

2007-2008 Influenza Season
Week 42, ending October 20, 2007

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

Synopsis: During week 42 (October 14-20, 2007), a low level of influenza activity was reported in the United States.

- Twenty-nine (2.2%) 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 was slightly above the epidemic threshold.
- The proportion of outpatient visits for influenza-like illness (ILI) and acute respiratory illness (ARI) was below national and region-specific baseline levels.
- Thirteen states, the District of Columbia, and Puerto Rico reported sporadic influenza activity; and 37 states 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†	# jurisdictions reporting regional or widespread activity‡	A (H1)	A (H3)	A Unsub-typed	B	Pediatric Deaths
Nation	Normal	Normal	2.2%	0 of 51	10	1	64	4	0
New England	Normal	Normal	0.7%	0 of 6	2	0	0	0	0
Mid-Atlantic	Normal	Normal	0%	0 of 3	0	0	0	0	0
East North Central	Normal	Normal	0%	0 of 5	0	0	0	0	0
West North Central	Normal	Normal	0.8%	0 of 7	0	0	4	0	0
South Atlantic	Normal	Normal	4.0%	0 of 9	0	1	30	1	0
East South Central	Normal	Normal	0%	0 of 4	0	0	0	0	0
West South Central	Normal	Normal	1.5%	0 of 4	0	0	15	0	0
Mountain	Normal	Normal	1.9%	0 of 8	5	0	1	0	0
Pacific	Normal	Normal	3.2%	0 of 5	3	0	14	3	0

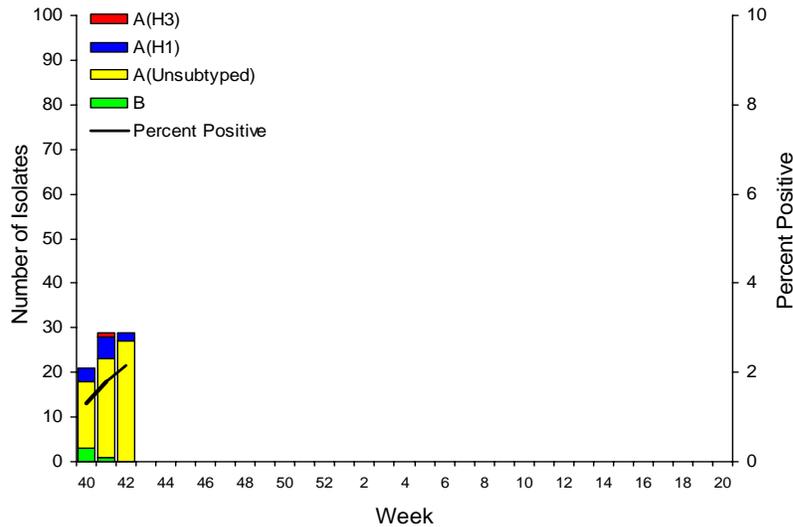
* Elevated means the % of visits for ILI or ARI is at or above the national or region-specific baseline

† National data is for current week; regional data is for the most recent 3 weeks.

‡ Includes all 50 states and the District of Columbia

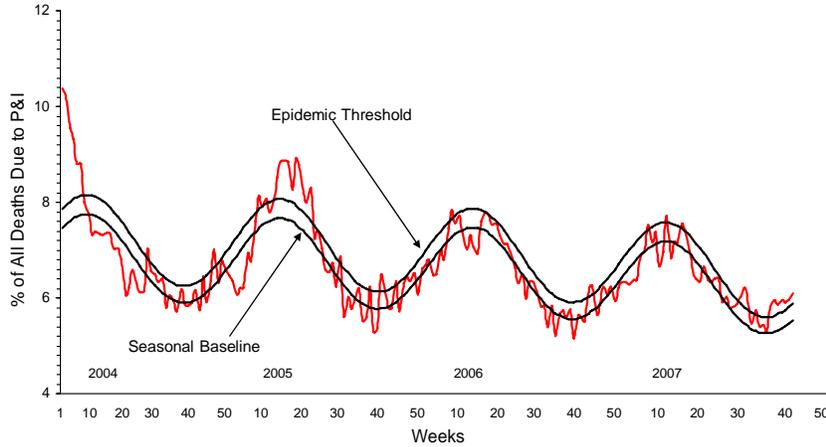
Laboratory Surveillance: During week 42, WHO and NREVSS laboratories reported 1,349 specimens tested for influenza viruses, 29 (2.2%) of which were positive, including two influenza A (H1) viruses (New England region) and 27 influenza A viruses that were not subtyped (Mountain, Pacific, South Atlantic, and West North Central, West South Central regions).

