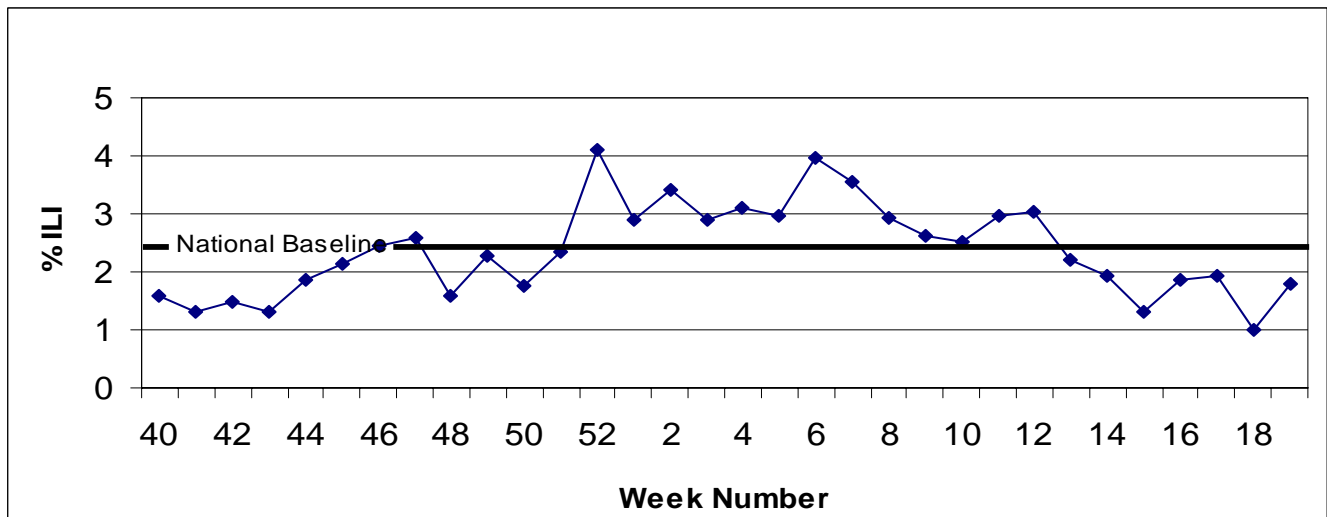


Date: May 20, 2005
To: Health Care Provider
From: Salena Savarda, BS, Epidemiologist II
Subject: Influenza Report for Weeks 18-19 (May 1-14, 2005)

Influenza-like Illness Update

During the two week period (May 1-14) the proportion (weighted average) of patient visits to sentinel providers for influenza-like illness (ILI) overall averaged **1.81%** (range 0.99%-1.81%). This is below the national baseline of 2.5%. This is the seventh consecutive week that Clark County ILI sentinel site surveillance has been below the national baseline since our peak in mid February. **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 18-19 averaged **6.34%** (range 5.51%-7.17%). The national P&I mortality average for this time period was 7.2%. The epidemic threshold average for weeks 18-19 was 7.6%. The proportion of ILI cases by week in Clark County for weeks 40-19 of the 2004-2005 surveillance season is presented in figure1.

Figure 1. Proportion of Patient Visits to Sentinel Providers for Influenza-Like Illness (ILI) By Week (weighted average) for Weeks 40-19, 2004-2005



2004-2005 Clark County Influenza Case Update

Five new laboratory-confirmed cases of influenza have been reported to the Office of Epidemiology (OOE) during through week 20. This brings the total to one hundred and twenty-four confirmed cases of influenza that have been reported to the OOE this season in Clark County. Twenty-eight of the one hundred and twenty-four cases were laboratory-confirmed as influenza A (21 cultures, 6 rapid antigen tests, 1 DFA). Twenty-eight of the one hundred and twenty-four cases were laboratory-confirmed as influenza B (22 cultures, 6 rapid antigen tests). The remaining sixty-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.**

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.

