

Date: November 5, 2004
To: Health Care Provider
From: Salena Savarda, BS, Epidemiologist II
Subject: Influenza Report for Weeks 40-43(Oct. 3-30, 2004)

During the 4 week period (Oct.3-30) the proportion (weighted average) of patient visits to sentinel providers for influenza-like illness (ILI) overall was 1.19%. This percentage is below 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 proportion of mortality due to pneumonia and influenza (P&I) in Clark County during weeks 40-43 averaged **4.97%**. The national P&I mortality for week 43 is not yet available. The national P&I mortality average for weeks 40-42 was 6.4%. During this period no laboratory confirmed cases of influenza were reported. To date this season, no specimens have been submitted by sentinel physicians for influenza testing. Syndromic surveillance has identified no increase in influenza-like illness in the community this season. Health care providers wishing to participate in the ongoing Clark County Health District Influenza Surveillance Program should contact Salena Savarda, Surveillance Coordinator, at (702) 759-1300.

Since October 3, of the 3,148 specimens submitted to WHO and NREVSS laboratories for influenza testing, 19 (0.6%) of the specimens were positive. Of these, 15 (78.9%) were influenza A viruses and 4 (21.1%) were influenza B viruses. Ten of the 15 influenza A viruses have been subtyped; all were influenza A (H3N2). Since October 1, 2004, CDC has antigenically characterized one influenza virus collected by U.S. laboratories which has been characterized as A/Fujian/411/2002-like, which is the influenza A (H3N2) component recommended for the 2004-05 influenza vaccine.

In light of the current influenza vaccine shortage, several issues have been raised on the use of antiviral medications for treatments and chemoprophylaxis. In response, on November 3, the Centers for Disease Control and Prevention (CDC) issued their "2004-05 Interim Chemoprophylaxis and Treatment Guidelines for Influenza antiviral medication." These guidelines can be accessed at <http://www.cdc.gov/flu/professionals/treatment/0405antiviralguid.htm>. Additionally, at this link is information on the Strategic National Stockpile (SNS) of influenza antiviral medications. The CDC reports that they have a limited supply of influenza antiviral medications which will be stored for emergency situations. A quantity of these medications will be held in reserve in the event of an influenza pandemic. However, some of the supply could be made available to states and territories for use in outbreak settings that may occur in a hospital or long term care facility. Influenza antiviral medications from SNS may only be requested through local and state health departments. Reports of an influenza outbreak within a hospital or long term care facility should be reported to the Clark County Health District Office of Epidemiology at 759-1300.

1. **Reference:** Centers for Disease Control and Prevention. <http://www.cdc.gov/ncidod/diseases/flu/weekly.htm> October 23, 2004