

Current Situation

The proportion of patient visits to sentinel providers for influenza-like illness (ILI) during the week ending February 25th was 1.3% (weighted average). Nationally, 3.4% of patient visits to sentinel providers were for ILI, which is 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 6.7% for the week ending February 25th (week 8). The national P&I mortality was 7.0% for week 8, with the national threshold for influenza outbreaks being 8.3%.

Nationally, 89% of all isolates tested were influenza A, with 95% of the influenza A isolates being subtyped as H3N2. Of the 250 A(H3N2) isolates characterized by the Centers for Disease Control and Prevention (CDC), 201 were characterized as A/California/07/2004-like, which is a component of this year's vaccine. Forty nine of the A(H3N2) isolates characterized showed reduced titers with antisera produced against A/California/07/2004. Of the 40 low-reacting viruses, 23 were tested with antisera produced against A/Wisconsin/67/2005 (the H3N2 component selected for the 2006-07 vaccine), and 19 are A/Wisconsin-like. Two of 31 influenza B isolates has been characterized as being similar to B/Shanghai/361/2002, a component of this year's vaccine, and 17 were characterized as being similar to B/Florida/07/2004, which is a minor antigenic variant of the Shanghai strain. Twelve influenza B vi-

ruses were identified as belonging to the B/Victoria lineage, which is not a component of this year's vaccine, but are similar to B/Ohio/1/2005, the influenza B component selected for the 2006-2007 vaccine.

Analysis

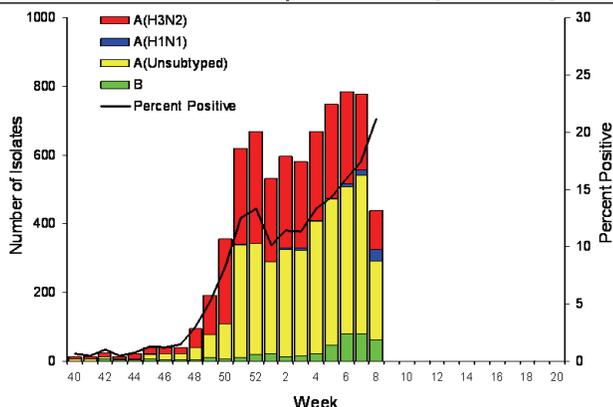
Influenza activity remains low throughout the western United States and in Clark County. Eastern states are still experiencing wide geographic distribution of influenza cases, and the percentage of patients experiencing ILI has increased over the second half of February. However, compared with previous seasons, influenza activity has been continues to remain mild throughout the nation.

National laboratory testing has identified an increasing number of isolates with reduced titers to antisera produced against A/California/07/2004/H3N2, a component of this season's vaccine. A number of isolates similar to the A/Wisconsin/67/2005/H3N2 strain, a component of next season's vaccine, have been identified.

In addition, the number of influenza B isolates has increased over the month of February. This increase is expected, as influenza B is typically identified later in the season as influenza A cases begin to decrease.

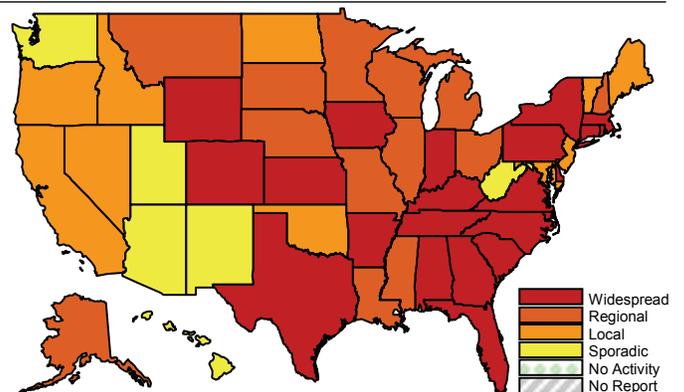
Note: As influenza levels have decreased to near-baseline levels in Clark County, the Office of Epidemiology switch to bi-weekly publishing of the influenza surveillance updates. The next update will be distributed on March 17th, 2006.

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 8



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