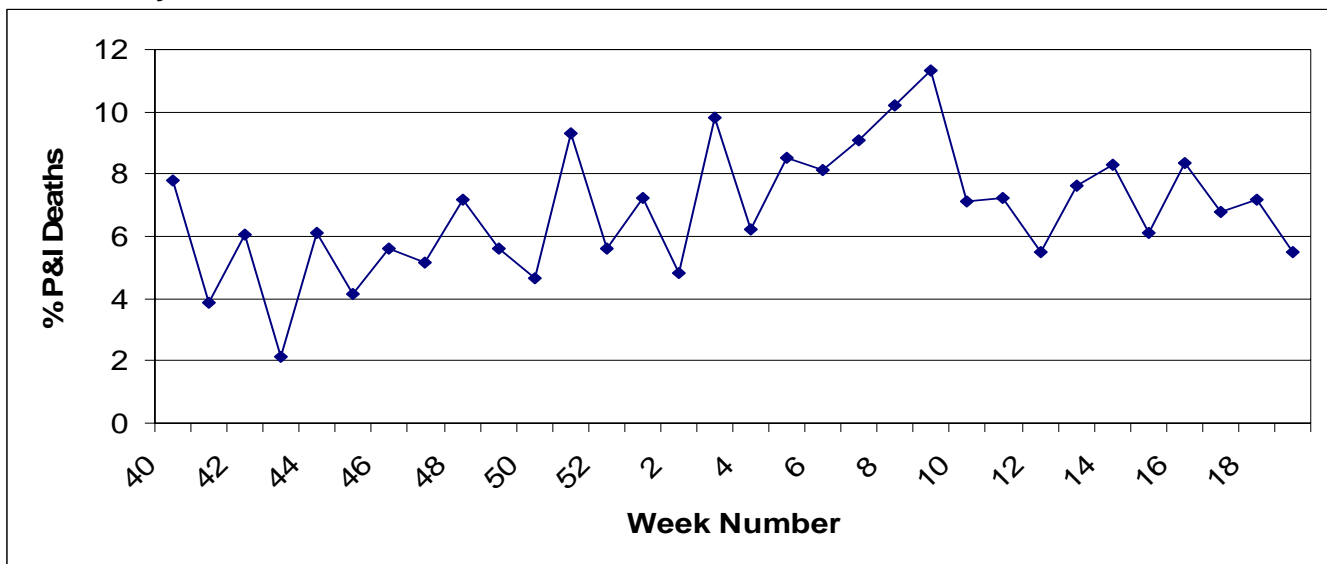
Table 1. Number of Isolates by Type, Subtype and Antigenic Characterization

Number of Isolates	Type	Subtype	Antigenic Characterization
20	A	H3N2	Pending
1	A	Pending	Pending
18	B		B/Shanghai/361/2002-like
2	B		B/Sichuan/379/99-like
1	B		B/HongKong/330/2001-like
1	B		Pending

Pneumonia and Influenza Mortality

Since during the influenza season, pneumonia deaths are commonly influenza-related, the Clark County Health District, Office of Epidemiology, monitors pneumonia and influenza mortality rates during this period. Over the 2004-2005 influenza season, pneumonia and influenza (P&I) mortality ranged from 2.13% to 11.33%. The proportion of P&I mortality by week in Clark County for weeks 40-19 of the 2004-2005 surveillance season is presented in figure 2.

Figure 2. Proportion of Pnuemonia and Influenza Mortality by Week for Weeks 40-19, 2004-2005, in Clark County



Conculsion

This report summarizes findings from the 2004-2005 influenza-like illness (ILI) surveillance program and will be the final newsletter for this influenza season. Any questions or comments regarding the sentinel surveillance program or any healthcare providers wishing to participate in the ongoing Clark County Health District influenza surveillance program should contact the Office of Epidemiology at (702) 759-1300. Data collection will continue throughout the summer as a component of the Health District's bioterrorism surveillance. The newsletters will resume at the beginning of the 2005-2006 influenza surveillance season. Physicians and healthcare workers are reminded that any unusual occurrence or suspected outbreak should be reported to the Office of Epidemiology, 24 hours a day at 759-1300.

We would like to thank all of the sentinel sites for participation in the influenza surveillance program. The time and effort that you contributed to monitoring patients for ILI provided invaluable information regarding the occurrence of ILI in Clark County. We look forward to working with you during the next influenza surveillance season.

References:

1. Centers for Disease Control and Prevention. <http://www.cdc.gov/flu/weekly/> May 20, 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