week 15 (FL). This death occurred during week 11 (March 9-15, 2008). Since September 30, 2007, CDC has received a total of 66 reports of influenza-associated pediatric deaths that occurred during the current season.

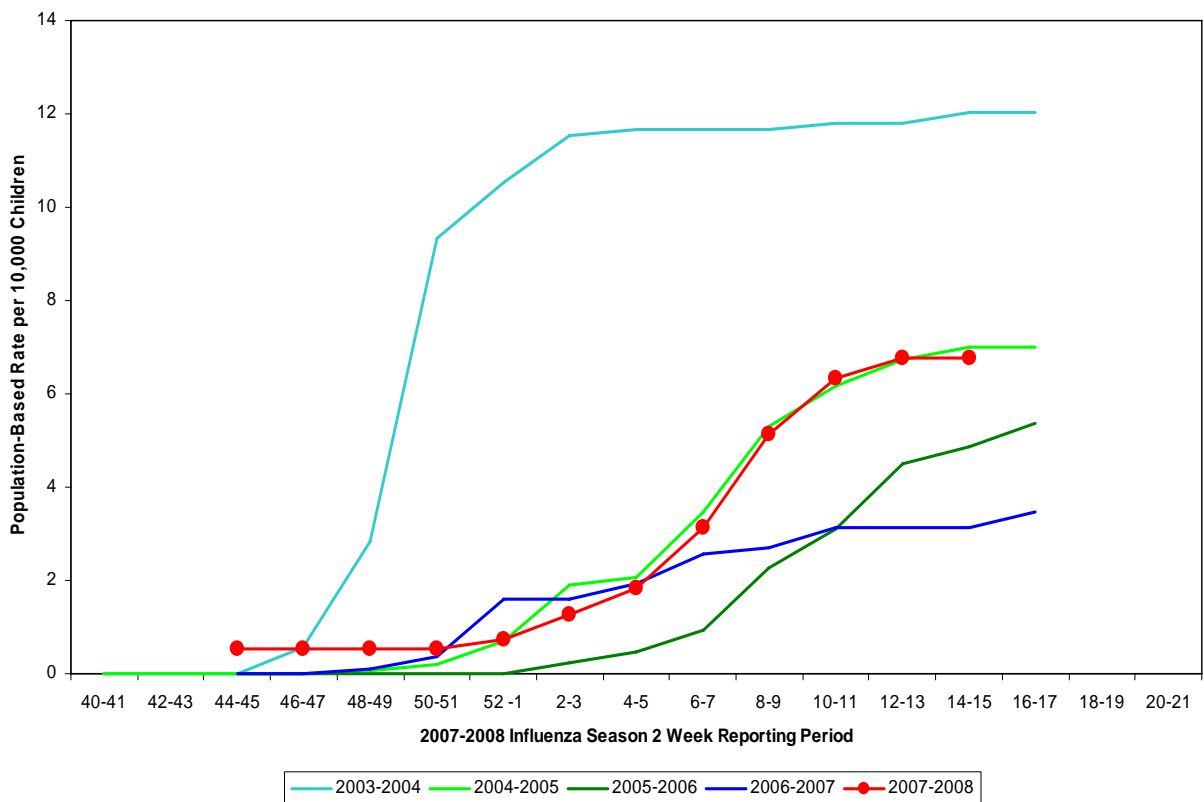
**Number of Influenza-Associated Pediatric Deaths  
by Week of Death:  
2005-06 season to present**



**Influenza-Associated Pediatric Hospitalizations:** Laboratory-confirmed influenza-associated pediatric hospitalizations are monitored in two population-based surveillance networks: the New Vaccine Surveillance Network (NVSN) and the Emerging Infections Program (EIP). These two systems provide updates of surveillance data every two weeks. As a result of differing dates for initiating surveillance in the 2007-08 season, these updates occur on alternating weeks.

