

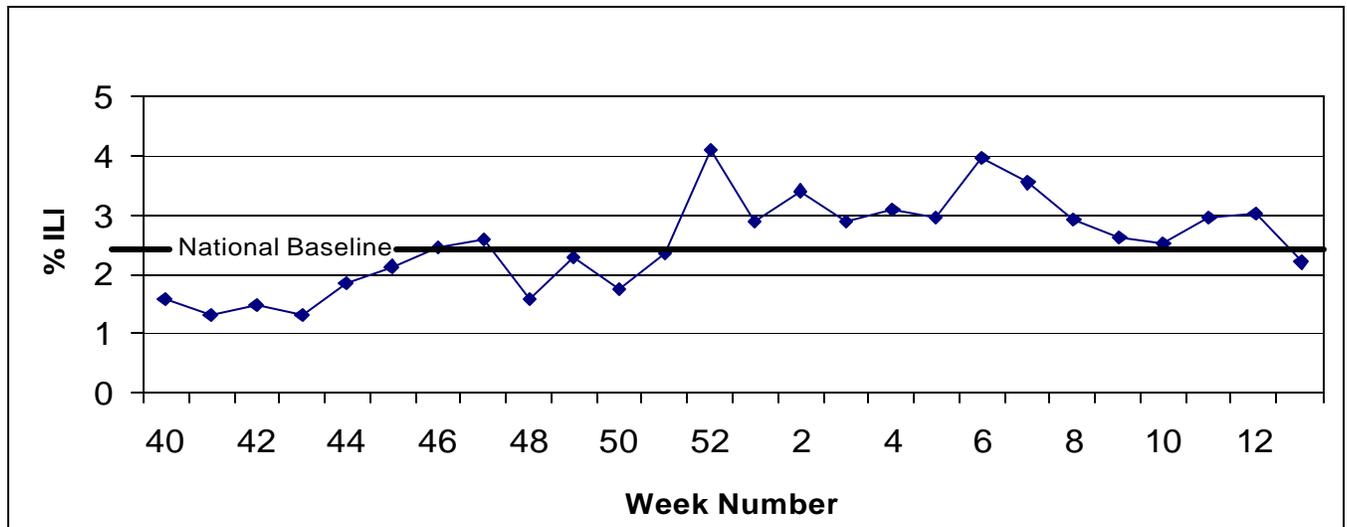
**Date:** April 8, 2005  
**To:** Health Care Provider  
**From:** Salena Savarda, BS, Epidemiologist II  
**Subject:** Influenza Report for Week 13 (March 27- April 2, 2005)

**Influenza-like Illness Update**

During week 10, the proportion of patient visits to sentinel providers for influenza-like illness (ILI) was **2.21%** (weighted average) which is below the national baseline of 2.5%. This is the first time in 13 weeks that sentinel site surveillance for ILI has been below the national baseline. **Criteria for inclusion as a case of Influenza-Like Illness are fever  $\geq 100^{\circ}\text{F}$  ( $37.8^{\circ}\text{C}$ ) and cough or sore throat.** For week 13 the proportion of mortality due to pneumonia and influenza (P&I) in Clark County was **7.64%** and the national P&I mortality was 8.7%. The epidemic threshold for week 13 is 8.0%. The proportion of ILI cases by week in Clark County for weeks 40-13 of the 2004-2005 surveillance season is presented in figure 1.

Syndromic surveillance continues to detect slightly elevated ILI activity in the community. However, since the beginning of February it also has shown a steady decline.

**Figure 1. Proportion of Patient Visits to Sentinel Providers for Influenza-Like Illness (ILI) By Week (weighted average) for Weeks 40-13, 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 14. This brings the total to one hundred and thirteen confirmed cases of influenza that have been reported to the OOE this season in Clark County. Twenty-five of the one hundred and thirteen cases were laboratory-confirmed as influenza B (20 cultures, 5 rapid antigen tests). Twenty-three of the one hundred and thirteen cases were laboratory-confirmed as influenza A (17 cultures, 6 rapid antigen tests). The remaining sixty-five 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**

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

The Centers for Disease Control and Prevention (CDC) is reporting that influenza activity in the United States peaked in early February and continued to decline during week 13 (March 27-April 2, 2005). Nationally, the proportion of patient visits to sentinel providers for influenza-like illness (ILI) was below the national baseline for the first time in 12 weeks. Each year from October through May, the CDC provides weekly updates on U.S. influenza activity. The information is online at: <http://www.cdc.gov/flu/weekly/fluactivity.htm>

**References:**

1. Centers for Disease Control and Prevention. <http://www.cdc.gov/flu/weekly/> April 8, 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](http://www.cchd.org/physician/physician_only.htm) for this and other health and bioterrorism related information