Criteria for inclusion as a case of Influenza-Like Illness (ILI) are fever ≥100°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 fifty cases of ILI were reported during week 51. The weighted average over the fourteen reporting sites was 1.8%. The national baseline for the overall proportion of patient visits to sentinel physicians for ILI was 1.9%. The percentage of deaths attributed to pneumonia and influenza (P&I) in Las Vegas was 4.5% for week 51, which was under the nationwide proportion of P&I mortality at 7.8% for week 51. The percentages of ILI cases in Clark County for weeks 41 to 51 for the 2000-2001 as compared to the 2001-2002 season are presented in the following figure.

Influenza vaccine effectiveness varies from year to year, depending upon the degree of similarity between the influenza virus strains included in the vaccine and the strains that circulate in the community. To ensure plentiful vaccine supply, vaccine strains must be chosen for vaccine production about nine months before an influenza season. Vaccine efficacy may be lessened if in the time between vaccine production and distribution, antigenic drifts occur in the circulating influenza viruses and they differ from the vaccine strains. The 2001-2002 influenza vaccine strains are A/Moscow/10/99-like (H3N2), A/New Caledonia/20/99-like (H1N1), and B/Sichuan/379/99-like, which are well matched to the influenza strains circulating this season. As with all influenza vaccine that has been licensed in the U.S., this year’s vaccine is made from killed influenza viruses and cannot cause infection.

This newsletter is also posted on the Clark County Health District webpage for health care practitioners. See http://www.cchd.org/physician/physician_only.htm for this and other health and bioterrorism related information.