

TABLE. Number of human cases of West Nile virus (WNV) illness, by area — United States, 2004*

Area	Neuro-invasive disease†	West Nile fever‡	Other clinical/unspecified‡	Total reported to CDC**	Deaths
Alabama	13	0	0	13	0
Arizona	128	66	176	370	7
Arkansas	8	6	1	15	0
California	131	206	246	583	16
Colorado	32	193	0	225	2
Connecticut	0	1	0	1	0
District of Columbia	1	0	0	1	0
Florida	27	5	0	32	1
Georgia	11	5	0	16	0
Idaho	0	0	2	2	0
Illinois	22	25	1	48	2
Indiana	2	0	1	3	1
Iowa	8	8	0	16	1
Kansas	16	21	0	37	1
Kentucky	1	5	0	6	0
Louisiana	42	8	0	50	3
Maryland	5	5	1	11	0
Michigan	5	1	0	6	0
Minnesota	12	16	0	28	2
Mississippi	20	4	1	25	3
Missouri	20	4	3	27	1
Montana	1	3	1	5	0
Nebraska	2	20	0	22	0
Nevada	23	16	0	39	0
New Mexico	26	42	4	72	4
New York	3	2	0	5	0
North Carolina	2	0	0	2	0
North Dakota	2	17	0	19	1
Ohio	5	1	0	6	2
Oklahoma	7	2	0	9	1
Oregon	0	1	0	1	0
Pennsylvania	5	3	0	8	0
South Carolina	0	1	0	1	0
South Dakota	5	41	0	46	1
Tennessee	5	1	0	6	0
Texas	65	13	0	78	8
Utah	5	4	0	9	0
Virginia	4	0	1	5	1
Wisconsin	4	5	0	9	1
Wyoming	2	5	1	8	0
Total	670	756	439	1,865	59

* As of October 5, 2004.

† Cases with neurologic manifestations (i.e., West Nile meningitis, West Nile encephalitis, and West Nile myelitis).

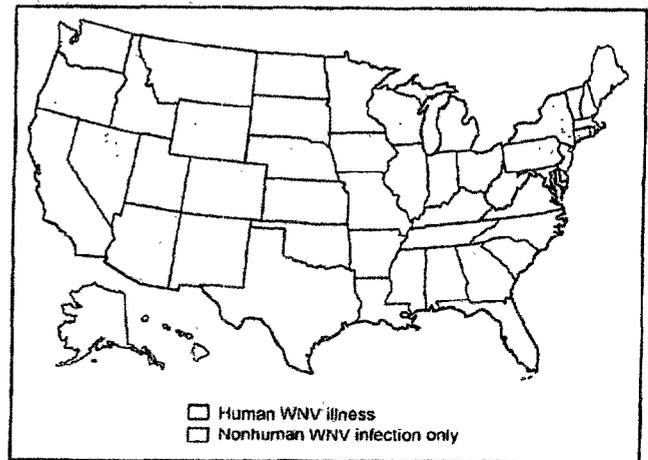
‡ Cases with no evidence of neuroinvasion.

§ Illnesses for which sufficient clinical information was not provided.

** Total number of human cases of WNV illness reported to ArboNet by state and local health departments.

reported from 45 states and New York City. WNV infections have been reported in horses in 36 states; one bat in Wisconsin; six dogs in Nevada, New Mexico, and Wisconsin; six squirrels in Arizona and Wyoming; and 13 unidentified animal species in eight states (Arizona, Idaho, Illinois, Iowa, Missouri, Nevada, New York, and South Carolina). WNV seroconversions have been reported in 964 sentinel chicken flocks in 13 states (Alabama, Arizona, Arkansas, California, Delaware, Florida, Iowa, Louisiana, Nebraska, Nevada, Penn-

FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2004*



* As of 3 a.m., Mountain Standard Time, October 5, 2004.

sylvia, South Dakota, and Utah) and in 25 wild hatchling birds in Missouri and Ohio. Four seropositive sentinel horses were reported in Minnesota and Puerto Rico. A total of 6,585 WNV-positive mosquito pools have been reported in 36 states, District of Columbia, and New York City.

Additional information about national WNV activity is available from CDC at <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm> and at <http://westnilemaps.usgs.gov>.

