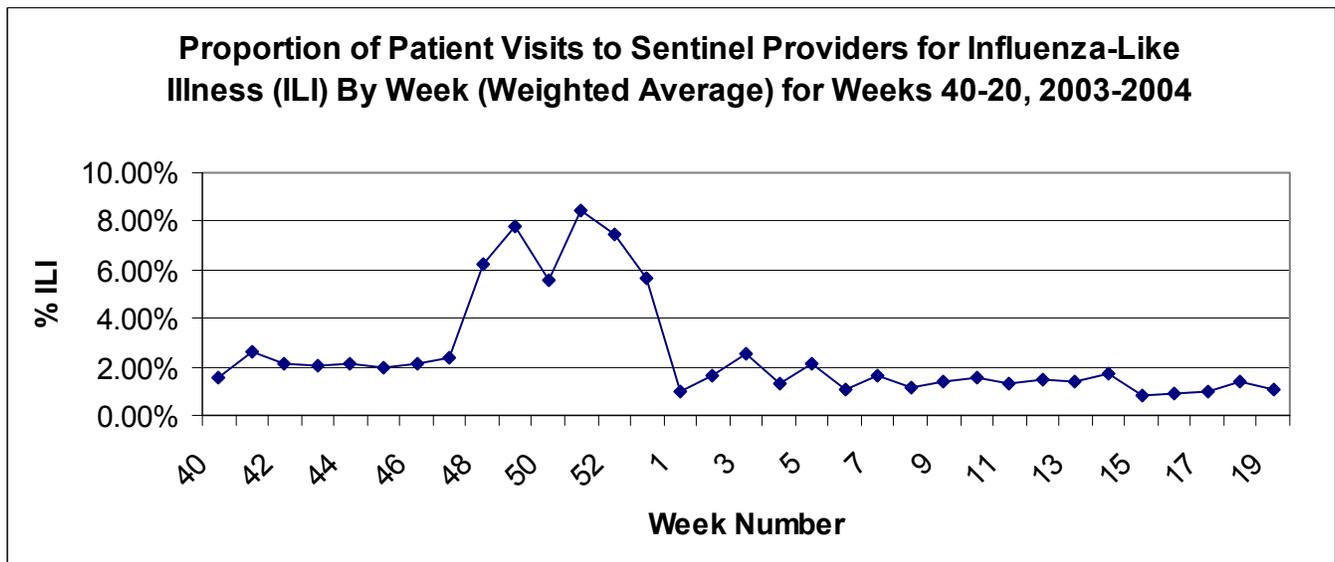


Date: May 28, 2004
To: Health Care Provider
From: Salena Savarda, BS, Surveillance Coordinator
Subject: Influenza Report for Weeks 17-20 (April 25- May 22, 2004)

During the four week period (April 25- May 22) the proportion (weighted average) of patient visits to sentinel providers for influenza-like illness (ILI) overall averaged **0.82%** (range 0.5%-1.36%). This is below the national baseline of 2.5%. **Criteria for inclusion as a case of Influenza-Like Illness are fever $\geq 100^{\circ}\text{F}$ (37.8°C) and cough or sore throat.** The proportion of mortality due to pneumonia and influenza (P&I) in Clark County during weeks 17-20 averaged **6.04%**. The national P&I average for weeks 17-20 was 6.5%. The epidemic threshold average for weeks 17-20 was 7.6% (range 7.3%-7.8%). The proportion of ILI cases by week in Clark County for weeks 40-20 of the 2003-2004 surveillance season is presented in the following figure.