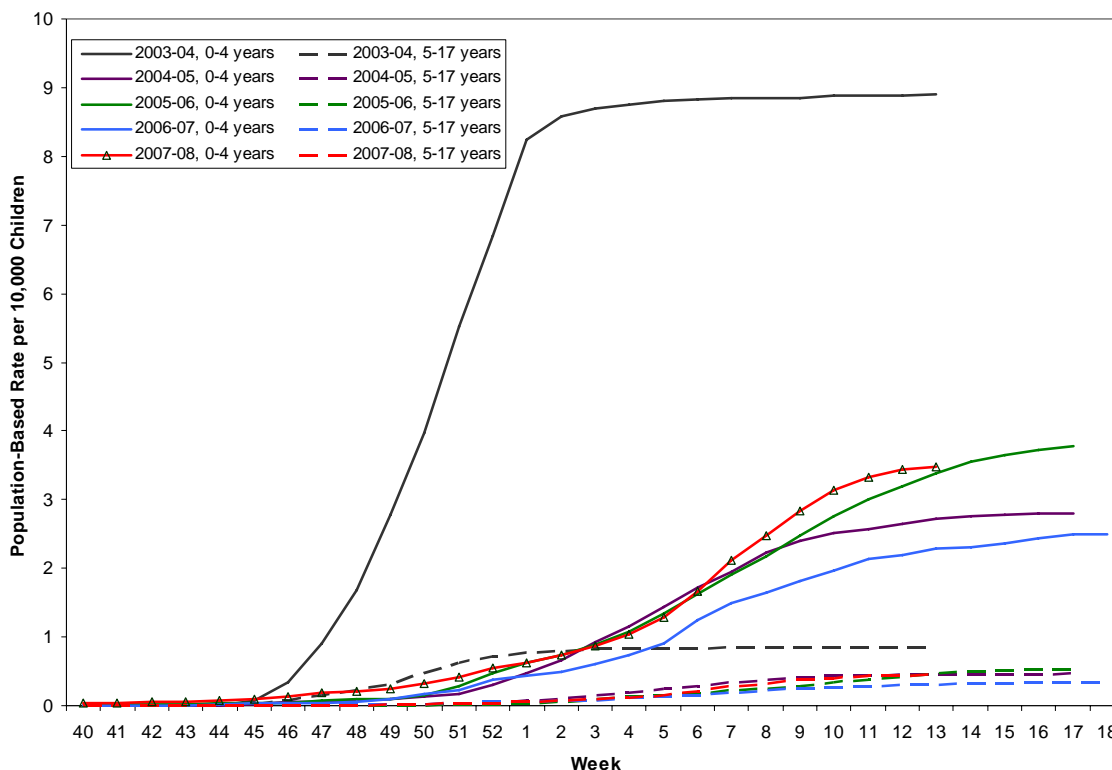
During November 4, 2007, to April 5, 2008, the preliminary laboratory-confirmed influenza-associated hospitalization rate for children 0-4 years old in the NVSN was 6.78 per 10,000.

### NVSN Influenza Laboratory-Confirmed Cumulative Hospitalization Rates for Children 0 - 4 Years, 2007- 08 and Previous 4 Seasons



During September 30 – March 29, 2008, the preliminary laboratory-confirmed influenza-associated hospitalization rate reported by the EIP for children 0–17 years old was 1.32 per 10,000. For children aged 0-4 years and 5-17 years, the rate was 3.47 per 10,000 and 0.45 per 10,000, respectively.

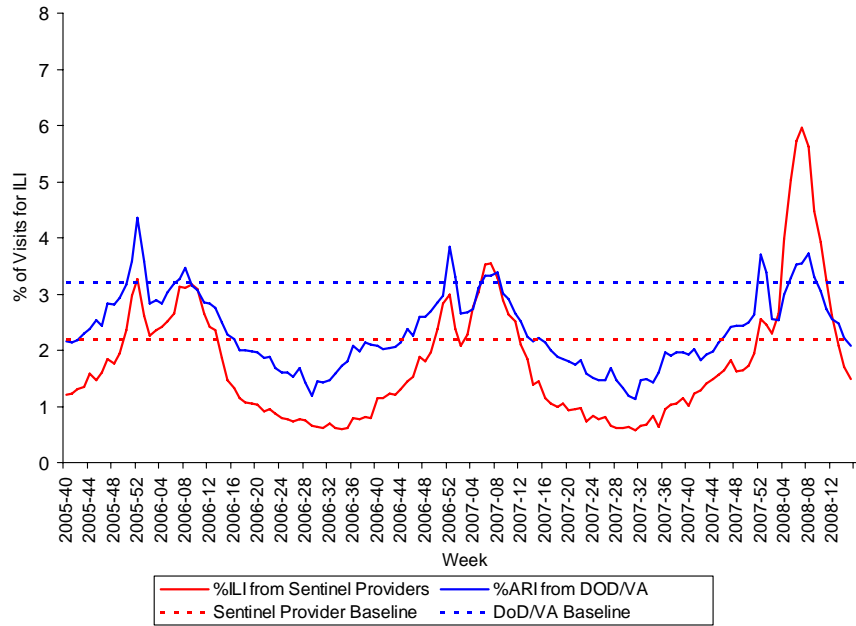
### EIP Influenza Laboratory-Confirmed Cumulative Hospitalization Rates for Children Aged 0-4 and 5-17 yrs, 2007-2008 and Previous 4 Seasons



