During the two week period (February 22- March 6) the proportion (weighted average) of patient visits to sentinel providers for influenza-like illness (ILI) overall averaged 1.29% (range 1.14%-1.43%). This is below the national baseline of 2.5%. Criteria for inclusion as a case of Influenza-Like Illness are fever $\geq 100^\circ F$ (37.8°C) and cough or sore throat. The proportion of mortality due to pneumonia and influenza (P&I) in Clark County during weeks 8-9 averaged 7.72%. The national P&I mortality average for this time period was 7.5%, which is below the epidemic threshold of 8.3% for these weeks. The proportion of ILI cases by week in Clark County for weeks 40-9 of the 2003-2004 surveillance season is presented in the following figure.

No new influenza cases have been reported since January 30, 2004. Of the 210 confirmed cases of influenza reported earlier this season, 179 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 typed. Of the thirty-one culture confirmed cases, one isolate was antigenically characterized by the Centers for Disease Control and Prevention as influenza A/Korea/770/2002-Like (H3N2). No new reports of influenza-related deaths have been confirmed by the OOE since week 53.

References:


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.