

Current Situation

Reports of positive rapid influenza tests are still being received, although the number decreased throughout January. This decrease is expected as hospitals and clinics deplete their supply of rapid tests.

The proportion of patient visits to sentinel providers for influenza-like illness (ILI) during week the week ending January 14th was 1.2% (weighted average). Nationally, 2.71% of patient visits to sentinel providers were for ILI, which is below the national baseline. Criteria for inclusion as a case of ILI are fever of 100°F and cough or sore throat.

The proportion of mortality due to pneumonia and influenza (P&I) in Clark County was 9.4% for the week ending January 14th (week 2) The national P&I mortality was 7.8% for week 52, with the national threshold for influenza outbreaks being 8.1%.

Nationally, 97% of all isolates tested were influenza A, with over 99% of the influenza A isolates being subtyped as H3N2. Fifty-four of 65 A(H3N2) viruses characterized by the Centers for Disease Control and Prevention (CDC) were characterized as A/California/07/2004-like, which is a component of this year's vaccine. Eleven of the A(H3N2) isolates characterized showed reduced titers with antisera produced against A/California/07/2004. One of eight influenza B isolates have been characterized as being similar to B/Shanghai/361/2002, a component of this year's vaccine, and 7 were characterized as being similar to B/Florida/07/2004, which is a minor anti-

genic variant of the Shanghai strain.

The majority of rapid tests performed in Clark County are of a type that cannot distinguish influenza A from influenza B. Cultures are pending on a number of influenza isolates received by the in late-December and mid-January; eleven specimens submitted have been subtyped as H3N2. Antigenic characterization of the H3N2 isolates is not yet available.

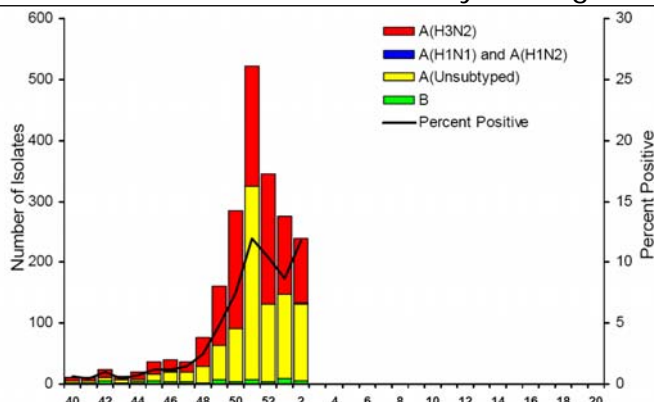
Analysis

Over the past two weeks, influenza activity has significantly decreased in southern Nevada, as well as throughout the western states. Although slight decreases are usually seen during January, this decrease is more than is expected. It is unlikely that this decrease in influenza is indicative of the end of influenza season; typically a decrease in influenza is seen in January, followed by increases throughout February, with the season ending in late April or early May.

Local emergency rooms are still reporting long delays, although this can be attributed to a surge in the number of mental health, and not influenza, patients. The number of mental health patients seeking care at emergency rooms has been steadily increasing since the beginning of the year.

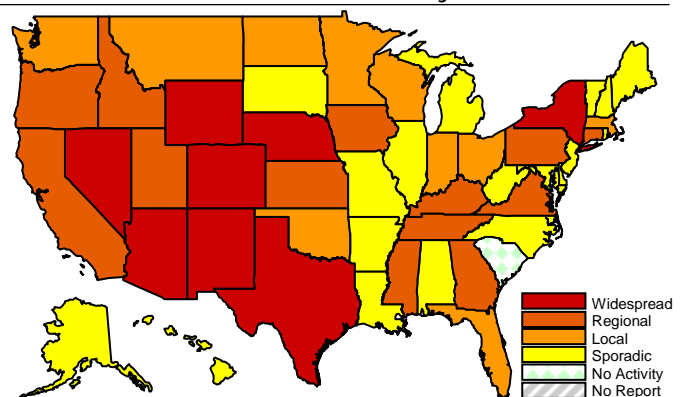
Nationally, as western states have seen a decrease in influenza activity, eastern states have seen an increase in influenza activity. New York is the first state east of the Mississippi river to report widespread influenza activity.

Chart 1. National Laboratory Testing



Source: World Health Organization And National Respiratory and Enteric Virus Surveillance System Collaborating Laboratories

Chart 2. National Flu Activity—Week 2



Source: Centers for Disease Control and Prevention: www.cdc.gov/flu