

**2007-2008 Influenza Season
Week 11, ending March 15, 2008**

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

Synopsis: During week 11 (March 9 - 15, 2008), influenza activity continued to decrease in the United States.

- One thousand one hundred ninety-five (22.0%) 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 above the epidemic threshold for the tenth consecutive week.
- The proportion of outpatient visits for influenza-like illness (ILI) was above national baseline levels, while the proportion of outpatient visits for acute respiratory illness (ARI) was below national baseline levels. ILI decreased in eight of the nine regions compared to week 10, and was below the region specific baseline in the Mid-Atlantic and Pacific regions, but remained above region-specific baselines in the remaining seven regions. The proportion of outpatient visits reported for ARI was below all region-specific baselines.
- Thirty-two states reported widespread influenza activity; 17 states reported regional influenza activity; the District of Columbia reported local influenza activity; and one state did not report.

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
Nation	Elevated	Normal	22.0%	49 of 51	1929	4636	16340	6739	48
New England	Elevated	Normal	22.5%	6 of 6	79	85	781	703	3
Mid-Atlantic	Normal	Normal	28.6%	3 of 3	190	251	847	998	9
East North Central	Elevated	Normal	38.9%	5 of 5	153	1008	567	350	7
West North Central	Elevated	Normal	24.0%	7 of 7	84	142	2365	852	4
South Atlantic	Elevated	Normal	26.4%	8 of 9	312	1463	4201	1126	5
East South Central	Elevated	Normal	46.2%	4 of 4	36	719	91	58	5
West South Central	Elevated	Normal	20.8%	4 of 4	106	470	5783	1279	6
Mountain	Elevated	Normal	20.0%	7 of 8	512	354	895	858	3
Pacific	Normal	Normal	15.4%	5 of 5	457	144	810	515	6

* 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

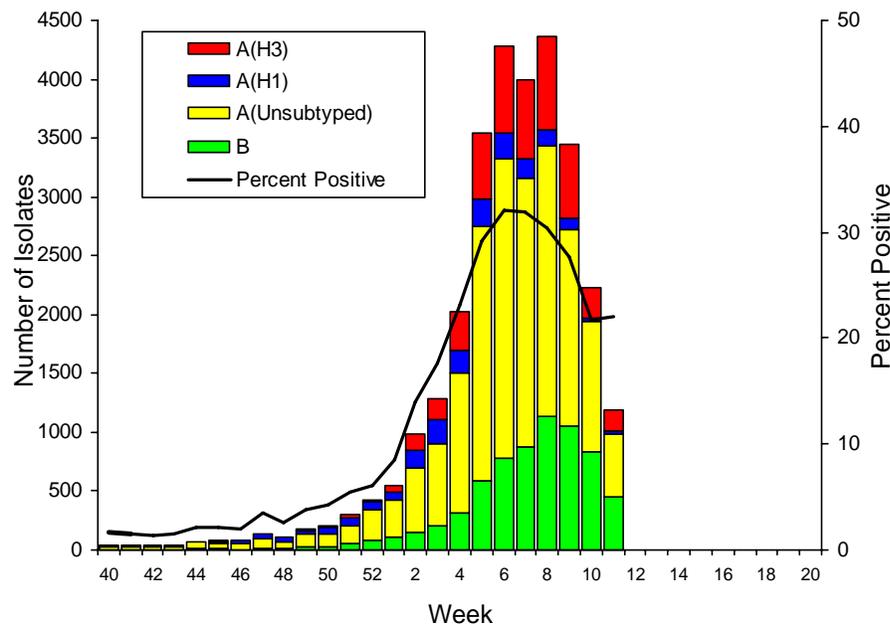
‡ Includes all 50 states and the District of Columbia

Laboratory Surveillance: During week 11, WHO and NREVSS laboratories reported 5,432 specimens tested for influenza viruses, 1,195 (22.0%) of which were positive, including 39 influenza A (H1) viruses, 178 influenza A (H3) viruses, 526 influenza A viruses that were not subtyped, and 452 influenza B viruses.

Since September 30, 2007, WHO and NREVSS laboratories have tested a total of 162,587 specimens for influenza viruses and 29,644 (18.2%) were positive. Among the 29,644 influenza viruses, 22,905 (77.3%) were influenza A viruses and 6,739 (22.7%) were influenza B viruses. Six thousand five hundred sixty-five (28.7%) of the 22,905 influenza A viruses have been subtyped: 1,929 (29.4%) were influenza A (H1) viruses and 4,636 (70.6%) were influenza A (H3) viruses.

