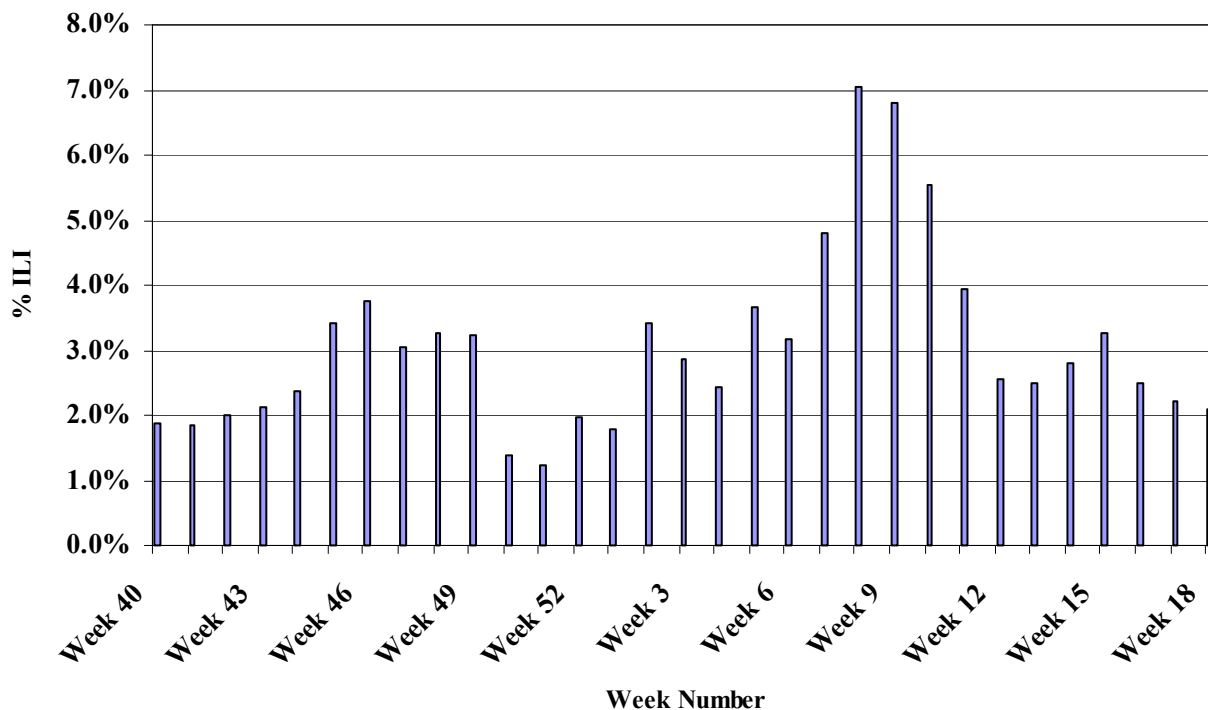


Date: May 19, 2003
To: Health Care Provider
From: Salena Savarda, BS, Epidemiologist
Subject: Influenza Report for Weeks 13-18 (March 23-May 3, 2003)

During weeks 13-18, eight sentinel sites reported seeing an average of 4,093 patients per week. Of these, an average of 168 persons met the case criteria for Influenza-like illness (weighted average fluctuated between 2.1% and 3.3%). The percent of mortality due to pneumonia and influenza during weeks 13-18 averaged 7.3%. The national weekly average for the same period was 7.5%.

**Percentage of Influenza-Like Illnesses (ILI) Cases By Week
 Weighted Average, Weeks 40-52, 2002 and Weeks 1-18, 2003**



The National Influenza Center in the Netherlands reported that 83 confirmed cases of human H7N7 influenza virus infection had occurred among poultry workers and their families since late February 2003. Recently a second report of human infection with an avian influenza virus occurred when 2 human cases of influenza A (H5N1) infection were confirmed in a single family of Hong Kong residents who had recently traveled to Fujian Province on mainland China. Because both H5N1 and H7N7 are influenza A viruses that have not circulated widely among people in the past, the general population has little or not immunity to the viruses.

There may be considerable overlap between the clinical presentation and travel history of the persons suspected of having severe acute respiratory syndrome (SARS) and those with influenza A (H5N1). Therefore influenza A infection should be considered in the differential diagnosis when evaluating a potential SARS case, a patient presenting with unexplained pneumonia, or ARDS. The Centers for

Disease Control and Prevention (CDC) recommends culturing for influenza A since a rapid influenza test cannot help with detection of variant influenza virus.

The identification of human cases of influenza H7N7 and H5N1 has led CDC to request that states recruit and enroll additional providers in ILI surveillance to track the occurrence and intensity of any potential pandemic influenza A activity in their state. Health care providers wishing to participate in the ongoing Clark County Health District Influenza Surveillance Program should contact Salena Savarda, Surveillance Coordinator, at (702) 383-1378.

*Criteria for inclusion as a case of Influenza-Like Illness (ILI) are fever $\geq 100^{\circ}\text{F}$ (37.8°C) and cough or sore throat.

The information contained in this letter is available in its entirety at <http://www.cdc.gov/ncidod/diseases/flu/hanH7N7.htm>