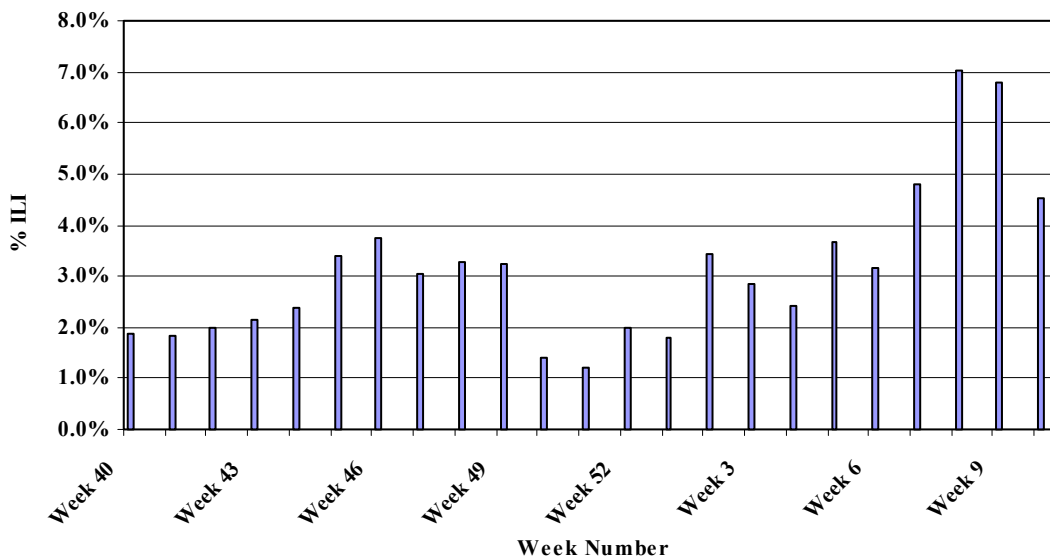


Date: March 14, 2003
To: Health Care Provider
From: Linh Nguyen, MPH, Epidemiologist
Subject: Influenza Report for Week 10 (March 2-8, 2003)

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.

Eighty-one cases of ILI were reported during week 10. The weighted average over the six reporting sites was **4.5%**, which is above the national baseline of 1.9%. The percentage of deaths attributed to pneumonia and influenza (P&I) in Las Vegas was **7.3%**. The national P&I mortality for week 10 is not yet available. The national P&I mortality for week 9 was 8.1%.

**Percentage of Influenza-Like Illnesses (ILI) Cases By Week
 Weighted Average, Weeks 40-52, 2002 and Weeks 1-10, 2003**



The World Health Organization (WHO) and the Centers for Disease Control and Prevention are working together to investigate outbreaks of atypical pneumonia as described in the attached "Health Update". These outbreaks have occurred in Hong Kong Special Administrative Region of China, Viet Nam, and Guangdong province in China. The outbreaks in Viet Nam and Hong Kong SAR appear to be confined to the hospital environment, with hospital staff caring for patients having the highest risk for severe respiratory illness. Clark County health care providers should take appropriate precautions when treating patients presenting with atypical pneumonia who have recently been in the Far East. Such cases should be reported to the CCHD Office of Epidemiology at (702) 383-1378.

This is an official

CDC Health Update

**Acute respiratory syndrome in Hong Kong Special Administrative Region of China, Viet Nam
Disease Outbreak Reported**

Cases of severe respiratory illness may spread to hospital staff

PRESS RELEASE ISSUED BY WHO

12 March 2003 | GENEVA -- Since mid February, WHO has been actively working to confirm reports of outbreaks of a severe form of pneumonia in Viet Nam, Hong Kong Special Administrative Region (SAR), China, and Guangdong province in China.

In Viet Nam the outbreak began with a single initial case who was hospitalized for treatment of severe, acute respiratory syndrome of unknown origin. He felt unwell during his journey and fell ill shortly after arrival in Hanoi from Shanghai and Hong Kong SAR, China. Following his admission to the hospital, approximately 20 hospital staff became sick with similar symptoms.

The signs and symptoms of the disease in Hanoi include initial flu-like illness (rapid onset of high fever followed by muscle aches, headache and sore throat). These are the most common symptoms. Early laboratory findings may include thrombocytopenia (low platelet count) and leucopenia (low white blood cell count). In some, but not all cases, this is followed by bilateral pneumonia, in some cases progressing to acute respiratory distress requiring assisted breathing on a respirator. Some patients are recovering but some patients remain critically ill.

Today, the Department of Health Hong Kong SAR has reported on an outbreak of respiratory illness in one of its public hospitals. As of midnight 11 March, 50 health care workers had been screened and 23 of them were found to have febrile illness. They were admitted to the hospital for observation as a precautionary measure. In this group, eight have developed early chest x-ray signs of pneumonia. Their conditions are stable. Three other health care workers self-presented to hospitals with febrile illness and two of them have chest x-ray signs of pneumonia.

Investigation by Hong Kong SAR public health authorities is on-going. The Hospital Authority has increased infection control measures to prevent the spread of the disease in the hospital. So far, no link has been found between these cases and the outbreak in Hanoi.

In mid February, the Government of China reported that 305 cases of atypical pneumonia, with five deaths, had occurred in Guangdong province. In two cases that died, chlamydia infection was found. Further investigations of the cause of the outbreak is ongoing. Overall the outbreaks in Hanoi and Hong Kong SAR appear to be confined to the hospital environment. Those at highest risk appear to be staff caring for the patients.

No link has so far been made between these outbreaks of acute respiratory illness in Hanoi and Hong Kong and the outbreak of 'bird flu,' A(H5N1) in Hong Kong SAR reported on 19 February. Further investigations continue and laboratory tests on specimens from Viet Nam and Hong Kong SAR are being studied by WHO collaborating centers in Japan and the United States.

Until more is known about the cause of these outbreaks, WHO recommends patients with atypical

pneumonia who may be related to these outbreaks be isolated with barrier nursing techniques. At the same time, WHO recommends that any suspect cases be reported to national health authorities.

WHO is in close contact with relevant national authorities and has also offered epidemiological, laboratory and clinical support. WHO is working with national authorities to ensure appropriate investigation, reporting and containment of these outbreaks.

For more information contact:

Dick Thompson - Communication Officer

Communicable Disease Prevention, Control and Eradication WHO, Geneva

Telephone: (+41 22) 791 26 84

Email: thompsond@who.int <mailto:thompsond@who.int>

http://www.who.int/csr/don/2003_03_12/en/print.html

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.

Each year from October through May, the Centers for Disease Control provide weekly updates on U.S. influenza activity. The information is online at: <http://www.cdc.gov/ncidod/diseases/flu/weekly.htm>