Although influenza A (H1) viruses predominated through mid-January, influenza A (H3) viruses have been reported more frequently than influenza A (H1) viruses since week 4 (January 20-26), and during week 6 (February 3-9), influenza A (H3) became the predominant virus for the season overall. This season influenza A (H3) viruses have been reported more frequently than A (H1) viruses nationally, as well as 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). Influenza A (H1) viruses have predominated circulation this season in the remaining 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 489 influenza viruses [255 influenza A (H1N1), 107 influenza A (H3N2), and 127 influenza B viruses] collected by U.S. laboratories since September 30, 2007.

Influenza A (H1N1) [255]

- One hundred seventy-five (69%) of the 255 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.
- Nineteen (7%) of the 255 viruses showed somewhat reduced titers with antisera produced against A/Solomon Islands/3/2006.
- Sixty-one (24%) of the 255 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) [107]

- Twenty (19%) of the 107 viruses were characterized as A/Wisconsin/67/2005-like, the influenza A (H3N2) component of the 2007-08 influenza vaccine for the Northern Hemisphere.
- Eighty (75%) of the 107 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.
- Seven (6%) of the 107 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) [127]

Victoria lineage [7]

- Seven (6%) of the 127 influenza B viruses characterized belong to the B/Victoria lineage of viruses.
 - Five (71%) of these 7 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 (29%) of these 7 viruses showed somewhat reduced titers with antisera produced against B/Ohio/01/2005 and B/Malaysia/2506/2004.

Yamagata lineage [120]

- One hundred twenty (94%) of the 127 influenza B viruses characterized belong to the B/Yamagata lineage of viruses.
 - One hundred nineteen (99%) of these 120 viruses were identified as B/Florida/04/2006-like, the recommended influenza B component for the 2008-09 Northern Hemisphere vaccine formulation.
 - One (1%) of these 120 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. Clinical vaccine effectiveness cannot be accurately predicted using these data, and in previous years, influenza vaccination has been shown to provide measurable protection against influenza illness and influenza-related complications, even when vaccine strains are antigenically distinct from circulating strains.

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 rimantidine). 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, 887 influenza A and B viruses from the United States have been tested for antiviral resistance. 59 (7.5%) of 790 influenza A viruses tested, and 0 (0.0%) of 97 influenza B viruses tested have been found to be resistant to oseltamivir. Currently all of the resistant viruses are H1N1 viruses, with 59 (9.1%) of 646 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>

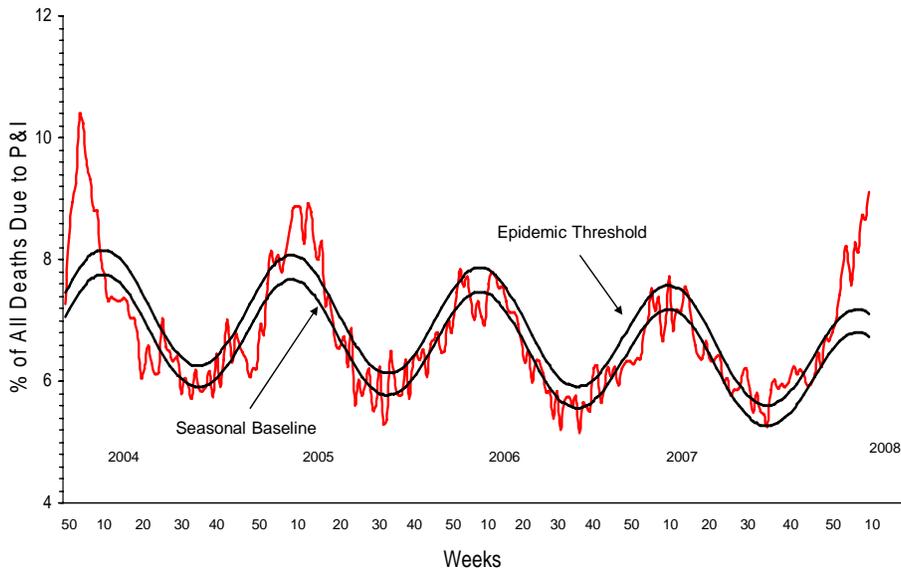
Adamantane Antiviral Drugs: Resistance to the adamantanes continues to be high among influenza A (H3N2) viruses with 136 (99.3%) of 137 influenza A (H3N2) viruses tested resistant to the adamantanes. Adamantane resistance among influenza A (H1N1) viruses has also been detected but at a lower level. Of 565 influenza A (H1N1) viruses tested, 79 (14.0%) were resistant to the adamantanes. Since late January, influenza A (H3N2) viruses have predominated in the United States, and during week 11, 82.0% of influenza A viruses subtyped were A (H3N2). The adamantanes are not effective against influenza B viruses.

