Criteria for inclusion as a case of Influenza-Like Illness (ILI) are fever $\geq 100^\circ F$ (37.8°C) and cough or sore throat. Health care providers wishing to participate in the ongoing Clark County Health District (CCHD) Influenza Surveillance Program should contact Linh Nguyen, Surveillance Coordinator, at (702) 383-1378.

One hundred thirty-three cases of ILI were reported during week 50. The weighted average over the fourteen reporting sites is 1.4%. The national baseline for the overall proportion of patient visits to sentinel physicians for ILI is 1.9%. The percentage of deaths attributed to pneumonia and influenza (P&I) in Las Vegas was 7.4% for week 50, which is slightly above the nationwide proportion of P&I mortality at 7.1% for week 50. The percentages of ILI cases for surveillance sites in Clark County for weeks 41 to 50 for the 2000-2001 and the 2001-2002 surveillance seasons are presented in the following figure.

All four CDC influenza surveillance systems (Antigenic characterization of viral isolates, P&I mortality, ILI reports from U.S. sentinel physicians, and influenza activity as assessed by state and territorial epidemiologists) indicate low levels of influenza activity in the U.S. Influenza activity is expected to increase during the next few weeks. The number of influenza viruses isolated this season is relatively low, and it is too early to determine which strain(s) will predominate. However, a few isolated outbreaks of influenza A were detected in November in the U.S. The viruses isolated most frequently have been influenza A (H3N2) viruses. The 2001-2002 influenza vaccine strains are well matched to the influenza isolates that have been characterized antigenically this season.

Weekly updates by CDC on U.S. influenza activity are available online at: http://www.cdc.gov/ncidod/diseases/flu/weekly.htm