

**Influenza Update**

February 23, 2007

**Current Situation**

The proportion of patient visits to sentinel providers for influenza-like illness (ILI) during the week ending February 10th (week 6) was 5.3%. This is an increase from the previous weeks (week 2, 2.3%; week 3, 3.5%; week 4 4.7%; week 5, 4.6%). Nationally, 3.8% of patient visits to sentinel providers were due to ILI, this is an increase from the past week and is above the national baseline of 2.1%. Regionally, the percent of visits ranged from 2.0% in New England to 8.5% in the West South Central. In the Mountain region, which contains Nevada, 3.3% of visits were for ILI (1). Criteria for inclusion as a case of ILI are fever of 100°F and cough or sore throat.

During week 6, the proportion of mortality due to pneumonia and influenza (P&I) in Clark County was 4.1%. The number of P&I deaths has fluctuated over the past weeks (week 2, 11.9%; week 3, 10.4%; week 4, 5.5%, week 5, 6.1%). Nationally, the P&I mortality was 6.7% for week 6, which is below the epidemic threshold of 7.9% (1).

Nationally, 83.4% (n=8,321) of specimens tested were influenza A and 16.6% (n=1,378) were influenza B. Among influenza A specimens that were subtyped, 88.2% (n=1,692) were influenza A (H1) and 11.8% (n=226) were influenza A (H3) (Chart 1). In addition, the Centers for Disease Control and Prevention, has antigenically characterized 161 influenza viruses collected by U.S. Laboratories since October 1, 2006. Ninety-four (n=93) percent of the influenza A (H1) were similar to A/New Caledonia/20/99 which is the influenza A (H1) component of the 2006-7 influenza vaccine. Four (57%) influenza A (H3) were characterized as A/Wisconsin/67/2005-like

which is the influenza A (H3) component of the 2006-2007 influenza vaccine. Of the influenza B antigenically characterized, 67% (n=37) belonged to the Victoria lineage and 33% (n=18) belonged to the Yamagata lineage (1).

Over 50% of all confirmed cases of influenza in Clark County are influenza A, the remaining 50% were tested using rapid antigen tests which could not distinguish between influenza A and B.

**Analysis**

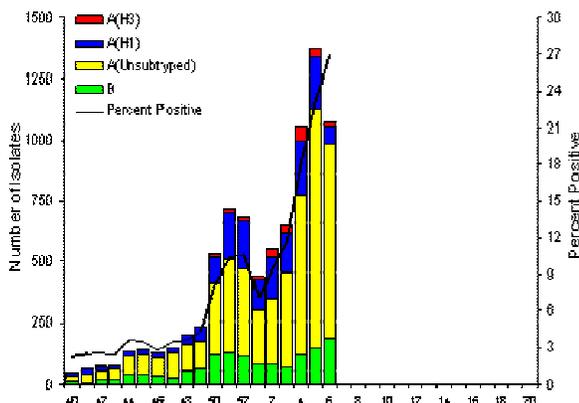
Both nationally and locally in Clark County, influenza activity has increased in the past weeks. This is typical of past influenza seasons and is expected. Usually a decrease in influenza is seen in January, followed by increases throughout February, with the season ending in late April or early May.

In Clark County, the 2006-2007 influenza season has been mild. Influenza continues to circulate in the community but at low levels. It is not possible to predict if this pattern will continue throughout the rest of the influenza season.

Nationally, influenza activity has been more widespread than has been seen in previous weeks. In Nevada, influenza activity is being reported in different regions throughout the state (Chart 2).

(1) U.S. Department of Health and Welfare. Centers for Disease Control and Prevention. "Weekly Report: Influenza Summary Update Week ending January 6, 2007-Week 1." Accessed on February, 22, 2007 at: <http://www.cdc.gov/flu/weekly/>.

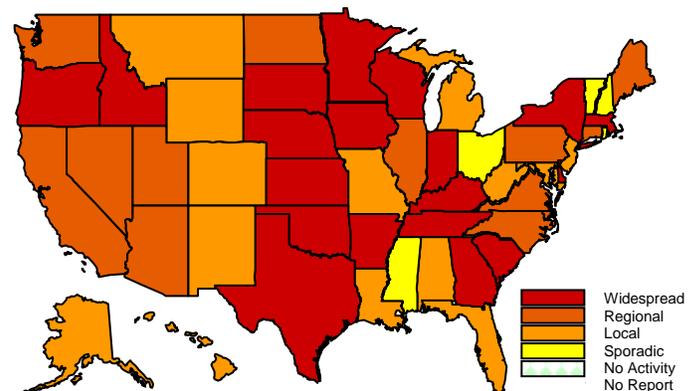
**Chart 1: U.S. WHO/NREVSS Collaborating Laboratories Summary, 2006-7**



Source: Centers for Disease Control and Prevention

**Chart 2: Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists**

Week ending Jan. 6, 2006-Week 1



Source: Centers for Disease Control and Prevention