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, 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>

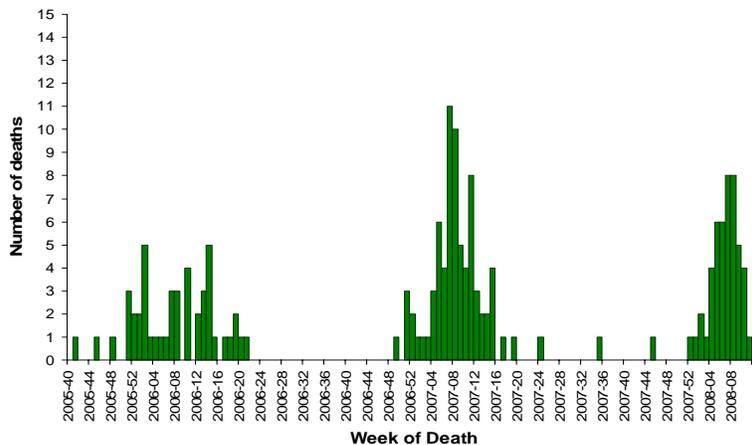
Pneumonia and Influenza (P&I) Mortality Surveillance: During week 11, 9.1% of all deaths reported through the 122 Cities Mortality Reporting System were reported as due to P&I. This percentage is above the epidemic threshold of 7.1% for week 11. Including week 11, P&I mortality has been above epidemic threshold for ten consecutive weeks.

**Pneumonia and Influenza Mortality
for 122 U.S. Cities
Week Ending 03/15/2008**



Influenza-Associated Pediatric Mortality: Seven influenza-associated pediatric deaths were reported to CDC during week 11 (CA[2], IL, MA, MD, NY, and PA). These deaths occurred between February 3 and March 9, 2008. Since September 30, 2007, CDC has received a total of 48 reports of influenza-associated pediatric deaths that occurred during the current season.

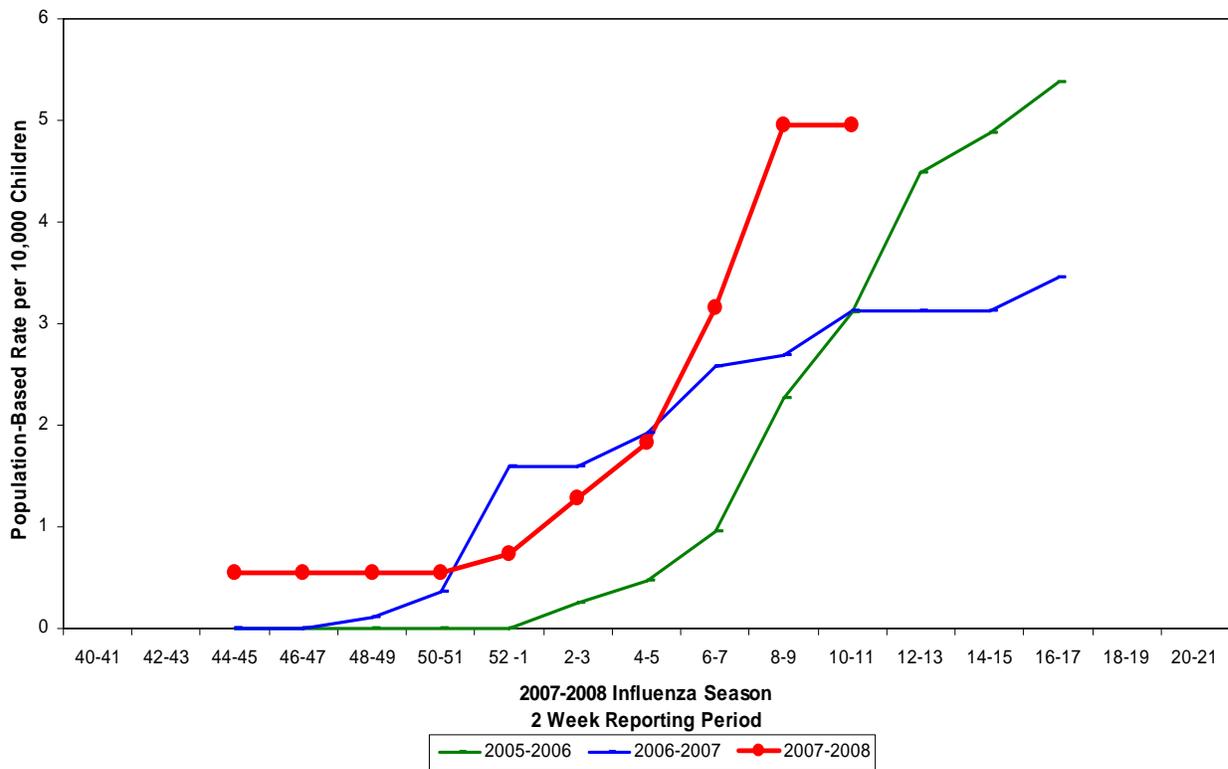
**Number of Influenza-Associated Pediatric Deaths
by Week of Death:
2005-06 season to present**



