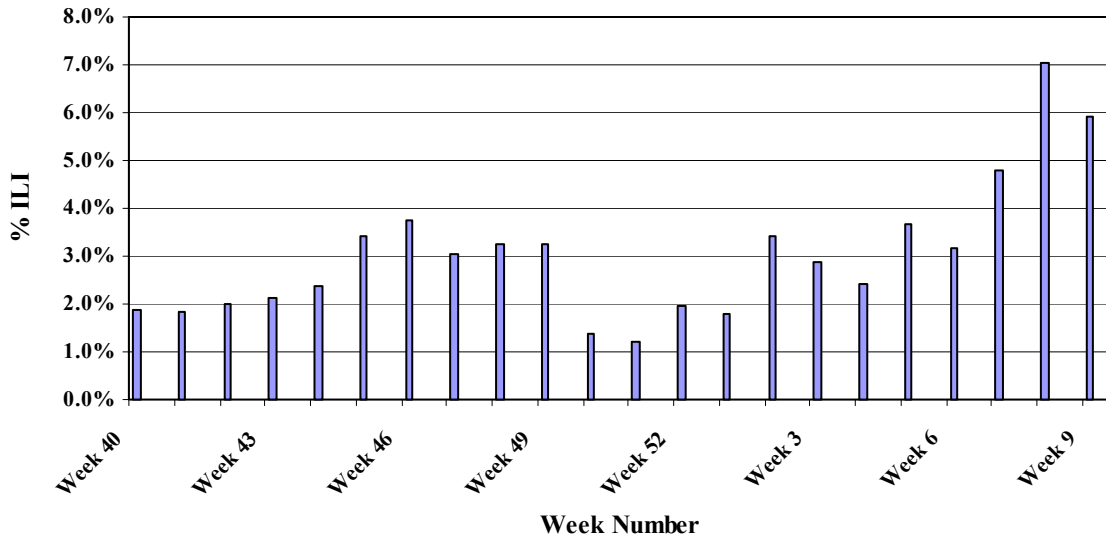


Date: March 7, 2003  
 To: Health Care Provider  
 From: Linh Nguyen, MPH, Epidemiologist  
 Subject: Influenza Report for Week 9 (February 23 to March 1, 2003)

Criteria for inclusion as a case of Influenza-Like Illness (ILI) are fever  $\geq 100^{\circ}\text{F}$  ( $37.8^{\circ}\text{C}$ ) and cough or sore throat. Health care providers wishing to participate in the ongoing Clark County Health District (CCHD) Influenza Surveillance Program should contact Linh Nguyen, Surveillance Coordinator, at (702) 383-1378.

Two hundred and seventy-eight cases of ILI were reported during week 9. The weighted average over the seven reporting sites was 5.9%, which is above the national baseline of 1.9%. The percentage of deaths attributed to pneumonia and influenza (P&I) in Las Vegas was 5.7%. The national P&I mortality for week 9 is not yet available. The national P&I mortality for week 8 was 7.4%.

Percentage of Influenza-Like Illnesses (ILI) Cases By Week  
 Weighted Average, Weeks 40-52, 2002 and Weeks 1-9, 2003



The new avian influenza A(H5N1) virus, isolated from two human cases last month in Hong Kong, has been genetically characterized. Researchers at the University of Hong Kong concluded that the 2003 A(H5N1) virus is genetically different from the 1997 A(H5N1) avian influenza strain that infected eighteen people, six of whom died. The new avian strain is similar to the 1997 virus in that it does not appear to contain sequences from human influenza viruses that would facilitate its spread from person to person. Enhanced surveillance of influenza viruses in humans is necessary to ascertain whether there are additional human cases. The Centers for Disease Control and Prevention have issued the following recommendations to rapidly identify an importation of influenza A (H5N1) into the United States from Asia:

- Travelers from Asia who develop influenza-like-illnesses should be evaluated and respiratory specimens sent for viral isolation.
- Health care providers are requested to perform viral culture on all patients meeting **both** of the following criteria:
  1. Patient hospitalized with unexplained pneumonia, acute respiratory distress syndrome (ARDS), or severe respiratory illness, and
  2. Travel to Asia within 10 days from onset of symptoms.