

Date: December 5, 2003
To: Health Care Provider
From: Salena Savarda, BS, Epidemiologist II
Subject: Influenza Report for Weeks 47-48 (Nov. 16-29, 2003)

During the two-week period (Nov.16-29) the proportion (weighted average) of patient visits to sentinel providers for influenza-like illness (ILI) overall was 4.56%. This is above the national baseline of 2.5%. **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.** The percentage of deaths attributed to pneumonia and influenza (P&I) in Clark County for weeks 47-48 was an average of **7.2%**. The national P&I mortality for this period was 6.5%.

Nine confirmed cases of influenza have been reported to the Office of Epidemiology (OOE) this season in Clark County. Six of the nine were confirmed by a type of rapid test which detects influenza A and B, but does not differentiate between the two. The other three cases were confirmed from throat culture isolates. All three isolates were subtyped as A(H3N2) by the Nevada State Public Health Laboratory. **The Nevada Administrative Code requires that healthcare providers report all positive influenza tests (including rapid tests) to the local health authority.**

Early information from the Centers for Disease Control and Prevention (CDC) regarding the evaluation of the currently circulating strains indicates that nationally, a high proportion of flu this year is of the strain A(H3N2). Antigenic strain characterization has revealed that 29% of the specimens were similar antigenically to the vaccine strain A/Panama/2007/99 (H3N2), and 71% were similar to the drift variant, A/Fujian/411/2002 (H3N2). However, CDC is stating that animal studies suggest that the vaccine will still provide cross-protection. The likelihood of cross-protection provided by the vaccine coupled with the possibility of severe illness, has prompted the CDC to continue recommending persons get vaccinated against influenza. Healthcare providers can access influenza vaccination educational and promotional materials on the CDC's website at <http://www.cdc.gov/nip/flu/providerkit.htm> Health care providers wishing to participate in the ongoing Clark County Health District Influenza Surveillance Program should contact Salena Savarda, Surveillance Coordinator, at (702) 383-1378.

There is concern that Severe Acute Respiratory Syndrome (SARS) may reemerge this winter during influenza season. Since there currently is no rapid diagnostic test for this illness, detection of the first sentinel cases of SARS will depend on astute clinicians. CDC is recommending that healthcare providers aim to identify people hospitalized with CXR-confirmed pneumonia or acute respiratory distress syndrome without identifiable etiology and who have a history of one of the risk factors listed below in the 10 days before the onset of illness. To serve as a quick reference guide, the Office of Epidemiology has designed a poster (attached) with these four key risk factors:

1. Travel to mainland China, Hong Kong, or Taiwan
2. Close contact with ill persons who have recently traveled to mainland China, Hong Kong, or Taiwan
3. Employment in an occupation associated with a risk for SARS-CoV exposure (e.g. healthcare worker, with direct patient contact; worker in a laboratory that contains live SARS-CoV)
4. Part of a cluster of cases of atypical pneumonia without an alternative diagnosis

Infection control practitioners and other healthcare personnel should also be on the alert for clusters of pneumonia among two or more healthcare workers who work in the same facility. An algorithm for the evaluation and management of patients requiring hospitalization for radiographically confirmed pneumonia, in the absence of SARS-CoV disease activity worldwide, is attached to this newsletter.

Please report the following to the Office of Epidemiology at 383-1378:

- **All persons requiring hospitalization for radiographically confirmed pneumonia who report at least one of the four risk factors for exposure to SARS-CoV.**
- **Any clusters of unexplained pneumonia, especially among healthcare workers.**
- **Any positive SARS-CoV test result.**

1. **Reference:** Centers for Disease Control and Prevention. <http://www.cdc.gov/ncidod/sars/absenceofsars.htm> December 3, 2003.
2. **Reference:** Centers for Disease Control and Prevention. <http://www.cdc.gov/od/oc/media/transcripts/t031117.htm> November 17, 2003.
3. **Reference:** Centers for Disease Control and Prevention. <http://www.cdc.gov/ncidod/sars/diagnosis.htm>.

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>