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.

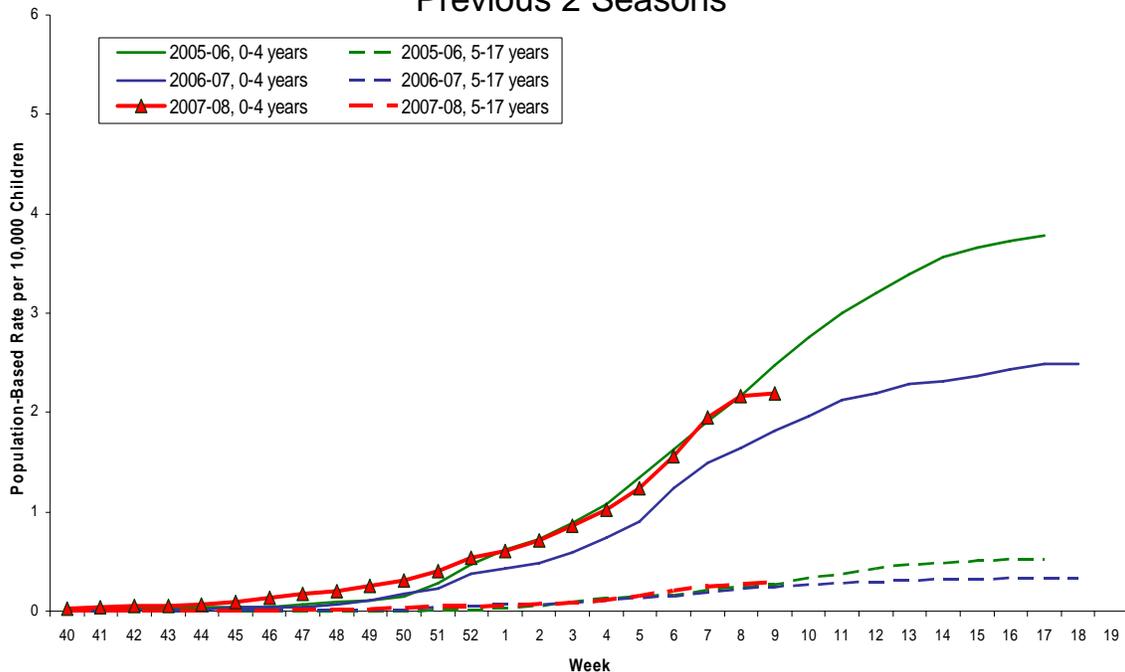
During November 4, 2007-March 8, 2008, the preliminary laboratory-confirmed influenza-associated hospitalization rate reported by the NVSN for children 0-4 years old was 4.95 per 10,000.

NVSN Influenza Laboratory-Confirmed Cumulative Hospitalization Rates for Children 0 - 4 Years, 2007- 08 and Previous 2 Seasons



During September 30 – March 1, 2008, the preliminary laboratory-confirmed influenza-associated hospitalization rate reported by the EIP for children 0–17 years old was 0.85 per 10,000. For children aged 0-4 years and 5-17 years, the rate was 2.20 per 10,000 and 0.29 per 10,000, respectively.

