The most likely explanation for the presence of the 37-kDa RNase L protein—one that has not been excluded by these researchers—is that the protein is a normal product of monocytes. Therefore, its presence has no predictive value for disease and cannot be used as a diagnostic marker for CFS, even if there is strong interest in doing so.

W. M. H. Behan,[1] A. Chaudhuri,[2] J. Gow,[2] P. O. Behan,[2] and I. McKay[3]

Departments of [1]Pathology, [2]Neurology, and [3]Immunology, Glasgow University, Scotland, United Kingdom

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Reprints or correspondence: Dr. W. M. H. Behan, Dept. of Pathology, University of Glasgow, Western Infirmary, Glasgow, G11 6NT, United Kingdom (wmb1q@clinmed.gla.ac.uk).

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Influenza Surveillance with Rapid Diagnostic Tests

Sir—We would like to respond to the letter by Robert Hudson [1] in which he incorrectly stated that "no government agency provides disease surveillance" for influenza. The Centers for Disease Control and Prevention (CDC), in coordination with state and territorial health departments, has long conducted both virus and disease surveillance for influenza in the United States. One component of this system is a national network of volunteer sentinel physicians in 47 states who, each week from October through May, report the percentage of their patient visits that are for influenza-like illness. The CDC also collects and reports national data on influenza virus detection (by means of both virus isolation and rapid test); the mortality associated with pneumonia and influenza in 122 participating cities; and state-specific assessments of influenza activity, as reported by state and territorial epidemiologists [2]. The combined data provide an authoritative, comprehensive, and timely national assessment of influenza virus and disease activity and are relied upon by international and national public health authorities and physicians. The surveillance reports are updated each week during the months of October–May [3].

We also wish to correct any misconceptions fostered by Dr. Hudson's letter [1] that the CDC was involved with the formation of the National Flu Surveillance Network (NFSN). CDC does not endorse the NFSN and is not associated with this enterprise. The NFSN is a proprietary commercial system that promotes the sale of the ZstatFlu rapid diagnostic test (ZymeTx) and relies exclusively upon results of this test. The ZstatFlu test has reported sensitivities of 65%–96% and specificities of 63%–92% compared with viral culture [4–7]. Reported positive predictive values of the test, compared with viral culture, had a range of 59%–79%. The test is least accurate when the prevalence of circulating influenza viruses is low, as is the situation during the early and late parts of the influenza season. This test also does not distinguish between the presence of influenza A or B viruses, which is a matter of importance for institutions, such as nursing homes, that frequently use amantadine or rimantadine to control influenza A outbreaks. For chemoprophylaxis of influenza B outbreaks, the only currently approved antiviral drug is oseltamivir.

Timothy M. Uyeki, Keiji Fukuda, and Nancy J. Cox

Influenza Branch, Centers for Disease Control and Prevention, Atlanta, Georgia

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Reprints or correspondence: Dr. Timothy M. Uyeki, Epidemiology Section, Influenza Branch, Centers for Disease Control and Prevention, Mailstop A-32, 1600 Clifton Rd., Atlanta, GA 30333 (tmu0@cdc.gov).

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