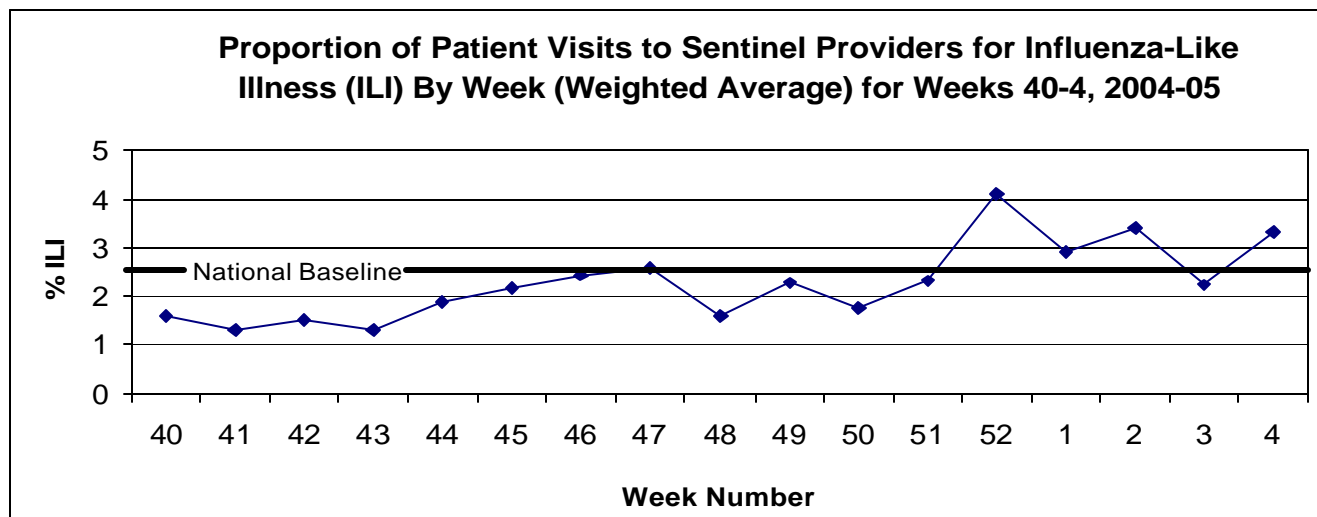


**Date:** February 4, 2005  
**To:** Health Care Provider  
**From:** Salena Savarda, BS, Epidemiologist II  
**Subject:** Influenza Report for Week 4 (Jan. 23-29, 2005)

Three hundred and eighty-four cases of influenza-like illness (ILI) were reported during week 4. **Criteria for inclusion as a case of ILI are fever  $\geq 100^{\circ}\text{F}$  ( $37.8^{\circ}\text{C}$ ) and cough or sore throat.** The proportion of patient visits to sentinel providers for ILI was **3.32%** (weighted average), which is above the national baseline of 2.5%. During week 4 the proportion of mortality due to pneumonia and influenza (P&I) in Clark County was **6.20%** and the national P&I mortality was 8.0%. The epidemic threshold for week 4 is 8.1%. The proportion of ILI cases by week in Clark County for weeks 40-4 of the 2004-2005 surveillance season reported by sentinel site surveillance is presented in the following figure:



Twenty-three new laboratory-confirmed cases of influenza have been reported to the Office of Epidemiology (OOE) during week 5. This brings the total to fifty confirmed cases of influenza that have been reported to the OOE this season in Clark County. Nine of the fifty cases were laboratory-confirmed as influenza B (5 cultures, 4 rapid antigen tests). Eight of the fifty cases were laboratory-confirmed as influenza A (5 cultures, 3 rapid antigen tests). The remaining thirty-three 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. Five Clark County influenza A cases were subtyped as A (H3N2) by the Nevada State Health Laboratory. Antigenic characterization on these isolates is still pending. All five of the influenza B isolates have been antigenically characterized. Two of the five influenza B isolates were antigenically characterized as B/Shanghai/361/2002-like. One of the five influenza B isolates was antigenically characterized as B/HongKong/330/2001-like. And the remaining two influenza B isolates were antigenically characterized as B/Sichuan/379/99-like, which is in the same Yamagata lineage as the B/Shanghai/361/2002. At this time it is uncertain if the two strains are closely enough related for the current vaccine to provide immunity to the Sichuan strain.

