

2006-2007 Influenza Season Kick-Off

October 18th, 2006

The Southern Nevada Health District, Office of Epidemiology, has begun surveillance for the 2006-2007 influenza season, and will be distributing newsletters throughout the upcoming months. The newsletters will contain important information on influenza and trends seen in Clark County, as well as the nation. For now, the newsletter will be sent out sporadically; as the flu season progresses the newsletters will be distributed on a weekly basis. If you have any questions on influenza or influenza surveillance, please contact Brooke Doman, Influenza Surveillance Coordinator, at (702) 759-1300 or by email at [doman@snhdmail.org](mailto:doman@snhdmail.org).

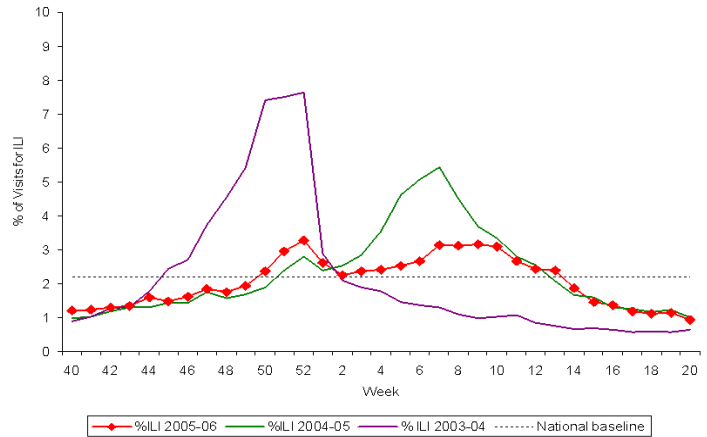
The 2005-2006 influenza season in Southern Nevada was mild in comparison to typical seasons. Influenza A activity was first identified in early December, and began to increase community-wide during the middle of December, peaking during the last week of 2005 and the first week of 2006. After this peak, influenza activity remained low throughout the rest of the season. Influenza activity typically decreases in January, then continues to increase to a peak in early to mid-March. Influenza B activity was identified in late February, with the virus continuing to circulate throughout March and early April, although at low levels.

Nationwide, influenza activity began last season in the western states, with widespread activity first being identified in Utah in mid-December. As influenza activity increased in Midwestern and Eastern states in late January and February, influenza activity had already peaked in Western states, and had declined to near-baseline levels. Overall, influenza activity was significantly lower throughout the country (Chart 2), and deaths from pneumonia and influenza mortality never exceeded the epidemic threshold (Chart 3).

Laboratory testing identified A(H3N2) as the most common subtype during the season, with over three-quarters of the H3N2 viruses characterized as A/California/07/2004-like, which was a component in the 2005-2006 vaccine. Only 22% of Influenza B viruses characterized matched B/Shanghai/361/2002 strain chosen for the vaccine.

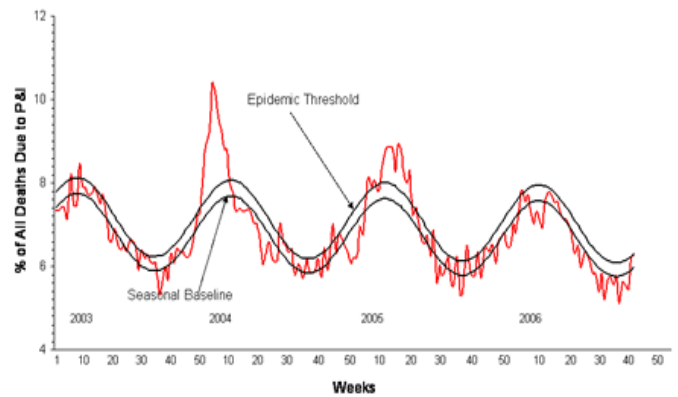
It is estimated that there will be between 110-115 million doses of vaccine for the 2006-2007 influenza season; more doses than have ever been available before.

Chart 1. Percentage of Visits to Sentinel Providers for ILI, 2003-2006



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

Chart 2. Pneumonia and Influenza Mortality for 122 U.S. Cities 2003-2006



Source: Centers for Disease Control and Prevention: [www.cdc.gov/flu](http://www.cdc.gov/flu)

An additional 15-20 million doses may be available if a new vaccine is licensed. The vaccine strains chosen for the 2006-2007 season include A/New Caledonia/20/1999 (H1N1)-like virus, an A/Wisconsin/67/2005 (H3N2)-like virus and a B/Malaysia/2506/2004-like virus; however, manufacturers may substitute A/Wisconsin/67/2005 with A/Hiroshima/52/2005 and B/Malaysia/2506/2004 for B/Ohio/1/2005. These strains were chosen because they are predicted to be representative of the 2006-2007 influenza season and have favorable growth in eggs.