

**Current Situation**

The proportion of patient visits to sentinel providers for influenza-like illness (ILI) during the week ending January 28<sup>th</sup> was 0.54% (weighted average). Nationally, 2.4% of patient visits to sentinel providers were for ILI, which is slightly above the national baseline. Criteria for inclusion as a case of ILI are fever of 100°F and cough or sore throat.

The proportion of mortality due to pneumonia and influenza (P&I) in Clark County was 7.6% for the week ending January 28<sup>th</sup> (week 4). The national P&I mortality was 7.6% for week 4, with the national threshold for influenza outbreaks being 8.2%.

Nationally, 97% of all isolates tested were influenza A, with over 99% of the influenza A isolates being subtyped as H3N2. Of the 149 A(H3N2) isolates characterized by the Centers for Disease Control and Prevention (CDC), 123 were characterized as A/California/07/2004-like, which is a component of this year's vaccine. Twenty-six of the A(H3N2) isolates characterized showed reduced titers with antisera produced against A/California/07/2004. One of eight influenza B isolates has been characterized as being similar to B/Shanghai/361/2002, a component of this year's vaccine, and 7 were characterized as being similar to B/Florida/07/2004, which is a minor antigenic variant of the Shanghai strain.

The majority of rapid tests performed in Clark County are of a type that cannot distinguish influenza A from influenza B. Thirty cultures from Clark County sub-

mitted for testing have been subtyped as H3N2. Antigenic characterization of the H3N2 isolates is not yet available.

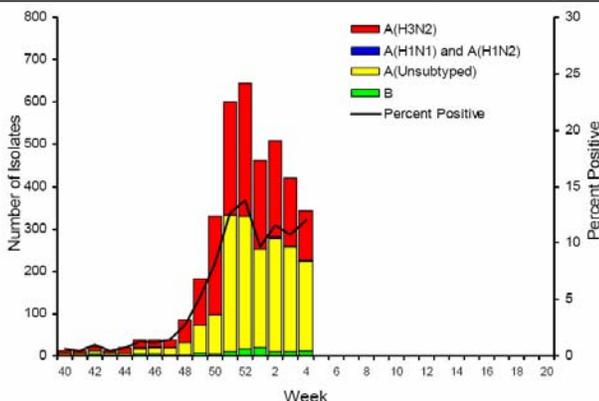
**Analysis**

Flu activity remains at unseasonably low levels in Clark County and throughout western states. Influenza activity has decreased in Utah to the sporadic level for week 4; Utah first reported widespread activity in mid-December (week 50), and was the first state to report this level of flu activity in the United States during the 2005-2006 influenza season. The same five states (Colorado, Wyoming, Kansas, Texas, and Connecticut) that reported widespread influenza activity in week 3 are reporting widespread activity in week 4.

The 2005-2006 influenza season has been relatively mild, although influenza activity may still increase over the next month. Influenza activity typically peaks in late February in Clark County, and the virus continues to circulate through the spring months, returning to baseline levels in April or early May.

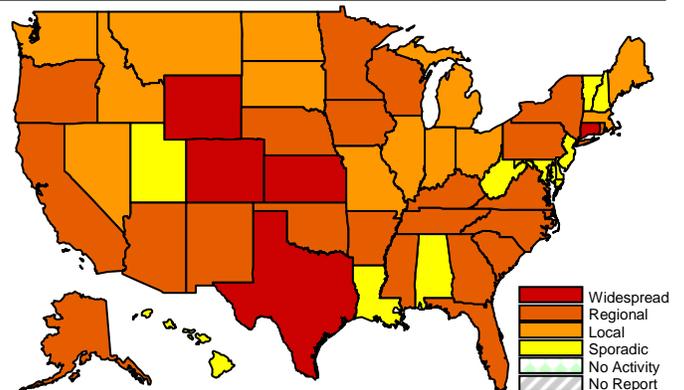
On Friday, February 3<sup>rd</sup>, the Food and Drug Administration (FDA) announced the clearance of a laboratory assay for the diagnostic testing of H5 avian influenza. The test will be only be available to laboratories in the Laboratory Response Network (LRN), including the Southern Nevada Public Health Laboratory, and will be restricted to cases that meet eligibility criteria established by the LRN and CDC.

Chart 1. National Laboratory Testing



Source: World Health Organization And National Respiratory and Enteric Virus Surveillance System Collaborating Laboratories

Chart 2. National Flu Activity—Week 4



Source: Centers for Disease Control and Prevention: www.cdc.gov/flu