

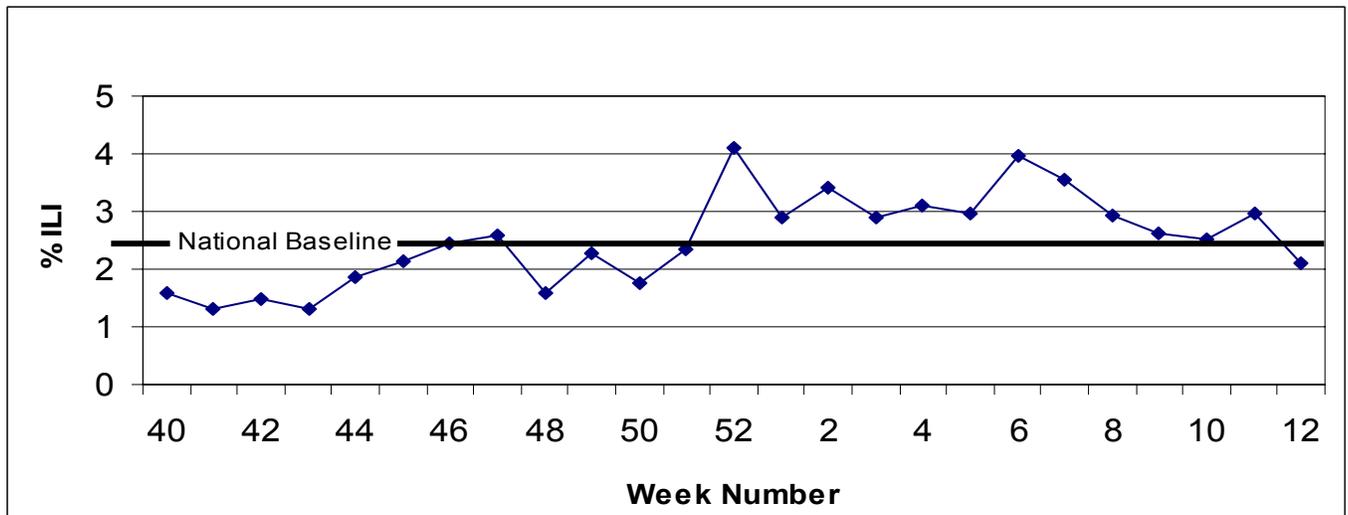
**Date:** April 1, 2005  
**To:** Health Care Provider  
**From:** Salena Savarda, BS, Epidemiologist II  
**Subject:** Influenza Report for Weeks 11-12 (March 13-26, 2005)

**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  $\geq 100^{\circ}\text{F}$  ( $37.8^{\circ}\text{C}$ ) 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**

<b>Number of Isolates</b>	<b>Type</b>	<b>Subtype</b>	<b>Antigenic Characterization</b>
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](http://www.cchd.org/physician/physician_only.htm) for this and other health and bioterrorism related information