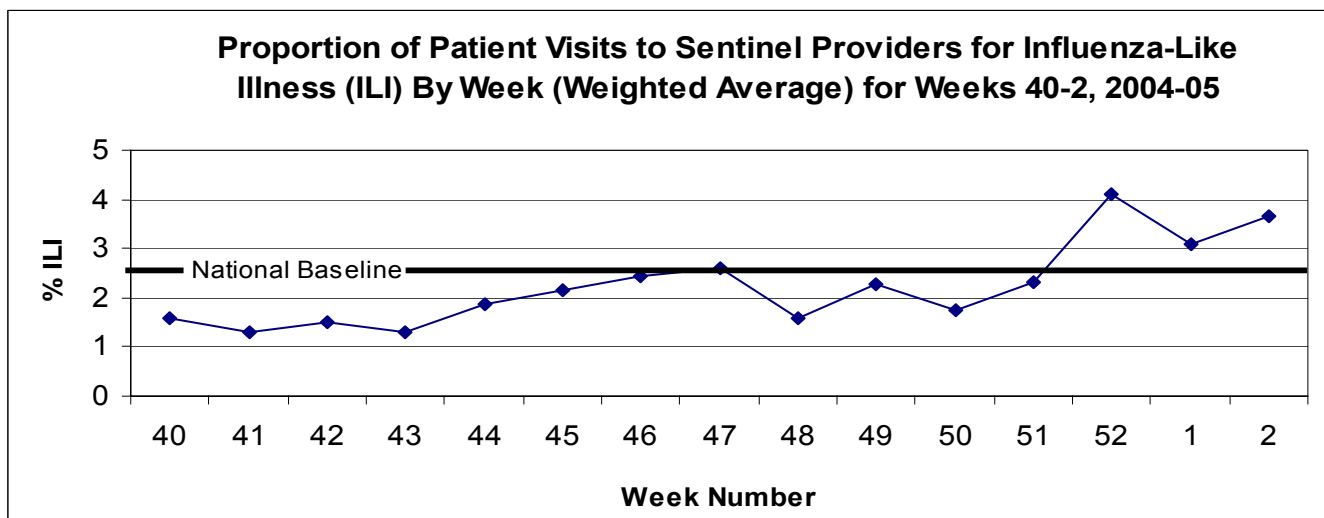


**Date:** January 21, 2005  
**To:** Health Care Provider  
**From:** Salena Savarda, BS, Epidemiologist II  
**Subject:** Influenza Report for Week 2 (Jan. 9-15, 2005)

Three hundred forty-four cases of influenza-like illness (ILI) were reported during week 2. **Criteria for inclusion as a case of ILI are fever  $\geq 100^{\circ}\text{F}$  ( $37.8^{\circ}\text{C}$ ) and cough or sore throat.** The proportion of patient visits to sentinel providers for ILI was **3.66%** (weighted average), which is above the national baseline of 2.5%. During week 2 the proportion of mortality due to pneumonia and influenza (P&I) in Clark County was **4.80%** and the national P&I mortality was 8.1%. The epidemic threshold for week 2 was 8.0%. The proportion of ILI cases by week in Clark County for weeks 40-2 of the 2004-2005 surveillance season reported by sentinel site surveillance is presented in the following figure:



Three new laboratory-confirmed cases of influenza have been reported to the Office of Epidemiology (OOE) during week 3. This brings the total to twenty-two confirmed cases of influenza that have been reported to the OOE this season in Clark County. Five of the nineteen cases were laboratory-confirmed as influenza B (3 cultures, 2 rapid antigen tests). Five of the nineteen cases were laboratory-confirmed as influenza A (2 cultures, 3 rapid antigen tests). The remaining twelve cases were laboratory-confirmed by a type of rapid test which does not differentiate between influenza A and B. **Nevada law (NAC 441A) requires that healthcare providers report all positive influenza tests (including rapid tests) to the local health authority.** Physicians and healthcare workers are reminded that any unusual occurrence of illness or suspected outbreak should be reported to the Office of Epidemiology. The 24-hour number for reporting is 759-1300.

The 2004-05 influenza vaccine includes A/Fujian/411/2002 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like, and B/Shanghai/361/2002-like antigens. Two Clark County influenza A cases were subtyped as A (H3N2) by the Nevada State Health Laboratory. Antigenic characterization on these two isolates is still pending. Two of the three influenza B isolates have been antigenically characterized as B/Sichuan/379/99-like, which is in the same Yamagata lineage as the B/Shanghai/361/2002. At this time it is uncertain if the two strains are closely enough related for the current vaccine to provide immunity to the Sichuan strain.

During week 2, syndromic surveillance and sentinel site surveillance continue to detect an elevation above baseline of ILI in the community. However, no outbreaks of influenza-like illness in healthcare facilities, retirement homes, or schools have been reported to the OOE thus far this season.

## **Avian Influenza Update**

On January 21, 2005, the World Health Organization issued an update stating that in Viet Nam, two brothers recently reported as suspected of having avian influenza infection (H5 virus subtype), have been laboratory confirmed. The first case, a 46-year-old resident of Thai Binh Province, developed symptoms on January 1 and died on January 9, 2005. His 42-year-old brother, a resident of Hanoi, developed symptoms on January 10, nine days after his brother fell ill. He remains hospitalized in Hanoi and is recovering. He is known to have provided bedside care for his brother, who was treated at the same hospital in Hanoi. The investigation surrounding the new cases is considering two hypotheses. The first one includes the possibility that the 42-year-old man may have acquired his infection directly from his brother. All evidence to date suggests that isolated instances of limited, unsustained human-to-human transmission can be expected from avian influenza viruses in humans. The second hypothesis is focusing on a possible direct source of poultry-to-human transmission. Preliminary findings point to a family meal in which a dish containing raw duck blood and raw organs was served. These latest two cases bring the total in Viet Nam since mid-December 2004 to eight. Of these, seven have died.

The occurrence of these two cases does not call for any change in the present level of pandemic alert. To date, most human cases linked to contact with poultry are thought to have acquired their infection following exposure to dead or diseased birds around households. Additional information on the current avian influenza situation in Asia can be accessed at [http://www.who.int/csr/don/2005\\_01\\_21/en/](http://www.who.int/csr/don/2005_01_21/en/).

### **References:**

1. Centers for Disease Control and Prevention. <http://www.cdc.gov/ncidod/diseases/flu/weekly.htm>  
January 21, 2005
2. World Health Organization. [http://www.who.int/csr/don/2005\\_01\\_21/en/](http://www.who.int/csr/don/2005_01_21/en/)

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.

Health care providers wishing to participate in the ongoing Clark County Health District Influenza Surveillance Program should contact Salena Savarda, Surveillance Coordinator, at (702) 759-1300.