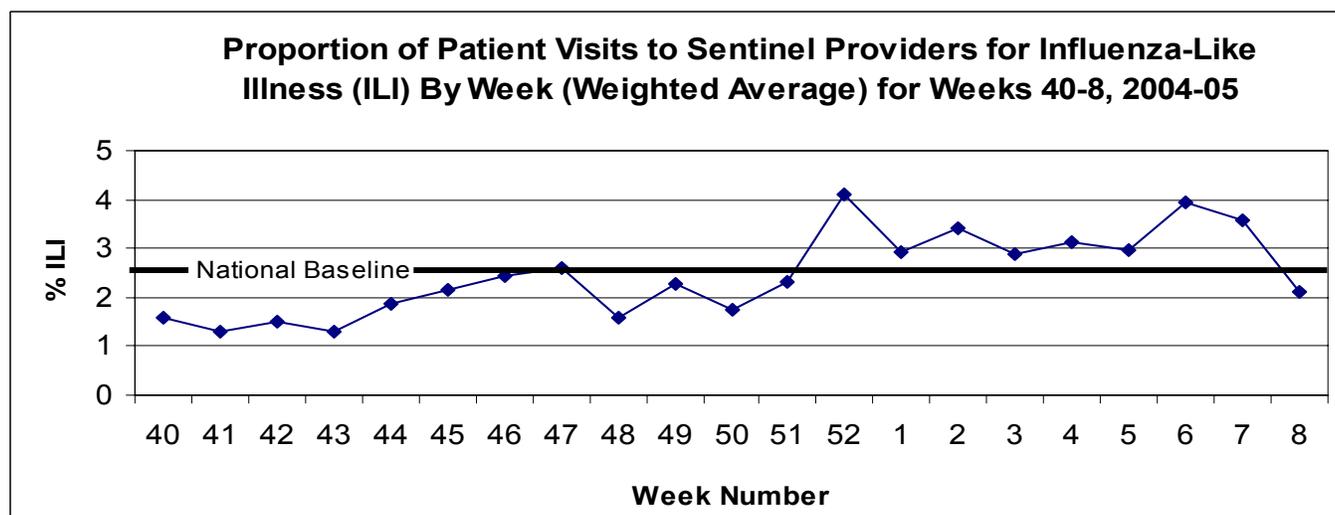


**Date:** March 4, 2005  
**To:** Health Care Provider  
**From:** Salena Savarda, BS, Epidemiologist II  
**Subject:** Influenza Report for Week 8 (February 20- 26, 2005)

The proportion of patient visits to sentinel providers for influenza-like illness (ILI) during week 8 was **2.10%** (weighted average), which is below the national baseline of 2.5%. **Criteria for inclusion as a case of ILI are fever  $\geq 100^{\circ}\text{F}$  ( $37.8^{\circ}\text{C}$ ) and cough or sore throat.** During week 8 the proportion of mortality due to pneumonia and influenza (P&I) in Clark County was **10.21%** and the national P&I mortality was 8.8%. The epidemic threshold for week 8 is 8.2%. The proportion of ILI cases by week in Clark County for weeks 40-8 of the 2004-2005 surveillance season reported by sentinel site surveillance is presented in the following figure:



Seven new laboratory-confirmed cases of influenza have been reported to the Office of Epidemiology (OOE) during week 9. This brings the total to ninety-nine confirmed cases of influenza that have been reported to the OOE this season in Clark County. Twenty-three of the ninety-nine cases were laboratory-confirmed as influenza B (19 cultures, 4 rapid antigen tests). Eighteen of the ninety-nine cases were laboratory-confirmed as influenza A (13 cultures, 5 rapid antigen tests). The remaining fifty-eight 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>
5	A	H3N2	Pending
8	A	Pending	
2	B		B/Sichuan/379/99-like
1	B		B/HongKong/330/2001-like
11	B		B/Shanghai/361/2002-like
5	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.

On March 3, 2005, the Centers for Disease Control and Prevention (CDC) issued their weekly Morbidity and Mortality Report (MMWR) which provided an update on the influenza activity thus far this season. The report states that influenza activity has increased steadily in the United States since late December and, as of February 19, might not have peaked. Laboratory-confirmed influenza infections have been reported from all 50 states. The MMWR article in its entirety can be accessed at:  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5408a1.htm>

**References:**

1. Centers for Disease Control and Prevention. <http://www.cdc.gov/flu/weekly/> February 25, 2005.
2. Centers for Disease Control and Prevention. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5408a1.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.