

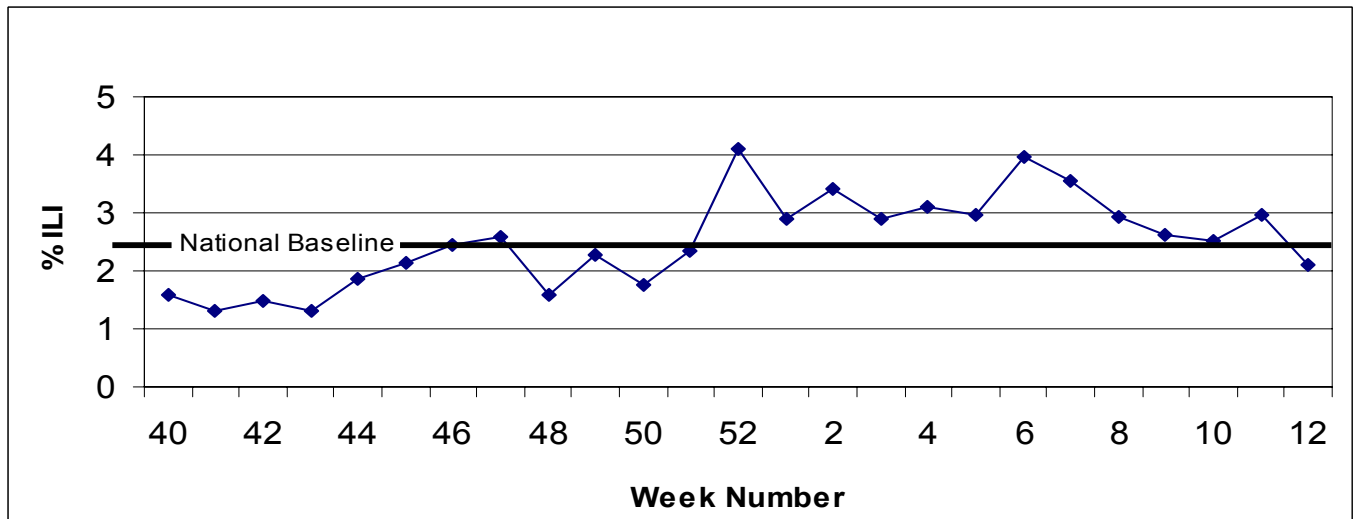
Date: April 1, 2005
 To: Health Care Provider
 From: Salena Savarda, BS, Epidemiologist II
 Subject: Influenza Report for Weeks 11-12 (March 13-26, 2005)

Influenza-like Illness Update

During the two week period (March 13-26) the proportion (weighted average) of patient visits to sentinel providers for influenza-like illness (ILI) overall averaged **2.54%** (range 2.12%-2.95%). This is slightly above the national baseline of 2.5%. **Criteria for inclusion as a case of Influenza-Like Illness are fever $\geq 100^{\circ}\text{F}$ (37.8°C) and cough or sore throat.** The proportion of mortality due to pneumonia and influenza (P&I) in Clark County during weeks 11-12 averaged **6.39%**. The national P&I mortality average for this time period was 8.4%, which is above the epidemic threshold of 8.1% for these weeks. The proportion of ILI cases by week in Clark County for weeks 40-12 of the 2004-2005 surveillance season 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 7 weeks.

Figure 1. Proportion of Patient Visits to Sentinel Providers for Influenza-Like Illness (ILI) By Week (weighted average) for Weeks 40-12, 2004-2005



Clark County Health District Influenza Case Update

Five new laboratory-confirmed cases of influenza have been reported to the Office of Epidemiology (OOE) during weeks 12-13. This brings the total to one hundred and ten confirmed cases of influenza that have been reported to the OOE this season in Clark County. Twenty-four of the one hundred and ten cases were laboratory-confirmed as influenza B (20 cultures, 4 rapid antigen tests). Twenty-two of the one hundred and ten cases were laboratory-confirmed as influenza A (17 cultures, 5 rapid antigen tests). The remaining sixty-four 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
4	A	Pending	
16	B		B/Shanghai/361/2002-like
2	B		B/Sichuan/379/99-like
1	B		B/HongKong/330/2001-like
1	B		Pending

Each year from October through May, the Centers for Disease Control provide weekly updates on U.S. influenza activity. The information is online at: <http://www.cdc.gov/ncidod/diseases/flu/weekly.htm>

References:

1. Centers for Disease Control and Prevention. <http://www.cdc.gov/flu/weekly/> April 1, 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