



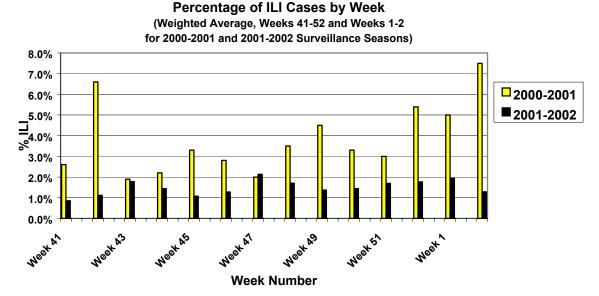
Date: January 18, 2002 To: Health Care Provider

From: Linh Nguyen, MPH, Epidemiologist

Subject: Influenza Report for Week 2 (January 6-12, 2002)

Criteria for inclusion as a case of Influenza-Like Illness (ILI) are fever ≥100°F (37.8°C) and cough or sore throat. Health care providers wishing to participate in the ongoing Clark County Health District (CCHD) Influenza Surveillance Program should contact Linh Nguyen, Surveillance Coordinator, at (702) 383-1378.

One hundred forty-six cases of ILI were reported during week 2. The weighted average over the twelve reporting sites was **1.3%**. The national baseline for the overall proportion of patient visits to sentinel physicians for ILI was 1.9%. The percentage of deaths attributed to pneumonia and influenza (P&I) in Las Vegas was **8.0%**. The national P&I mortality for week 2 is not yet available. The percentages of ILI cases in Clark County for weeks 41-52 and weeks 1-2 for the 2000-2001, as compared to the 2001-2002 season, are presented in the following figure.



A nasopharyngeal specimen submitted previously to the Nevada State Health Laboratory was positive for influenza A(H3N2). Influenza A and B viruses are the major causes of influenza epidemics. Influenza A viruses are classified into subtypes on the basis of two surface antigens: hemagglutinin (H) and neuraminidase (N). Although both influenza A and B viruses undergo continual antigenic drift, influenza B viruses undergo change more slowly and are not subtyped. This year's influenza vaccine includes A/New Caledonia/20/99(H1N1)-like, A/Moscow/10/99(H3N2)-like, and B/Sichuan/379/99-like inactivated viruses. Influenza vaccine does not protect against influenza C, which causes a mild respiratory illness and is not thought to cause epidemics.

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.