

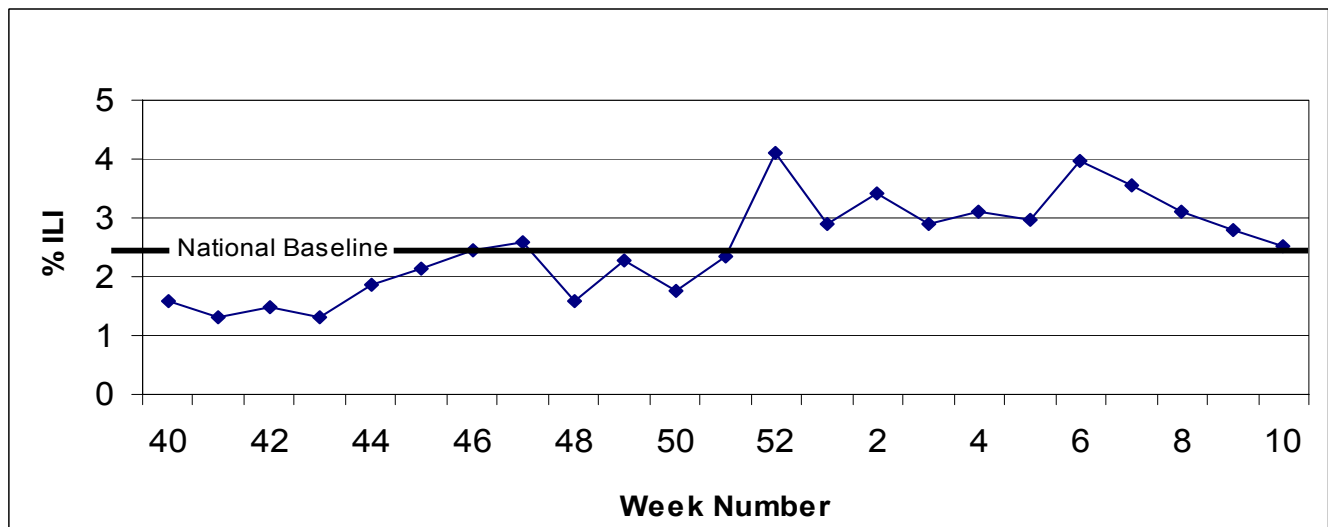
Date: March 18, 2005
To: Health Care Provider
From: Salena Savarda, BS, Epidemiologist II
Subject: Influenza Report for Week 10 (March 6-12, 2005)

Influenza-like Illness Update

For the fourth consecutive week, the proportion of patient visits to sentinel providers for influenza-like illness has continued to decline in Clark County. During week 10 sentinel providers reported an average of **2.53%** (weighted average) which is below the national baseline of 2.5%. **Criteria for inclusion as a case of ILI are fever $\geq 100^{\circ}\text{F}$ (37.8°C) and cough or sore throat.** For week 10 the proportion of mortality due to pneumonia and influenza (P&I) in Clark County was **7.12%** and the national P&I mortality was 8.9%. The epidemic threshold for week 10 is 8.2%. The proportion of ILI cases by week in Clark County for weeks 40-10 of the 2004-2005 surveillance season reported by sentinel site surveillance is presented in figure 1.

Syndromic surveillance continues to detect elevated ILI activity in the community. However, it also has shown a steady decline over the past 5 weeks.

Figure 1. Proportion of Patient Visits to Sentinel Providers for Influenza-Like Illness (ILI) By Week (weighted average) for Weeks 40-10, 2004-2005



Clark County Health District Influenza Case Update

Three new laboratory-confirmed cases of influenza have been reported to the Office of Epidemiology (OOE) during week 11. This brings the total to one hundred and five confirmed cases of influenza that have been reported to the OOE this season in Clark County. Twenty-four of the one hundred and five cases were laboratory-confirmed as influenza B (20 cultures, 4 rapid antigen tests). Twenty of the one hundred and five cases were laboratory-confirmed as influenza A (15 cultures, 5 rapid antigen tests). The remaining sixty-one cases were laboratory-confirmed by a type of rapid test which does not differentiate between influenza A and B. **Nevada law (NAC 441A) requires that healthcare providers**

report all positive influenza tests (including rapid tests) to the local health authority. Physicians and healthcare workers are reminded that any unusual occurrence of illness or suspected outbreak should be reported to the Office of Epidemiology. The 24-hour number for reporting is 759-1300.

The 2004–05 influenza vaccine includes A/Fujian/411/2002 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like, and B/Shanghai/361/2002-like antigens. A breakdown of the isolates identified circulating in Clark County thus far in the 2004-05 influenza season by type, subtype and antigenic characterization is presented in Table 1. All subtyping and antigenic characterization was conducted by the Nevada State Health Laboratory.

Table 1. Number of Isolates by Type, Subtype and Antigenic Characterization

Number of Isolates	Type	Subtype	Antigenic Characterization
13	A	H3N2	Pending
2	A	Pending	
2	B		B/Sichuan/379/99-like
1	B		B/HongKong/330/2001-like
16	B		B/Shanghai/361/2002-like
1	B		Pending

References:

- Centers for Disease Control and Prevention. <http://www.cdc.gov/flu/weekly/> March 18, 2005.

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