News

FLU SEASON HITS WESTERN UNITED STATES HARD

9 December (Reuters Health [Judith Crosson])—The flu season is hitting the western United States hard. Colorado is seeing the worst outbreak in the country, with authorities confirming that 8 children have now died in the state since the season began last month.

At The Children’s Hospital in Denver, 5 to 10 children are being admitted every day with the flu, and 10 times that many are treated and released.

“This is the worst outbreak I’ve seen in 30 years,” Dr. James Todd, director of epidemiology at The Children’s Hospital, said.

Eight children have died in the state over the last 3 weeks, and another death of a child is suspected to be flu-related, state health department officials said. Usually 1 or 2 children die every year in Colorado from the flu. So far, 6306 Colorado residents have been diagnosed with the flu.

Other states have also been hard hit.

Flu activity in Texas has been categorized as “widespread,” the highest level of classification, for 7 straight weeks and is likely to stay that way, Texas Health Department spokesman Doug McBride said.

The flu has also been labeled “widespread” in Washington, with virtually all areas of the state hit and 104 schools from 19 counties blaming higher absenteeism on flu-like illnesses.

Each year about 36,000 people die from the flu in the United States.

In a typical year, 70 million to 75 million Americans receive a flu shot. This year manufacturers produced about 83 million doses of flu vaccine, according to the US Centers for Disease Control and Prevention.

Colorado officials last week said infants 6 to 23 months old, people over 65, and anybody with an underlying medical problem, such as children with asthma, should get the vaccination first. But the state does not have the authority to order how the shots are dispensed.

Texas health department officials also recommended the vaccinations be targeted to the highest risk groups, the elderly and the young.

(Additional reporting by Jeff Franks in Houston and Chris Stetkiewicz in Seattle.)
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Editor’s comment. As detailed in the following news item, the influenza epidemic, which started earlier in the United Kingdom, seems to be leveling off. The severe disease in children was also observed in the United Kingdom, but so far this year, the total number of respiratory condition–related deaths among young children is within expected levels.

INFLUENZA IN THE U.K.

4 December (CDR Weekly)—The early season increase in influenza activity in the United Kingdom (UK) appears now to have leveled off. In North America and western Europe, the situation has been similar to that in the UK, with early activity and the major circulating viral strain being the influenza A H3N2 Fujian strain.

The Office for National Statistics (ONS) has reported a small increase in the weekly number of deaths registered from all causes. This is above the average number expected for this time of year (i.e., weeks 45 to 47). The increase is not sufficiently large or sustained, so far, to be considered a significant departure from the normal range. The increase has occurred predominantly in the elderly and is mainly attributable to respiratory causes.

A number of deaths in children and infants aged under 14 years and young adults have been reported to be associated with influenza infections. At least 12 of the deaths in children (in England and Scotland) have been shown to be due to influenza A infection (7 confirmed as A H3 viruses, 5 of which have been confirmed to be of the Fujian strain). The increased general practitioner consultation rates for influenza-like illness in children may reflect increased susceptibility in younger age groups. A high proportion of children may be immunologically naïve because of low levels of influenza activity in recent years. If this interpretation is correct, many children who are becoming sick are experiencing their primary influenza illness, and it is to be expected that some will become ill enough to require hospital care, and some, unfortunately, will die.

The risk of severe illness is increased but not confined to those with underlying chronic illnesses. The A H3N2 subtype of influenza is usually associated with higher morbidity and mortality in all age groups than the other circulating types or subtypes of influenza.

(Source: UK Department of Health. CDR Weekly 2003; 13.)
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Editor’s comment. This edited report on influenza from the United Kingdom is relevant to the experience in the United States, because the onset of influenza season occurred very early in the United Kingdom, deaths were reported among children, and the predominant infecting strain (H3N2 Fujian) was the same as that in the United States. Note that, according to this news item, the increase in influenza activity in the United Kingdom seems to be leveling off. The UK Department of Health also reported that, although the rates of serious illness and complications associated with influenza are much higher among “high-risk” children than among otherwise healthy children, considering the small proportion of children who fall into a risk group and the large majority who do not, it is not surprising to see some deaths occur among seemingly otherwise healthy children before seeing any among children in a risk group. Most importantly, they also reported that, so far this year,
the total number of respiratory condition–associated deaths among young children is within expected levels.

**Congo Death Toll from Ebola Outbreak Rises to 29**

8 December (Reuters Health)—An outbreak of the Ebola virus has killed 29 people in northwestern Congo Republic, where the disease killed 120 earlier this year, a senior official at the country’s health ministry said.

State television said late last month 164 people had come into contact with the disease around Mbomo, some 700 km (440 miles) northwest of the central African country’s capital Brazzaville and just across the border from Gabon.

Teams from the health ministry, the World Health Organization, and aid agency Medecins Sans Frontieres have been sent to the Mbomo region, known as Cuvette-Ouest, to try to break the chain of contamination.

There is no known cure for Ebola, which is passed on by infected body fluids and kills between 50% and 90% of victims, depending on the strain.

The disease damages blood vessels and can cause bleeding and diarrhea. Its worst outbreak, in 1995, killed more than 250 people in the Democratic Republic of Congo.

Officials believe the latest outbreak, first reported last month, started after a group of hunters ate a dead boar in the forest. Bush meat is a staple among forest communities and a delicacy in many cities.

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**Editor’s comment.** Although we think of Ebola mainly in terms of its potential use as a biological weapon, the ongoing outbreaks in Africa remind us that this disease is a real, current problem, unlike inhalation anthrax and smallpox.

**Investigation Continues into TB Outbreak among King County Homeless**

11 December (Reuters Health)—Local, state, and federal health officials are continuing to investigate an ongoing outbreak of tuberculosis (TB) among homeless persons in King County, Washington.

According to a Public Health Dispatch in *Morbidity and Mortality Weekly Report*, an annual average of 13 cases of TB were diagnosed among King County’s homeless population during 1999–2001.

In 2002, however, the Public Health–Seattle and King County (PH-SKC) TB Control Program reported 30 cases of TB among area homeless persons, prompting an intensive investigation and TB screening effort. Officials with the Washington State Health Department and the Centers for Disease Control and Prevention were called in to help with the investigation.

As of 30 September 2003, PH-SKC had identified 44 “outbreak-associated” TB cases. “All but 3 of the outbreak-associated patients were homeless at the time of diagnosis.” Forty-three patients were US-born, 34 were male, 21 were American Indian/Alaska Native, and 17 were black.

Seven patients with outbreak-associated TB were HIV positive. Among the 38 patients with pulmonary disease, 23 had acid-fast bacilli identified on sputum smear at diagnosis.

“As of December 9, all homeless outbreak-associated patients with TB and some contacts with latent TB infection were receiving directly observed therapy,” the investigators report.

Officials say “focused, intensified screening efforts” are underway to control TB transmission in the King County area. “TB controllers, particularly those from western states, should consider the possibility of unrecognized TB outbreaks involving homeless persons in their communities,” they advise.

(Source: MMWR Morb Mortal Wkly Rep CDC Surveill Summ 2003; 52:1209–10.)

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**Editor’s comment.** According to the Centers for Disease Control and Prevention, cases of outbreak-associated tuberculosis were defined on the basis of the following criteria: a *Mycobacterium tuberculosis* isolate with a matching 15-band restriction fragment–length polymorphism (RFLP) pattern, or, if the results of RFLP analysis are pending, an epidemiologic link to a patient whose isolate matched the outbreak pattern.