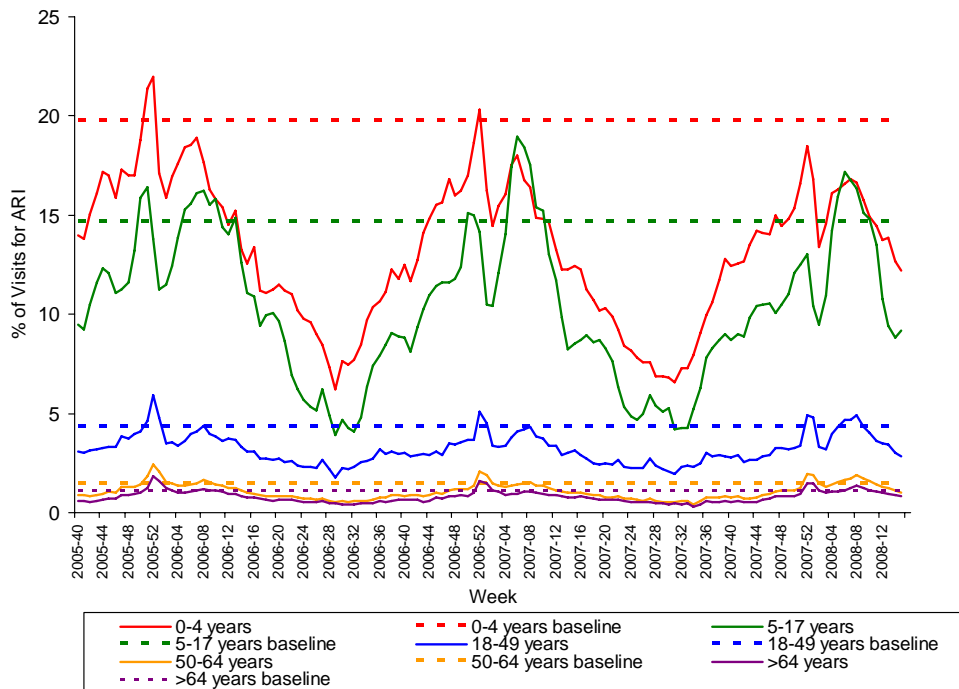
**Outpatient Illness Surveillance:** Nationwide during week 15, 1.5% of outpatient visits reported through the U.S. Influenza Sentinel Provider Surveillance Network were due to influenza-like illness (ILI), which was below the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 0.7% to 3.0%. One region (New England) reported ILI above its region-specific baseline, while the remaining eight regions (East North Central, East South Central, Mid-Atlantic, Mountain, Pacific, South Atlantic, and West North Central, and West South Central) reported ILI below their region-specific baselines.

During week 15, 2.1% of patient visits to Department of Veteran’s Affairs (VA) and Department of Defense (DoD) outpatient treatment facilities were for acute respiratory illness (ARI), which was below the national baseline of 3.2%. On a regional level, the percentage of visits for ARI ranged from 1.2% to 2.5%, and was below region-specific baselines in all nine regions. All five age groups reported ARI below their age-specific baselines.

