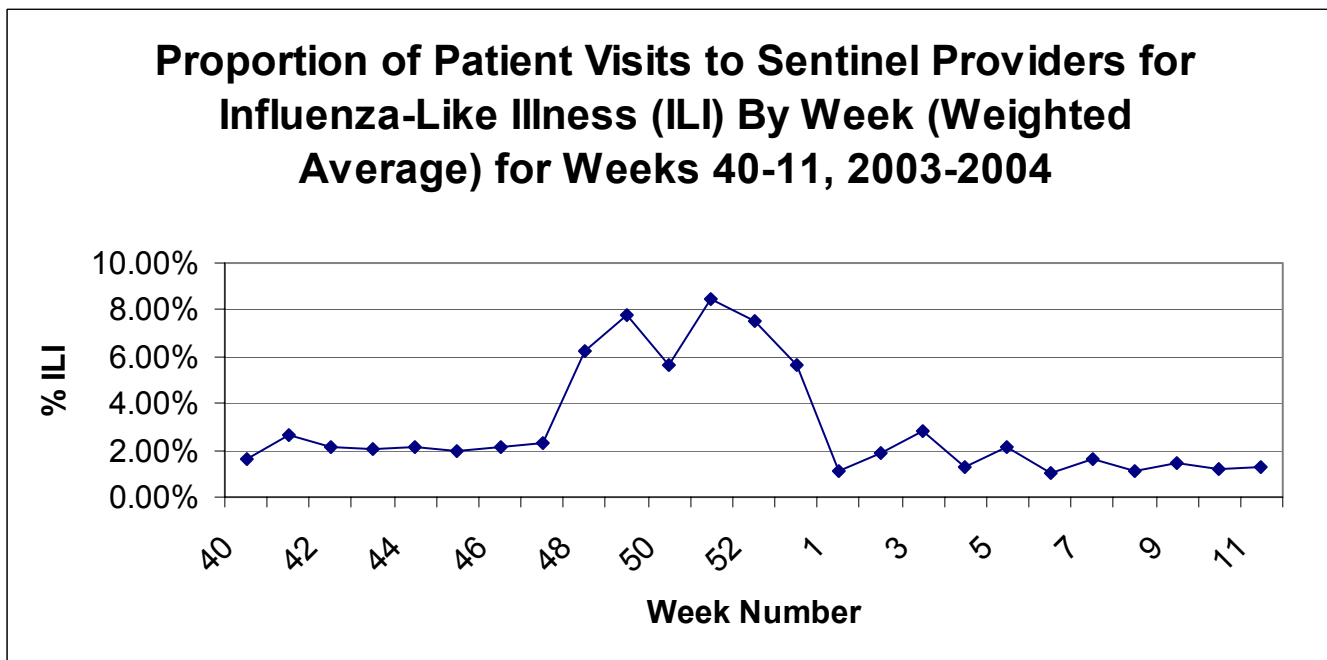


**Date:** March 26, 2004  
**To:** Health Care Provider  
**From:** Salena Savarda, BS, Surveillance Coordinator  
**Subject:** Influenza Report for Week 10-11 (March 7-20, 2004)

During the two week period (March 7- 20) the proportion (weighted average) of patient visits to sentinel providers for influenza-like illness (ILI) overall averaged **1.23%** (range 1.18%-1.28%). This is below the national baseline of 2.5%. **Criteria for inclusion as a case of Influenza-Like Illness are fever  $\geq 100^{\circ}\text{F}$  ( $37.8^{\circ}\text{C}$ ) and cough or sore throat.** The proportion of mortality due to pneumonia and influenza (P&I) in Clark County during weeks 10-11 averaged **7.07%**. The national P&I mortality average for this time period was 7.3%, which is below the epidemic threshold of 8.3% for these weeks. The proportion of ILI cases by week in Clark County for weeks 40-11 of the 2003-2004 surveillance season is presented in the following figure.



No new influenza cases have been reported in Clark County since January 30, 2004. However, on March 24, 2004, two culture confirmed cases of influenza B were reported in Northern Nevada. Of the 210 confirmed cases of influenza reported this season in Clark County, 179 were confirmed by an influenza rapid test. Sixty-six of these were results of a type of test which differentiates between influenza A & B, and all results were reported as influenza A except for one which was reported as influenza B. Thirty-one of our total cases this season were culture confirmed cases and all have been typed as influenza A. Twenty-nine of these thirty-one isolates were subtyped as influenza A (H3N2). Subtyping on one isolate is still pending and the second isolate was not typed. Of the thirty-one culture confirmed cases, one isolate was antigenically characterized by the Centers for Disease Control and Prevention as influenza A/Korea/770/2002-Like (H3N2). No new reports of influenza-related deaths have been confirmed by the OOE since week 53.

The Office of Epidemiology has had several requests from health care providers for an update on the current respiratory syncytial virus (RSV) cases in the community. Twenty-two cases of RSV were reported in week 12. At 153 cases, week 5 remains the peak week for cases reported so far this season. Health care providers are reminded that RSV is one of the diseases included in the Nevada Administrative Code that are required to be reported to the local health authority. Any case of RSV should be reported to the Office of Epidemiology. The following table lists the number of RSV cases in Clark County for weeks 1-12 during 2002-2004.

**Number of RSV Cases Reported in Clark County for Weeks 1-12 during 2002-2004**

<b>Week Number</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
1	34	120	54
2	80	86	56
3	82	75	60
4	105	85	111
5	153	75	153
6	158	134	89
7	100	96	116
8	179	114	84
9	140	93	92
10	129	75	94
11	133	75	24
12	81	45	22

For the remainder of the surveillance season (April & May) we will be sending a monthly surveillance update in lieu of the biweekly update, given that Clark County ILI rates continue to stay below the CDC national baseline of 2.5%. The weekly updates will resume at the beginning of the 2004-2005 influenza surveillance season. However, if unusual influenza activity is detected, the medical community will be alerted as quickly as possible. Physicians and healthcare workers are reminded that any unusual occurrence or suspected outbreak should be reported to the Office of Epidemiology, 24 hours a day at 383-1378.

**References:**

- Centers for Disease Control and Prevention. <http://www.cdc.gov/flu/weekly/> March 26, 2004.

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](http://www.cchd.org/physician/physician_only.htm) for this and other health and bioterrorism related information.