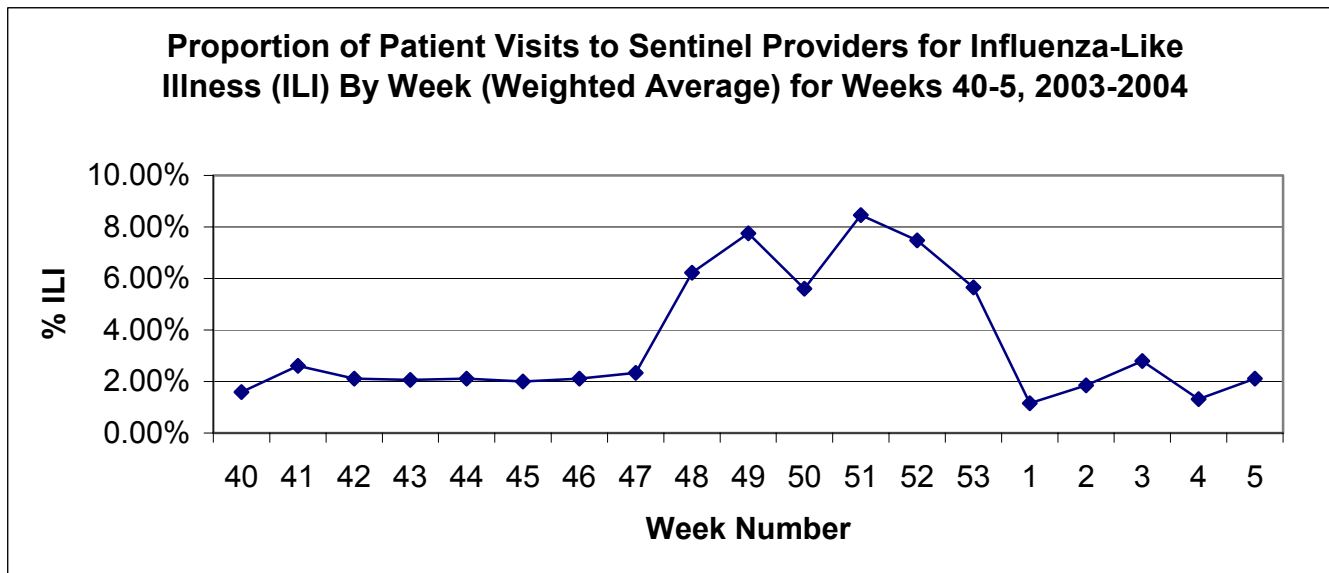


Date: February 13, 2004
To: Health Care Provider
From: Salena Savarda, BS, Surveillance Coordinator
Subject: Influenza Report for Week 5 (February 1-7, 2004)

One hundred and ninety-two cases of Influenza-like illness (ILI) were reported during week 5. **Criteria for inclusion as a case of ILI are fever $\geq 100^{\circ}\text{F}$ (37.8°C) and cough or sore throat.** The proportion of patient visits to sentinel providers for ILI was **2.11%** (weighted average), which is below the national baseline of 2.5%. The percentage of deaths attributed to pneumonia and influenza (P&I) in Las Vegas was **8.86%**. The national P&I mortality for week 5 was 8.7%, which exceeds the epidemic threshold of 8.3%. The proportion of ILI cases by week in Clark County for weeks 40-5 of the 2003-2004 surveillance season is presented in the following figure.



To date this season, two hundred and ten confirmed cases of influenza have been reported to the Office of Epidemiology (OOE) in Clark County. No new influenza cases have been reported since January 30, 2004. One hundred and seventy-nine of these cases were confirmed by an influenza rapid test. Sixty-six of these were results of a type of test which differentiates between influenza A & B, and all results were reported as influenza A except for one which was reported as influenza B. Thirty-one of our total cases this season were culture confirmed cases and all have been typed as influenza A. Twenty-nine of these thirty-one isolates were subtyped as influenza A (H3N2). Subtyping on one isolate is still pending and the second isolate was not available. Of the thirty-one culture confirmed cases, one isolate was antigenically characterized by the Centers for Disease Control and Prevention (CDC) as influenza A/Korea/770/2002-Like (H3N2). No new reports of influenza-related deaths have been confirmed by the OOE since week 53.

Although ILI surveillance reports a slight increase during week 5, increases in influenza often overlap with increases of respiratory syncytial virus (RSV). RSV is the most common cause of serious respiratory infections (mostly bronchiolitis and pneumonia) in infants and young children. Up to 126,300 children are hospitalized annually in the United States for bronchiolitis or pneumonia. The CDC reports that annual RSV infections typically occur in late fall, winter and early spring with epidemics peaking in February. In Clark

County there has been a steady increase in the number of RSV cases reported since week 1. The following table illustrates the number of RSV cases in Clark County for weeks 1-6 during 2002 -2004.

Number of RSV Cases Reported in Clark County for Weeks 1-6 during 2002-2004

Week Number	2002	2003	2004
1	34	120	54
2	80	86	56
3	82	75	60
4	105	85	111
5	153	75	153
6	158	134	89

RSV is unstable in the environment, surviving only a few hours on environmental surfaces, and is readily inactivated with soap and water and disinfectants. Frequent handwashing and not sharing items such as cups, glasses, and utensils with persons who have RSV illness should decrease the spread of virus to others. Excluding children with colds or other respiratory illnesses (without fever) who are well enough to attend child care or school settings will probably not decrease the transmission of RSV, since it is often spread in the early stages of illness. In a hospital setting, RSV transmission can be prevented by strict attention to contact precautions, such as handwashing and wearing gowns and gloves. Guidelines for preventing nosocomial pneumonia, including pneumonia caused by RSV and influenza, can be accessed at <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00045365.htm>

References:

1. Centers for Disease Control and Prevention. <http://www.cdc.gov/flu/weekly/> February 13, 2004.
2. Centers for Disease Control and Prevention. <http://www.cdc.gov/ncidod/dvrd/revb/respiratory/rsvfeat.htm>
3. Centers of Disease Control and Prevention. <http://www.cdc.gov/ncidod/aip/research/rsv.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.

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