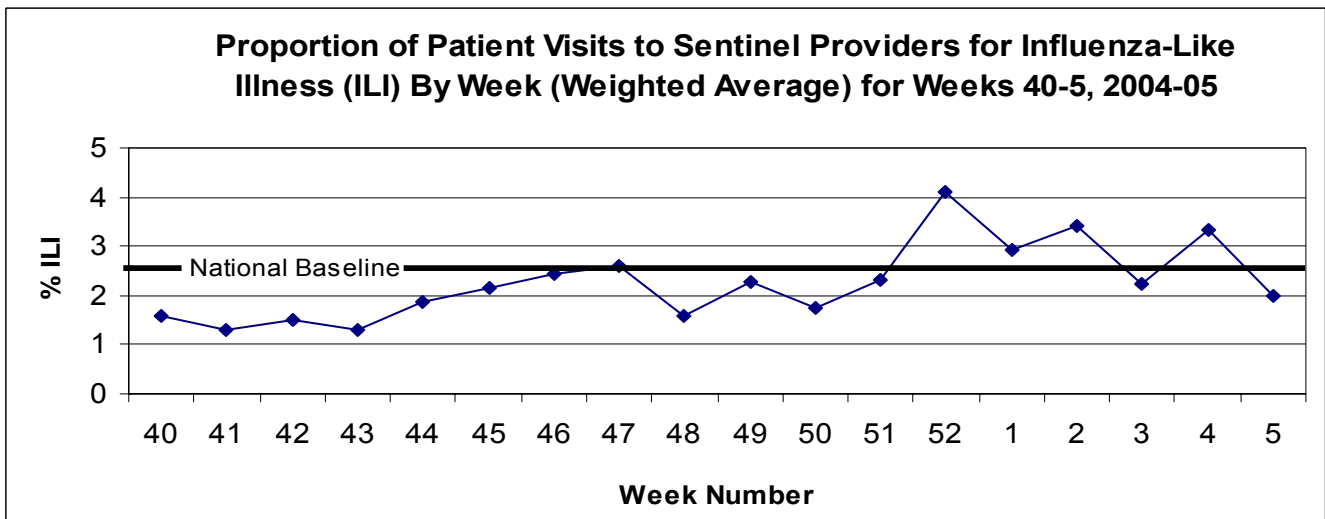


Date: February 11, 2005
To: Health Care Provider
From: Salena Savarda, BS, Epidemiologist II
Subject: Influenza Report for Week 5 (January 30- February 5, 2005)

The proportion of patient visits to sentinel providers for influenza-like illness (ILI) during week 5 was **2.01%** (weighted average), which is below the national baseline of 2.5%. **Criteria for inclusion as a case of ILI are fever $\geq 100^{\circ}\text{F}$ (37.8°C) and cough or sore throat.** During week 5 the proportion of mortality due to pneumonia and influenza (P&I) in Clark County was **8.54%** and the national P&I mortality was 7.8%. The epidemic threshold for week 5 is 8.2%. The proportion of ILI cases by week in Clark County for weeks 40-5 of the 2004-2005 surveillance season reported by sentinel site surveillance is presented in the following figure:



Fourteen new laboratory-confirmed cases of influenza have been reported to the Office of Epidemiology (OOE) during week 6. This brings the total to sixty-four confirmed cases of influenza that have been reported to the OOE this season in Clark County. Twelve of the sixty-four cases were laboratory-confirmed as influenza B (7 cultures, 5 rapid antigen tests). Nine of the sixty-four cases were laboratory-confirmed as influenza A (6 cultures, 3 rapid antigen tests). The remaining forty-three 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. A breakdown of the isolates identified circulating in Clark County thus far in the 2004-05 influenza season by type, subtype and antigenic characterization is presented in Table 1. All subtyping and antigenic characterization was conducted by the Nevada State Health Laboratory.

Table 1. Number of Isolates by Type, Subtype and Antigenic Characterization

Number of Isolates	Type	Subtype	Antigenic Characterization
5	A	H3N2	Pending
1	A	Pending	
2	B		B/Sichuan/379/99-like
1	B		B/HongKong/330/2001-like
2	B		B/Shanghai/361/2002-like
2	B		Pending

Respiratory Syncytial Virus Update

One hundred and thirty-six cases of respiratory syncytial virus (RSV) were reported in week 6. At 174 cases, week 1 remains the peak week for cases reported so far this season. The patterns of RSV cases reported in Clark County this season are not unusual given the fluctuating nature of this disease. The CDC reports that in temperate climates, RSV infections usually occur during annual community outbreaks, during the late fall, winter, or early spring months. Table 2 lists the number of RSV cases in Clark County for weeks 1-6 during 2003 -2005.

Table 2. Number of RSV Cases Reported in Clark County for Weeks 1-6 during 2003-2005

Week Number	2003	2004	2005
1	120	54	174
2	86	56	85
3	75	60	73
4	85	111	100
5	75	153	143
6	134	89	136

References:

- Centers for Disease Control and Prevention. <http://www.cdc.gov/flu/weekly/> February 11, 2005.
- Centers for Disease Control and Prevention. <http://www.cdc.gov/ncidod/dvrd/revb/respiratory/rsvfeat.htm>

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.

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