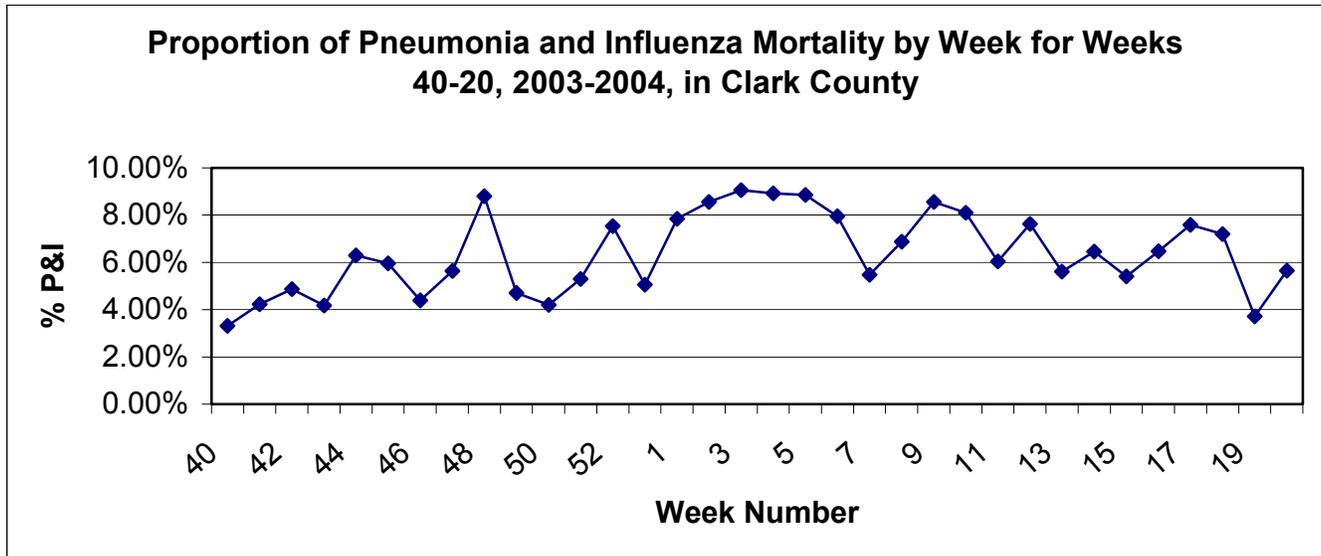
2003-2004 Surveillance Season Influenza Cases

Two new culture-confirmed influenza cases were reported in Clark County during week 20. Both cases were typed as influenza B. Prior to these, no influenza cases had been reported in Clark County since January 30, 2004. During this influenza season, 212 confirmed cases of influenza were reported. Of these, 179 were confirmed by an influenza rapid test. Sixty-six of the results from the rapid influenza tests were by a type of test which differentiates between influenza A & B. All results from influenza rapid tests were reported as influenza A except for one which was reported as influenza B.

Thirty-three of our total cases this season were culture-confirmed, of which all but two were typed as influenza A. Thirty of these isolates were subtyped as influenza A (H3N2) and one isolate was not typed. Of the thirty culture confirmed influenza A (H3N2) cases, five isolates were antigenically characterized by the Centers for Disease Control and Prevention as influenza A/Korea/770/2002-Like (H3N2) and one as A/Fujian/411/2002 (H3N2). The two culture-confirmed influenza B cases were antigenically characterized by the Nevada State Public Health Laboratory as B/Sichuan/379/99-Like. Three influenza-related deaths were reported to the OOE during this influenza season.

Pneumonia and Influenza Mortality

Since during the influenza season, pneumonia deaths are commonly influenza-related, the Clark County Health District, Office of Epidemiology, monitors pneumonia and influenza mortality rates during this period. Over the 2003-2004 influenza season, pneumonia and influenza (P&I) mortality ranged from 3.31% to 9.06%. The proportion of P&I mortality by week in Clark County for weeks 40-20 of the 2003-2004 surveillance season is presented in the following figure.



Conclusion

Nationwide surveillance indicates that influenza activity in the United States was earlier than usual during the 2003–2004 season, beginning in October 2003, peaking during late November–December, and declining rapidly during January–February 2004. Approximately 87 million doses of vaccine were produced for the 2003-2004 influenza season. Shortages of vaccine were noted in multiple regions of the United States after an unprecedented demand for vaccine that lasted longer into the season than usual. This was caused in part by increased media attention to influenza. The three manufacturers of influenza vaccine anticipate total influenza vaccine production for the 2004-2005 influenza season will be between 90 and 100 million doses. The most recent *Influenza Vaccine Bulletin* issued by the CDC stated that “vaccine production is on schedule, and no delays are anticipated.” Currently, the CDC is recommending that healthcare providers order supplies of influenza vaccine now (if orders have not already been placed), to ensure the availability of influenza vaccine for administration in the fall of 2004. Information on sources of vaccine can be accessed at www.hidanetwork.com/govtrelations/flulink.asp

This report summarizes findings from the 2003-2004 influenza-like illness (ILI) surveillance program. Any questions or comments regarding the sentinel surveillance program or any healthcare providers wishing to participate in the ongoing Clark County Health District influenza surveillance program should contact Salena Savarda, surveillance coordinator, at (702) 759-1300. Data collection will continue throughout the summer as a component of the Health District’s bioterrorism surveillance. The newsletters will resume at the beginning of the 2004-2005 influenza surveillance season. Physicians and healthcare workers are reminded that any unusual occurrence or suspected outbreak should be reported to the Office of Epidemiology, 24 hours a day at 759-1300.

References:

1. Centers for Disease Control and Prevention. <http://www.cdc.gov/flu/weekly/> May 27, 2004.
2. Centers for Disease Control and Prevention. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr53e430a1.htm> April 30, 2004

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.