## Percentage of Visits for ILI & ARI Reported by Sentinel Providers and BioSense Outpatient Facilities, National Summary



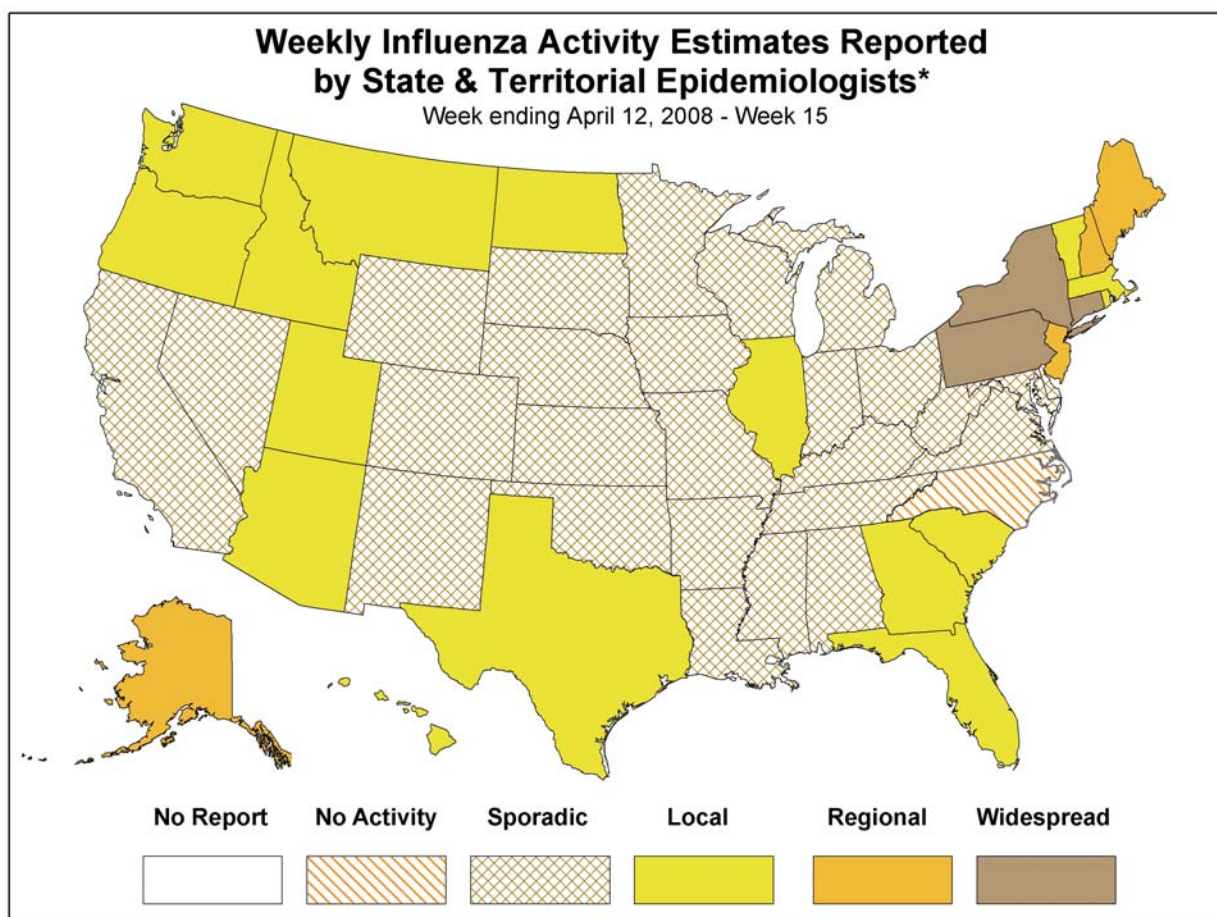
## Percentage of Visits for ARI by Age Group Reported by DoD/VA Outpatient Clinics - National Summary





**Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists:** During week 15 the following influenza activity was reported:

- Widespread activity was reported by three states (Connecticut, New York, and Pennsylvania).
- Regional activity was reported by four states (Alaska, Maine, New Hampshire, and New Jersey).
- Local influenza activity was reported by 16 states (Arizona, Georgia, Florida, Hawaii, Idaho, Illinois, Massachusetts, Montana, North Dakota, Oregon, Rhode Island, South Carolina, Texas, Utah, Vermont, and Washington).
- Sporadic influenza activity was reported by the District of Columbia, Puerto Rico, and 26 states (Alabama, Arkansas, California, Colorado, Delaware, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Mexico, Ohio, Oklahoma, South Dakota, Tennessee, Virginia, West Virginia, Wisconsin, and Wyoming).
- No influenza activity was reported by one state (North Carolina).



\* This map indicates geographic spread & does not measure the severity of influenza activity

A description of surveillance methods is available at: <http://www.cdc.gov/flu/weekly/fluactivity.htm>

Report prepared: April 18, 2008