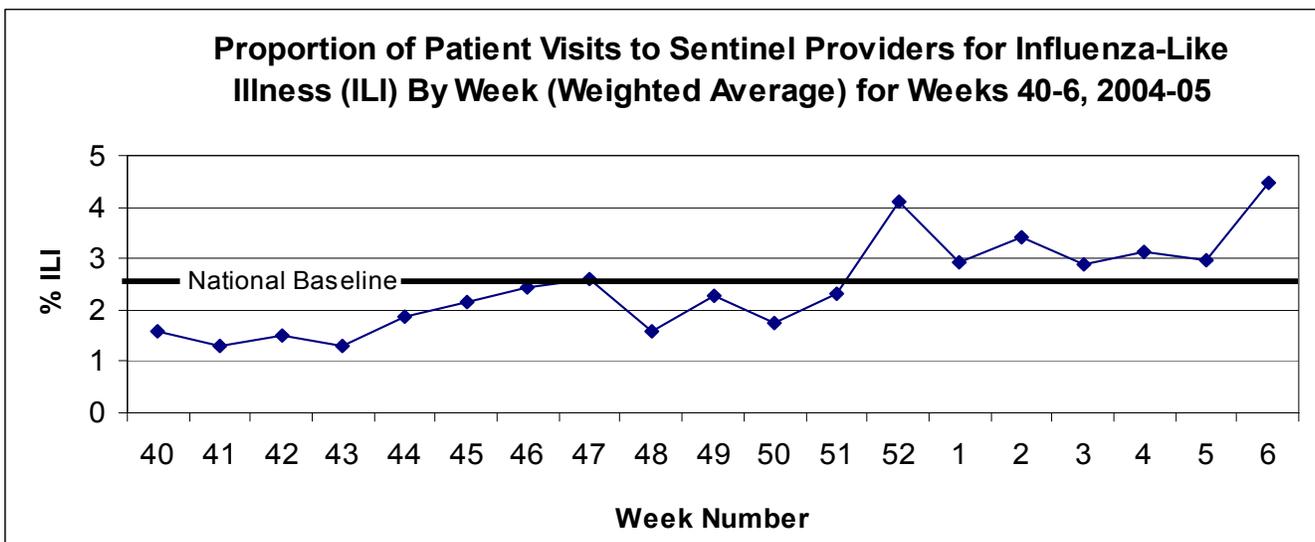


**Date:** February 18, 2005  
**To:** Health Care Provider  
**From:** Salena Savarda, BS, Epidemiologist II  
**Subject:** Influenza Report for Week 6 (February 6- 12, 2005)

The proportion of patient visits to sentinel providers for influenza-like illness (ILI) during week 6 was **4.47%** (weighted average), which is above the national baseline of 2.5%. **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.** During week 6 the proportion of mortality due to pneumonia and influenza (P&I) in Clark County was **8.11%** and the national P&I mortality was 8.0%. The epidemic threshold for week 6 is 8.2%. The proportion of ILI cases by week in Clark County for weeks 40-6 of the 2004-2005 surveillance season reported by sentinel site surveillance is presented in the following figure:



Fifteen new laboratory-confirmed cases of influenza have been reported to the Office of Epidemiology (OOE) during week 7. This brings the total to seventy-nine confirmed cases of influenza that have been reported to the OOE this season in Clark County. Seventeen of the seventy-nine cases were laboratory-confirmed as influenza B (14 cultures, 3 rapid antigen tests). Thirteen of the seventy-nine cases were laboratory-confirmed as influenza A (9 cultures, 4 rapid antigen tests). The remaining forty-nine 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
5	A	H3N2	Pending
4	A	Pending	
2	B		B/Sichuan/379/99-like
1	B		B/HongKong/330/2001-like
5	B		B/Shanghai/361/2002-like
6	B		Pending

Influenza B viruses can be divided into two antigenically distinct lineages represented by B/Yamagata/16/88-Like viruses and B/Victoria/2/87-Like viruses. The B/Sichuan/379/99-Like viruses and the B/Shanghai/361/2002-Like viruses are antigenically similar to the B/Yamagata-Like lineage. The B/HongKong/330/2001-Like viruses are antigenically similar to the B/Victoria-Like lineage.

### **2005-06 Influenza Vaccine Update**

Each year, the World Health Organization (WHO) Global Influenza Program conducts meetings to analyze the global data on circulating influenza virus strains and make recommendations for the vaccine to be used for the coming influenza season. WHO also provides the vaccine manufacturing industry with prototype strains for the seasonal vaccine, as well as materials to ensure and validate that global vaccine standards are met.

This year, more than 10, 000 influenza viruses from all continents were isolated and characterized by the WHO/National Influenza Centers. These laboratories, which are located in more than 80 countries, form the backbone of the global influenza surveillance program. On February 10, 2005, based on this gathered information, WHO published its recommendations on the formulation of the influenza vaccine for the Northern Hemisphere.

This year's analysis was conducted by members of the WHO Collaborating Centers on Influenza and has recommended that vaccines to be used in the 2005-2006 season (Northern Hemisphere) should contain the following:

- an A/New Caledonia/20/99(H1N1)-like virus
- an A/California/7/2004(H3N2)-like virus
- a B/Shanghai/361/2002-like virus

These recommendations are used by pharmaceutical manufacturers to update the composition of the influenza vaccines they produce. This annual adjustment is necessary to match the vaccine with the changing viruses expected to be circulating during the coming influenza season.

#### **References:**

1. Centers for Disease Control and Prevention. <http://www.cdc.gov/flu/weekly/> February 18, 2005.
2. World Health Organization. <http://www.who.int/mediacentre/news/notes/2005/np05/en/>

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.

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