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



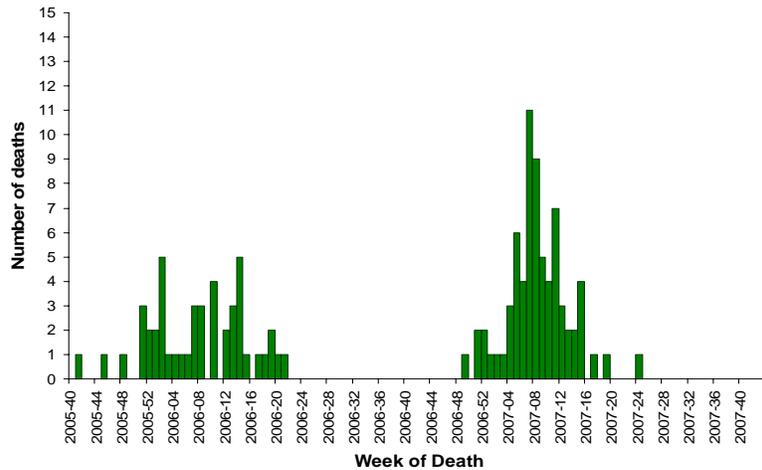
Pneumonia and Influenza (P&I) Mortality Surveillance: During week 42, 6.1% of all deaths reported through the 122-Cities Mortality Reporting System were reported as due to P&I. This percentage is above the epidemic threshold of 5.9% for week 42. This is the seventh consecutive week that the percentage of deaths due to P&I has been above the epidemic threshold. No other component of the national surveillance system showed evidence of increased influenza activity or virus circulation. Both national and regional percentages of death due to P&I during the last seven weeks are similar to the percentages reported during this time period last year. The baseline percentage of P&I deaths is projected for the current season based on P&I data from the previous five years. The five-year period used to project the current season's baseline included three mild seasons, therefore, the elevation relative to the baseline may be due to in part to the lowering of the baseline values. However, potential explanations for the increase in P&I mortality above threshold continue to be investigated.

**Pneumonia and Influenza Mortality
for 122 U.S. Cities**
Week Ending 10/20/2007



Influenza-Associated Pediatric Mortality: No influenza-associated pediatric deaths were reported during week 42.

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

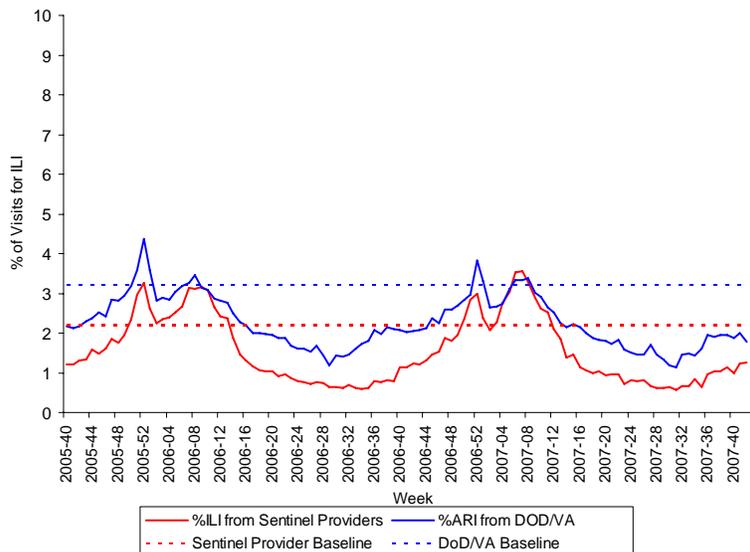


Influenza-Associated Pediatric Hospitalizations: Laboratory-confirmed influenza-associated pediatric hospitalizations are monitored in two population-based surveillance networks: the Emerging Infections Program (EIP) and the New Vaccine Surveillance Network (NVSN). EIP estimated rates of hospitalization for influenza will be reported every two weeks beginning October

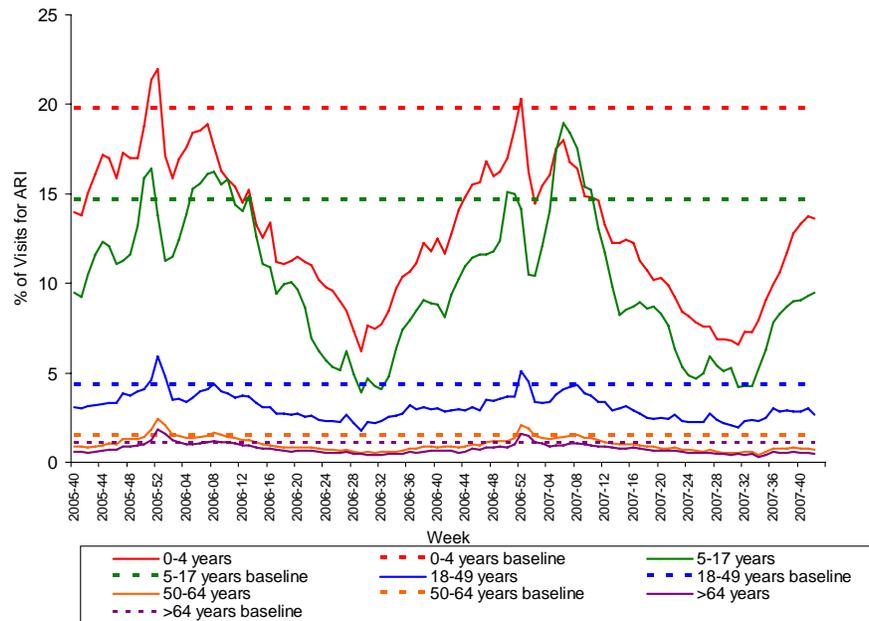
26, 2007. NVSN estimated rates of hospitalization for influenza will be reported every two weeks, beginning November 30, 2007.