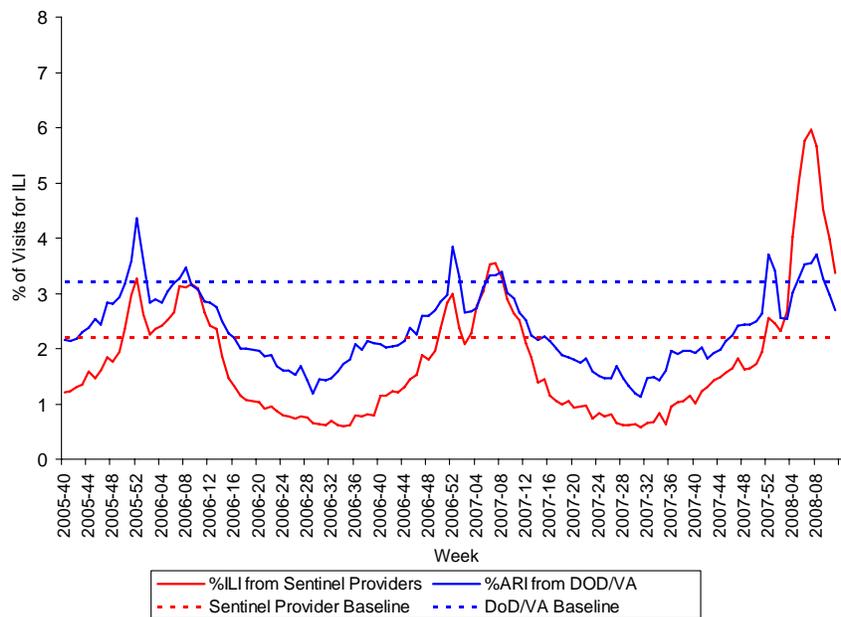
EIP Influenza Laboratory-Confirmed Cumulative Hospitalization Rates for Children Aged 0-4 and 5-17 yrs, 2007-2008 and Previous 2 Seasons



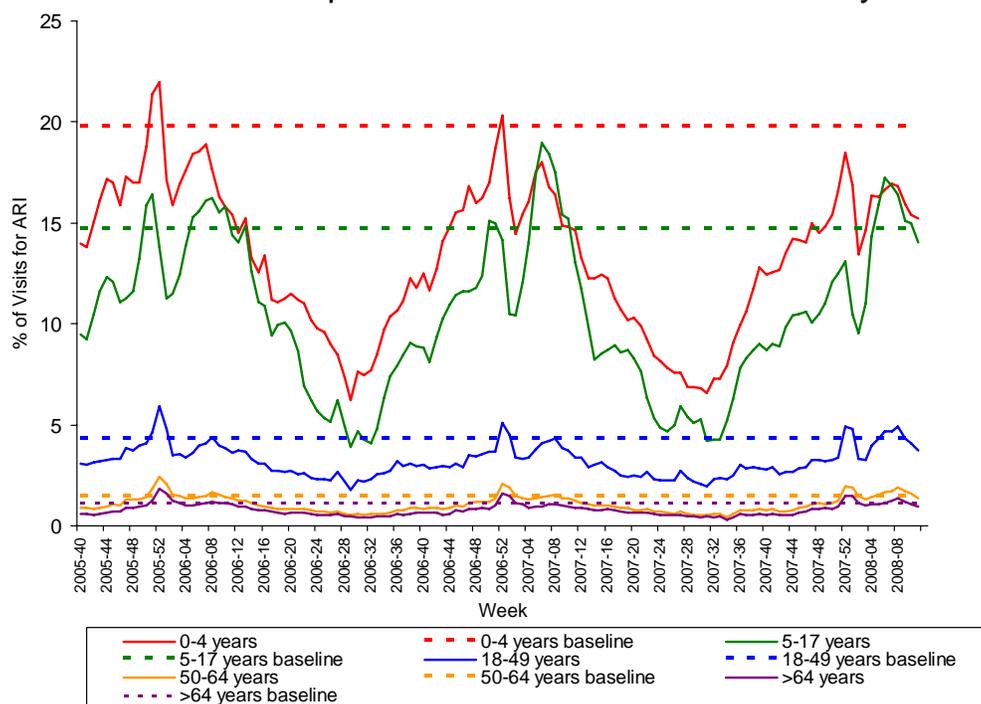
Outpatient Illness Surveillance: Nationwide during week 11, 3.4% of outpatient visits reported through the U.S. Influenza Sentinel Provider Surveillance Network were due to influenza-like illness (ILI), which is above the national baseline of 2.2%. On a regional level, the percentage of visits for ILI decreased in eight of the nine regions compared to week 10 and ranged from 2.6% to 5.1%. Seven of the nine regions reported ILI above their region-specific baselines (East North Central, East South Central, Mountain, New England, South Atlantic, West North Central, and West South Central).

