

Influenza Surveillance for the 2002-03 Season – October 2002

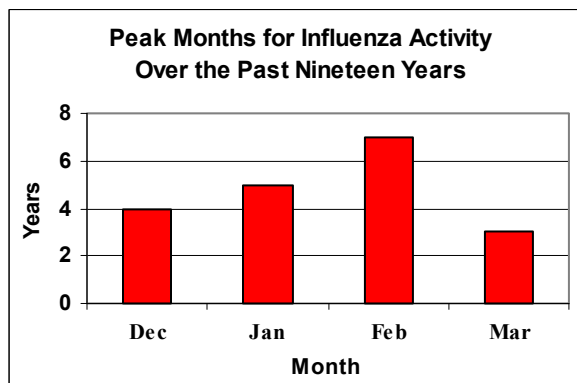
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Thirty-seven sentinel sites, including twenty-two schools, enrolled in the Clark County Health District (CCHD) Influenza Surveillance Program this season. This program is part of the Centers for Disease Control and Prevention (CDC) U.S. Influenza Sentinel Physicians Surveillance Network. The network enables CDC to determine when influenza viruses are circulating, identify circulating strains, detect changes in the viruses, and monitor the impact of influenza on overall U.S. mortality and morbidity.

The primary goal of the program is to monitor influenza-like-illness (ILI). **Criteria for inclusion as a case of ILI are fever $\geq 100^{\circ}\text{F}$ (37.8°C) and cough or sore throat.**

Approximately 700 health care providers in various areas of the country are serving as CDC sentinel sites. Although CDC does not include schools as sentinel sites, schools participate in the CCHD program. Thus numbers reported by CDC for Nevada will differ from reports disseminated locally by CCHD. Last season, an average of forty-five sentinel sites (including schools) participated in the CCHD program.

According to the CDC, approximately 114,000 people in the United States are hospitalized and 20,000 people die from influenza related complications yearly. In the U.S., the influenza season typically ranges from November through March. The following graph shows the months with peak influenza activities during the past nineteen influenza seasons.



Influenza outbreaks take place year-round. A notable influenza outbreak began in June 2002 in Madagascar. The World Health Organization (WHO) reported 22,646 cases of influenza and 671 deaths from influenza complications since the outbreak started.

The Pasteur Institute of Madagascar and WHO laboratories demonstrated that the circulating influenza virus in the June outbreak is A/Panama/2007/99(H3N2). This particular influenza strain has been circulating in the northern and southern hemispheres for years and has been frequently identified in Clark County. In the 2001-2002 influenza surveillance season, all but one influenza A isolates from Clark County that were subtyped at the Nevada State Health Laboratory were A/Panama/2007/99(H3N2).

The influenza strain circulating in Madagascar is included in the upcoming influenza vaccine for the 2002-2003 season in the northern hemisphere. The 2002-03 trivalent vaccine will consist of

- A/Panama/2007/99 (H3N2)
(an A/Moscow/10/99-like virus)
- A/New Caledonia/20/99 (H1N1)
- B/Hong Kong/330/01-like virus strain

The vaccine can be administered before or during the influenza season. While the best time to receive the vaccine is October or November, vaccine given in December or later may still confer protection against influenza. The CDC recommends influenza vaccine for the following groups because they are at high risk of becoming severely ill if infected with influenza.

High Risk of Severe Illness

- 65 years old or older
- Children 6 to 23 months old
- Adults and children with a chronic health condition
- Persons more than 3 months pregnant during the influenza season

Influenza vaccine is also recommended for persons in the following categories because they have frequent contacts with persons in high-risk groups and can transmit influenza to them.

Can Give Influenza to Those at High Risk

- Health care workers
- Household contact or care-giver of someone at high risk
- Household contact or care-giver of a child under 2 years old

Confirmed cases of influenza should be reported to the Clark County Health District Office of Epidemiology at
Phone: (702) 383-1378 or
Fax: (702) 383-4936.

**When You See Unusual
 Think
 Outbreak!**

CLARK COUNTY SELECTED REPORTABLE DISEASES– SEPTEMBER 2002

Disease	Cases Reported		Year To Date	
	Sept. 2001	Sept. 2002	Sept. 2001	Sept. 2002
Campylobacteriosis	12	8	112	88
Coccidioidomycosis	1	6	18	29
E. coli O157:H7	1	0	5	11
Giardiasis	18	16	96	76
Hepatitis A	3	2	43	17
Hepatitis B	4	6	28	33
Influenza	0	0	28	59
Legionellosis	0	1	3	3
Measles	0	0	1	1
Meningitis, Aseptic/Viral	12	17	52	75
Meningitis, Bacterial	1	2	15	20
Meningococcal Disease	2	0	6	14
Mumps	1	1	3	3
Respiratory Syncytial Virus (RSV)	21	35	1298	1829
Rotavirus	22	4	376	337
Salmonellosis	17	15	110	136
Shigellosis	14	8	51	27
Tuberculosis	7	8	53	45