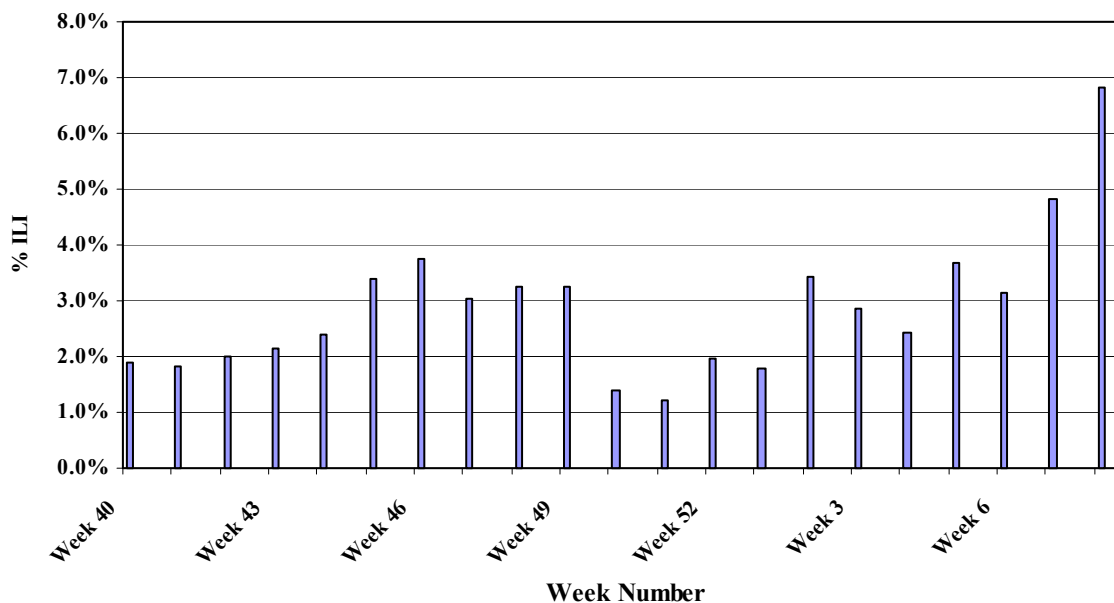


**Date:** February 28, 2003  
**To:** Health Care Provider  
**From:** Linh Nguyen, MPH, Epidemiologist  
**Subject:** Influenza Report for Week 8 (February 16-22, 2003)

**Criteria for inclusion as a case of Influenza-Like Illness (ILI) are fever  $\geq 100^{\circ}\text{F}$  ( $37.8^{\circ}\text{C}$ ) 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.

Three hundred and thirty-two cases of ILI were reported during week 8. The weighted average over the eight reporting sites was **6.8%**, which is above the national baseline of 1.9%. The percentage of deaths attributed to pneumonia and influenza (P&I) in Las Vegas was **6.0%**. The national P&I mortality for week 8 is not yet available. The national P&I mortality for week 7 was 7.3%.

**Percentage of Influenza-Like Illnesses (ILI) Cases By Week  
 Weighted Average, Weeks 40-52, 2002 and Weeks 1-8, 2003**



The Department of Health in Hong Kong recently confirmed two human cases, one of whom died, of influenza virus A(H5N1). This influenza subtype was usually found only in birds. However, according to the World Health Organization, this strain of influenza crossed the species barrier and caused the “1997 Avian Flu A(H5N1)” outbreak in Hong Kong. In that outbreak, eighteen people were hospitalized, six of whom died, because of infection with influenza virus A(H5N1). Until now, no new infection with A(H5N1) in humans had been found since health officials in Hong Kong ordered all chickens in the area (over one million) to be slaughtered in 1997.

In response to the reports of the cases referenced above, the Centers for Disease Control and Prevention have issued the following recommendations for enhanced influenza

surveillance to rapidly identify an importation of influenza A (H5N1) into the United States from Asia:

- Travelers from Asia who develop influenza-like-illnesses should be evaluated and respiratory specimens sent for viral isolation.
- Health care providers are requested to perform viral culture on all patients meeting **both** of the following criteria:
  1. Patient hospitalized with unexplained pneumonia, acute respiratory distress syndrome (ARDS), or severe respiratory illness, and
  2. Travel to Asia within 10 days from onset of symptoms.

**All such patients should be tested for influenza virus infection by viral culture of nasopharyngeal and throat swabs. For further typing or subtyping of viruses, or for questions on specimen submission, please call the Clark County Health District Office of Epidemiology at (702) 383-1378.**

Note: ILI sentinel site participants are encouraged to perform influenza testing on suspected cases using influenza test kits provided at the beginning of the surveillance season.

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](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>