

Date: November 18, 2003
To: Health Care Provider
From: Salena Savarda, BS, Epidemiologist II
Subject: Influenza Report for Weeks 40-46(Oct. 4-Nov. 15, 2003)

During the 7 week period (Oct. 4-Nov. 15) the proportion (weighted average) of patient visits to sentinel providers for influenza-like illness (ILI) overall was 2.2%. This percentage is below the national baseline of 2.5%. **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 proportion of mortality due to pneumonia and influenza (P&I) in Clark County during weeks 40-46 averaged **4.7%**. The national P&I mortality for week 46 is not yet available. The national P&I mortality average for weeks 40-45 was 6.2%. During this period no culture confirmed cases of ILI were reported and local laboratories reported no increase in requests for viral cultures. During week 46, seven throat swabs were submitted by sentinel physicians for influenza testing. Laboratory results on these samples are pending. 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.

On November 17, the Centers for Disease Control and Prevention (CDC) issued a press release emphasizing that early evidence including sentinel surveillance suggests the current flu season could be severe. Those individuals who have not received the influenza vaccine and are considered to be of high risk for complications of the flu are still strongly encouraged to be vaccinated. The 2003-2004 trivalent vaccine consists of:

- H1N1, A/New Caledonia/20/99
- H3N2, A/Panama/2007/99 (an A/Moscow/10/99-like virus)
- B/Hong Kong/330/2001-like virus strain

Since September 28, of the 6,024 specimens submitted to WHO and NREVSS laboratories for influenza testing, 443 of the specimens were positive. Of these, 99% were influenza A viruses and 1% were influenza B viruses. Twenty-five percent of the influenza A viruses have been subtyped; all were influenza A (H3N2). CDC has antigenically characterized 55 influenza A (H3N2) viruses. Of these, only 16% were similar antigenically to the vaccine strain A/Panama/2007/99 (H3N2), while 84% were similar to the drift variant, A/Fujian/411/2002 (H3N2), which predominated in Australia and New Zealand during the recent Southern Hemisphere influenza season. Because this drift variant is related to the vaccine strain, A/Panama/2007/99, antibodies produced against the vaccine virus cross-react with A/Fujian/411/2002-like viruses, but at a lower level. Although vaccine effectiveness against A/Fujian/411/2002-like viruses may be less than that against A/Panama/2007/99-like viruses, it is expected that the current U.S. vaccine will offer some cross-protective immunity against the A/Fujian/411/2002-like viruses and reduce the severity of disease.

1. **Reference:** Centers for Disease Control and Prevention. <http://www.cdc.gov/ncidod/diseases/flu/weekly.htm> November 14, 2003

This newsletter is also posted on the Clark County Health District webpage for health care practitioners. See http://www.cchd.org/physician/physician_only.htm for this and other health and bioterrorism related information.