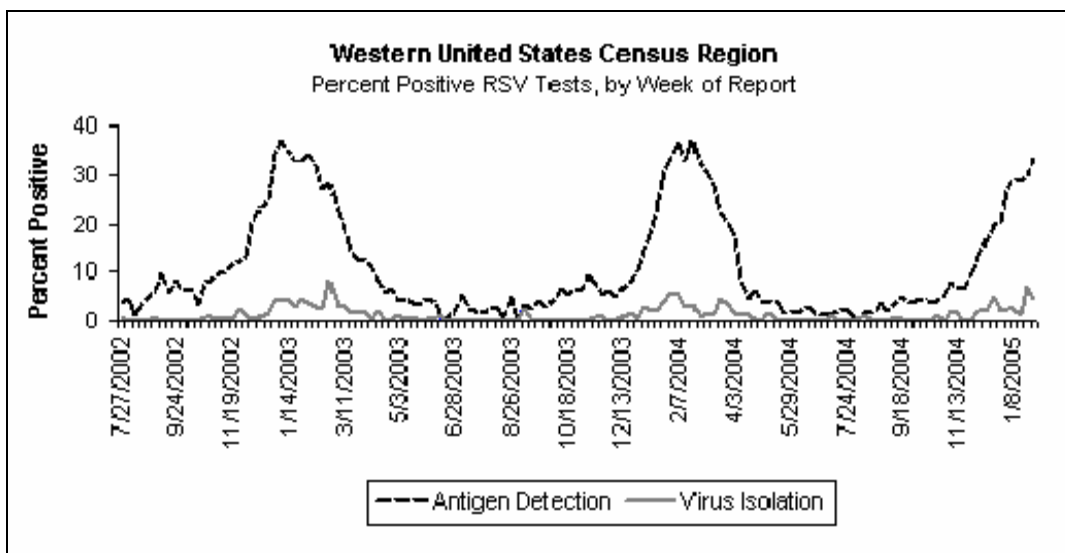
## Respiratory Syncytial Virus

Although ILI surveillance reports an increase during week 4, increases in influenza often overlap with increases of respiratory syncytial virus (RSV). RSV is the most common cause of serious respiratory infections (mostly bronchiolitis and pneumonia) in infants and young children. Over 125,000 children are hospitalized annually in the United States for bronchiolitis or pneumonia. The Centers for Disease Control and Prevention (CDC) reports that annual RSV infections typically occur in late fall, winter and early spring with epidemics peaking in February. In Clark County an increase in the number of RSV cases has been reported for the past 2 weeks. The following table illustrates the number of RSV cases in Clark County for weeks 1-5 during 2003 -2005.

**Number of RSV Cases Reported in Clark County for Weeks 1-6 during 2003-2005**

Week Number	2003	2004	2005
1	120	54	174
2	86	56	85
3	75	60	73
4	85	111	100
5	75	153	143

Nevada is part of the CDC's RSV western United States census reporting region. Through mid January this region has reported a steady increase in the percent of positive RSV tests, as seen in the graph below. Please note, that because there is often a delay in reporting for some laboratories, data collection is less complete for the more recent weeks shown.



RSV is unstable in the environment, surviving only a few hours on environmental surfaces, and is readily inactivated with soap and water and disinfectants. Frequent handwashing and not sharing items such as cups, glasses, and utensils with persons who have RSV illness should decrease the spread of virus to others. Excluding children with colds or other respiratory illnesses (without fever) who are well enough to attend child care or school settings will probably not decrease the transmission of RSV, since it is often spread in the early asymptomatic stage of illness. In a hospital setting, RSV transmission can be prevented by strict attention to contact precautions, such as handwashing and wearing gowns and gloves. Guidelines for preventing nosocomial pneumonia, including pneumonia caused by RSV and influenza, can be accessed at the following website: <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00045365.htm>

### References:

1. Centers for Disease Control and Prevention. <http://www.cdc.gov/flu/weekly/> February 4, 2005.
2. Centers for Disease Control and Prevention. <http://www.cdc.gov/ncidod/dvrd/revb/respiratory/rsvfeat.htm>
3. Centers of Disease Control and Prevention. <http://www.cdc.gov/ncidod/aip/research/rsv.html>
4. Centers for Disease Control and Prevention. <http://www.cdc.gov/ncidod/dvrd/revb/nrevss/Rsvtre1.htm>

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.