Outpatient Illness Surveillance: Nationwide during week 42, 1.3% of patient visits reported through the U.S. Influenza Sentinel Provider Surveillance Network were due to influenza-like illness (ILI) and 1.8% of patient visits to Department of Veteran’s Affairs (VA) and Department of Defense (DoD) outpatient treatment facilities were for acute respiratory illness (ARI). These percentages are less than the national baseline of 2.2% and 3.2%, respectively. On a regional level, the percentage of visits for ILI ranged from 0.5% to 3.4% and the percentage of visits for ARI ranged from 0.8% to 2.2%. All nine regions reported percentages of visits for ILI and ARI below their respective region-specific baselines. All five age groups reported percentages of visits for ARI below their respective age-specific baselines.

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

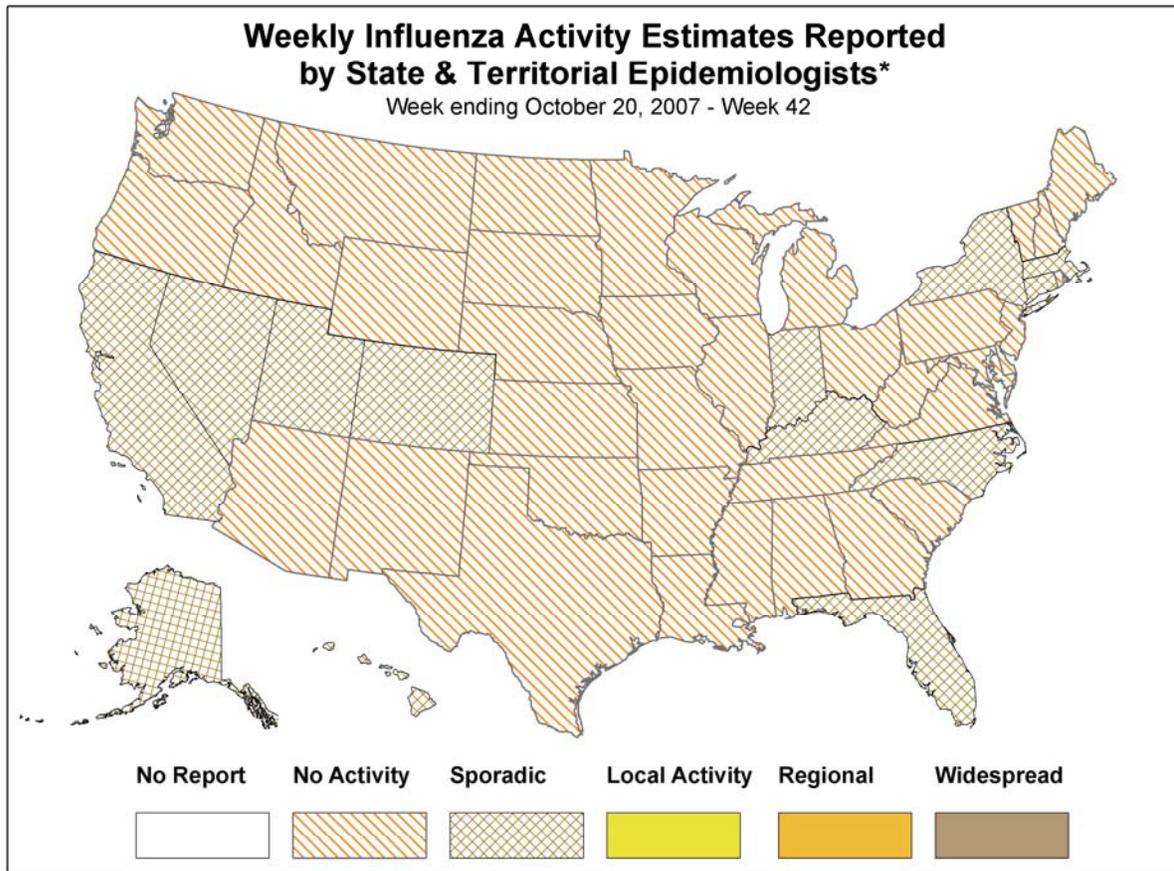


Percentage of Visits for ARI by Age Group Reported by DoD/VA Outpatient Clinics - National Summary



Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists:

Influenza activity was reported as sporadic in 13 states (Alaska, California, Colorado, Connecticut, Florida, Hawaii, Indiana, Kentucky, Massachusetts, Nevada, New York, North Carolina, and Utah), the District of Columbia, and Puerto Rico. Thirty-seven states reported no influenza activity.



* 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: October 26, 2007