During week 11, 2.7% 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 1.5% to 3.2%, 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

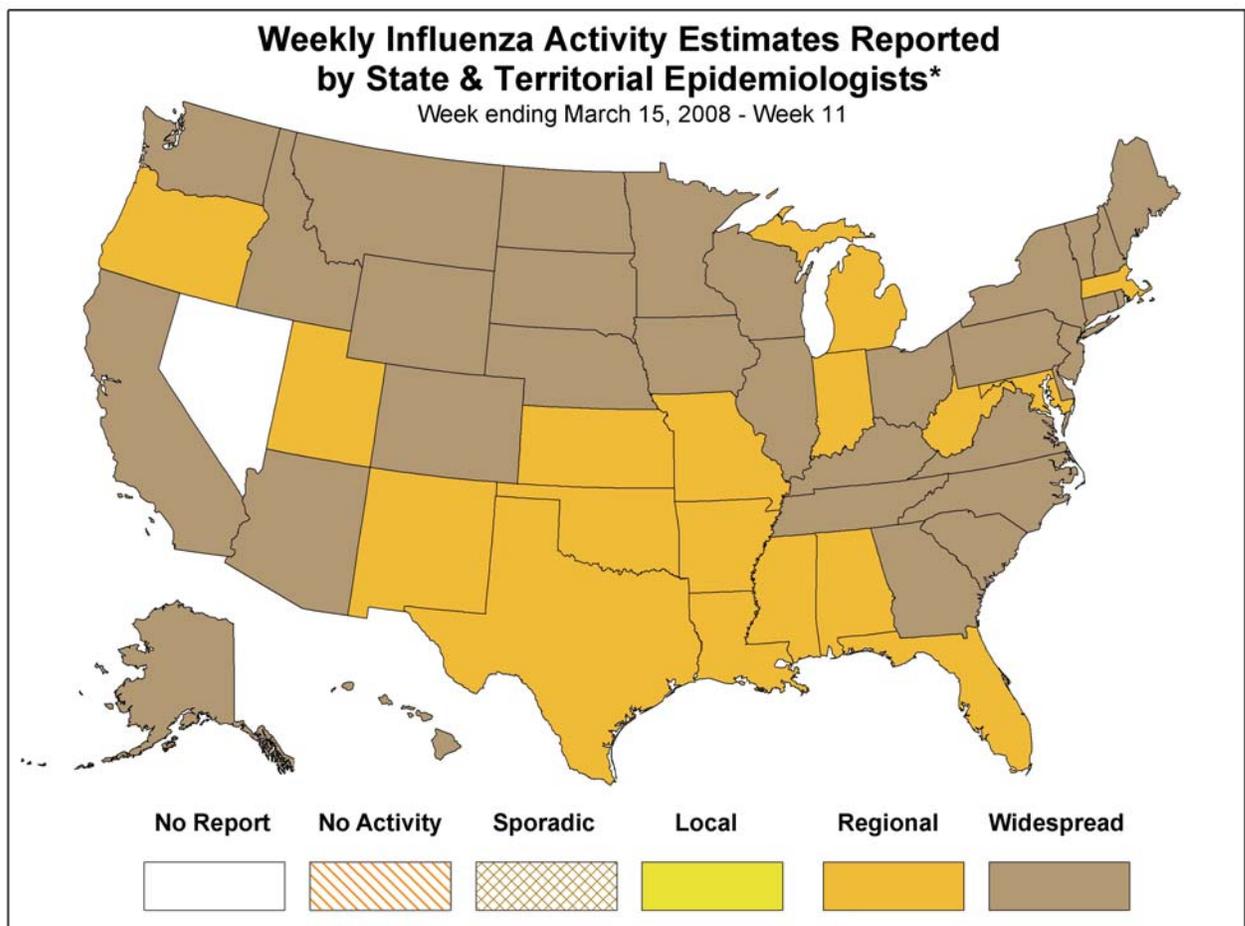


Percentage of Visits for ARI by Age Group Reported by DoD/VA Outpatient Clinics - National Summary



Geographic Spread of Influenza as Assessed by State and Territorial Epidemiologists: During week 11 the following influenza activity was reported:

- Widespread activity was reported by 32 states (Alaska, Arizona, California, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Iowa, Kentucky, Maine, Minnesota, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, Virginia, Washington, Wisconsin, and Wyoming).
- Regional activity was reported by 17 states (Alabama, Arkansas, Florida, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, New Mexico, Oklahoma, Oregon, Texas, Utah, and West Virginia).
- The District of Columbia reported local influenza activity.
- One state (Nevada) did not report.



* 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>

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