Interim Influenza Vaccination Recommendations, 2004–05 Influenza Season

On October 5, this report was posted as an MMWR Dispatch on the MMWR website (<http://www.cdc.gov/mmwr>).

On October 5, 2004, CDC was notified by Chiron Corporation that none of its influenza vaccine (Fluvirin®) would be available for distribution in the United States for the 2004–05 influenza season. The company indicated that the Medicines and Healthcare Products Regulatory Agency (MHRA) in the United Kingdom, where Chiron's Fluvirin vaccine is produced, has suspended the company's license to manufacture Fluvirin vaccine in its Liverpool facility for 3 months, preventing any release of the vaccine for this influenza season. This action will reduce by approximately one half the expected supply of trivalent inactivated vaccine (flu shot) available in the United States for the 2004–05 influenza season.

The remaining supply of influenza vaccine expected to be available in the United States this season is approximately 54

million doses of Fluzone® (inactivated flu shot) manufactured by Aventis Pasteur, Inc. Of these doses, approximately 30 million doses already have been distributed by the manufacturer. In addition, approximately 1.1 million doses of live attenuated influenza vaccine (LAIV/FluMist®) manufactured by MedImmune will be available this season.

Because of this urgent situation, CDC, in coordination with its Advisory Committee for Immunization Practices (ACIP), is issuing interim recommendations for influenza vaccination during the 2004–05 season. These interim recommendations were formally recommended by ACIP on October 5 and take precedence over earlier recommendations.

Priority Groups for Influenza Vaccination

The following priority groups for vaccination with inactivated influenza vaccine this season are considered to be of equal importance and are:

- all children aged 6–23 months;
- adults aged ≥ 65 years;
- persons aged 2–64 years with underlying chronic medical conditions;
- all women who will be pregnant during the influenza season;
- residents of nursing homes and long-term care facilities;
- children aged 6 months–18 years on chronic aspirin therapy;
- health-care workers involved in direct patient care; and
- out-of-home caregivers and household contacts of children aged < 6 months.

Other Vaccination Recommendations

- Persons in priority groups identified above should be encouraged to search locally for vaccine if their regular health-care provider does not have vaccine available.
- Intranasally administered, live, attenuated influenza vaccine, if available, should be encouraged for healthy persons who are aged 5–49 years and are not pregnant, including health-care workers (except those who care for severely immunocompromised patients in special care units) and persons caring for children aged < 6 months.
- Certain children aged < 9 years require 2 doses of vaccine if they have not previously been vaccinated. All children at high risk for complications from influenza, including those aged 6–23 months, who are brought for vaccination, should be vaccinated with a first or second dose, depending on vaccination status. However, doses should not be held in

reserve to ensure that 2 doses will be available. Instead, available vaccine should be used to vaccinate persons in priority groups on a first-come, first-serve basis.

Vaccination of Persons in Nonpriority Groups

Persons who are not included in one of the priority groups described above should be informed about the urgent vaccine supply situation and asked to forego or defer vaccination.

Persons Who Should Not Receive Influenza Vaccine

Persons in the following groups should not receive influenza vaccine before talking with their doctor:

- persons with a severe allergy (i.e., anaphylactic allergic reaction) to hens' eggs and
- persons who previously had onset of Guillain-Barré syndrome during the 6 weeks after receiving influenza vaccine.

Additional information is available at <http://www.cdc.gov/flu> or through the CDC public response hotline, telephone 888-246-2675 (English), 888-246-2857 (Español), or 866-874-2646 (TTY).

Notice to Readers

Health Protection Research Initiative

In 2003, CDC began developing a comprehensive strategy for conducting and fostering public health research. As part of this strategy, CDC launched the Health Protection Research Initiative, in spring 2004, to promote research to prevent disease, injury or disability, and to protect persons from infectious, environmental, and terrorist threats.

During the first year of this multiyear initiative, CDC has awarded \$21.7 million in 57 research grants to 1) develop effective health promotion and prevention programs in the workplace (31 awards), 2) support researcher and institutional training in public health research (24 awards), and 3) create new Centers of Excellence in health promotion economics to explore economic solutions and cost-effective strategies for health-promotion programs and policies (two awards). Of the workplace-focused grants, 21 involve projects designed to increase physical activity, improve diets and nutrition, and reduce obesity. Additional information on CDC's Health Protection Research Initiative and the recent grants is available at <http://www.cdc.gov/od/hpri>.