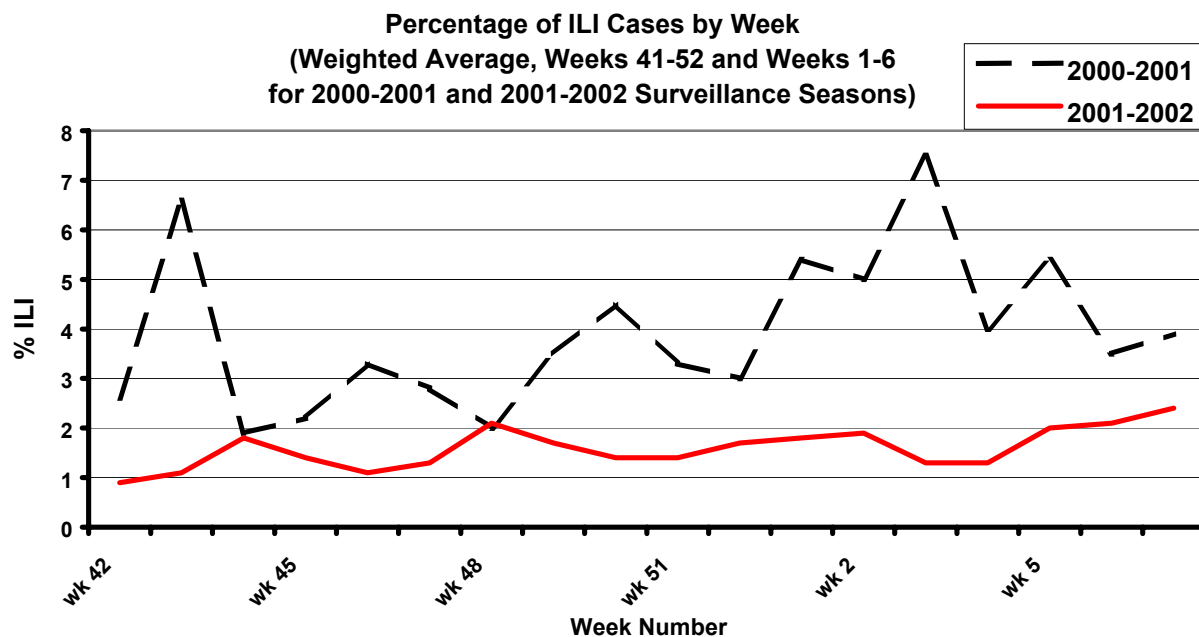


Date: February 15, 2002
 To: Health Care Provider
 From: Linh Nguyen, MPH, Epidemiologist
 Subject: Influenza Report for Week 6 (February 3-9, 2002)

Criteria for inclusion as a case of Influenza-Like Illness (ILI) are fever $\geq 100^{\circ}\text{F}$ (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.

Two hundred and forty-four cases of ILI were reported during week 6. The weighted average over the twelve reporting sites was **2.4%**. Nationwide, the overall proportion of patient visits to sentinel physicians for ILI was 3.0%, which was above the national baseline of 1.9%. The percentage of deaths attributed to pneumonia and influenza (P&I) in Las Vegas was **5.6%**. The national P&I mortality for week 6 was 7.4%, which was below the epidemic threshold of 8.3%. The percentages of ILI cases in Clark County for weeks 41-52 and weeks 1-6 for the 2000-2001 season, as compared to the 2001-2002 season, are presented in the following figure.



The Centers for Disease Control and Prevention, in conjunction with the Wisconsin Division of Public Health and the Wisconsin State Laboratory of Hygiene have identified an unusual influenza virus isolated from a six year-old patient. This influenza virus, named A/Wisconsin/12/2001(H1N2), appeared to have resulted from the combination or “re-assortment” of the genes of the currently circulating influenza strains of influenza A. This process of re-assortment of influenza viruses occurs naturally and the appearance of other influenza A (H1N2) viruses has been reported previously in China in 1988-89. At the time, the viruses did not spread further than China; however, on February 6, 2002, the World Health Organization reported influenza A(H1N2) viruses in human specimens from England, Israel and Egypt. Because the current influenza vaccine contains strains with both H1 and N2 proteins similar to those in the new strain, the current vaccine should provide good protection against the new A(H1N2) viruses. An increase in disease has not been associated with these viruses, and at this time, it is uncertain if A(H1N2) will persist and circulate widely.

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.