

Current Situation

Influenza activity has increased in Clark County over the past week, with increasing numbers of rapid tests and provider visits for influenza-like illness (ILI) being reported. Local emergency rooms and EMS providers have reported high volumes of patients throughout the county.

The proportion of patient visits to sentinel providers for influenza-like illness (ILI) during week the week ending December 24th was 2.6% (weighted average). Nationally, 3.1% of patient visits to sentinel providers were for ILI, which is above the national baseline. Criteria for inclusion as a case of ILI are fever of 100°F and cough or sore throat.

During proportion of mortality due to pneumonia and influenza (P&I) in Clark County was 5.4% for the week ending Decmber 24rd (week 51) and 4.8% for the week ending December 31st. The national P&I mortality was 7.0% for week 51, with the national threshold for influenza outbreaks being 7.8%.

Nationally, 95% of all isolates tested were influenza A, with over 99% of the influenza A isolates being subtyped as H3N2. Twenty-one of 23 A(H3N2) viruses characterized by the Centers for Disease Control and Prevention were characterized as A/California/07/2004-like, which is a component of this year's vaccine. Two of three influenza B isolates have been characterized as being similar to B/Shanghai/361/2002, which is also a component of this year's vaccine.

The majority of rapid tests performed in Clark County are of a type that cannot distinguish influenza A from influenza B. Cultures are pending on a number of influenza isolates received by the Southern Nevada Public Health Laboratory in late December; four specimens submitted in mid-December were sub-typed as H3N2.

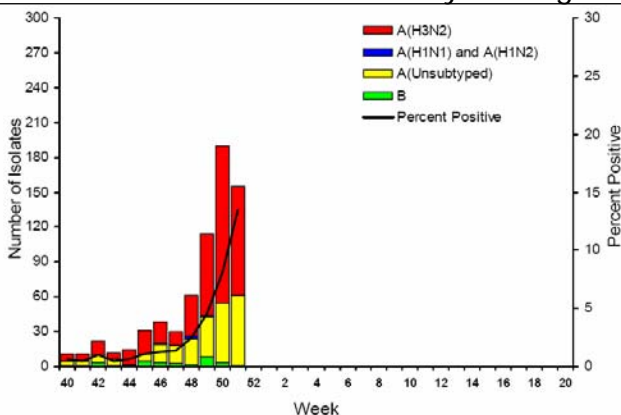
Analysis

Although the current pattern of influenza seen in Clark County is typical for this time of year, increasing influenza activity in the community is beginning to put a strain on emergency medical services. In response, the Clark County Health District has issued a press release, which can be found at http://www.cchd.org/press_releases.htm, offering guidelines for the appropriate use of emergency rooms and urgent care facilities.

Although it is impossible to predict the changes in the influenza season, the 2005-2006 season continues to mirror the 2004-2005 season. Last season, community-wide influenza activity started in late December, peaked in mid-February, and returned to baseline by the beginning to middle of April. An increased number of emergency room visits was noted at this time of year as well.

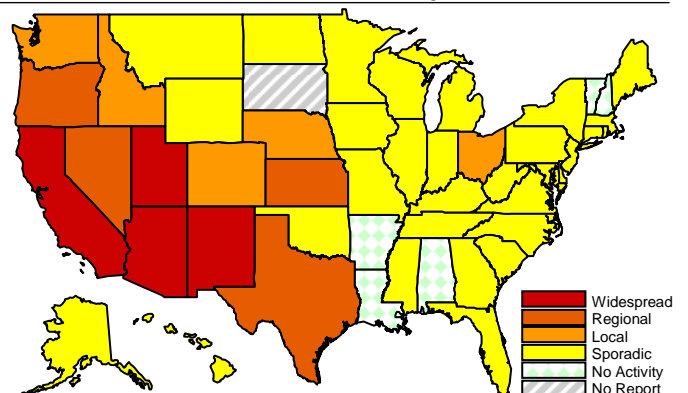
Regionally, western states are reporting the highest levels of influenza in the country. Southern California has been reporting high levels of influenza activity for the past couple of weeks, although influenza is now spreading throughout California..

Chart 2. National Laboratory Testing



Source: World Health Organization And National Respiratory and Enteric Virus Surveillance System Collaborating Laboratories

Chart 2. National Flu Activity—Week 51



Source: Centers for Disease Control and Prevention: www.cdc.gov/flu