

# Influenza Weekly Report

2014 Week 11 (March 9 – 15) through 2015 Week 11 (March 15 – 21)

Department of Health and Human Services  
Division of Public and Behavioral Health  
Office of Public Health Informatics and Epidemiology



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Data for the graphs and tables on the following pages are provisional and may be updated as additional information becomes available.

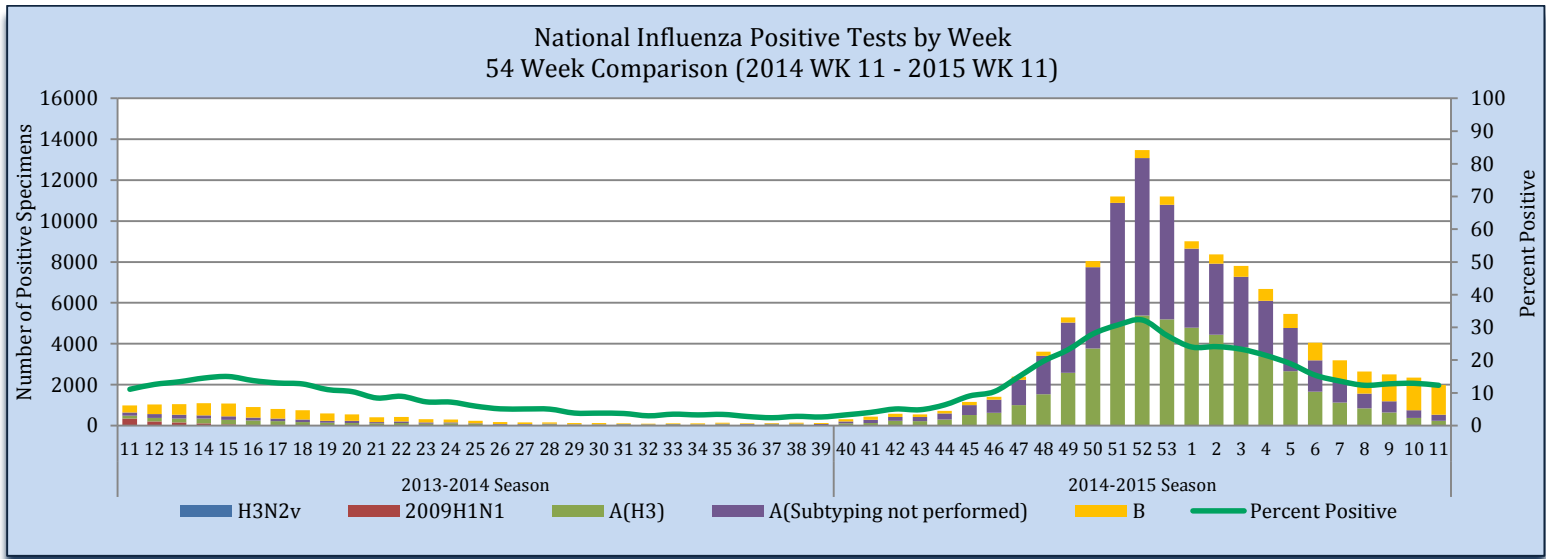
## Purpose

The purpose of this report is to provide an overview of and statistics for the influenza season in Nevada for the local public health authorities, sentinel providers and the public.

## Influenza-Like Illness Network Surveillance (ILINet)

Respiratory specimens are tested for influenza by the World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NRVESS) collaborating laboratories by sub-type. During week 11, there were 16,138 specimens collected and tested for influenza, of those 1,982 were positive (12.3%).

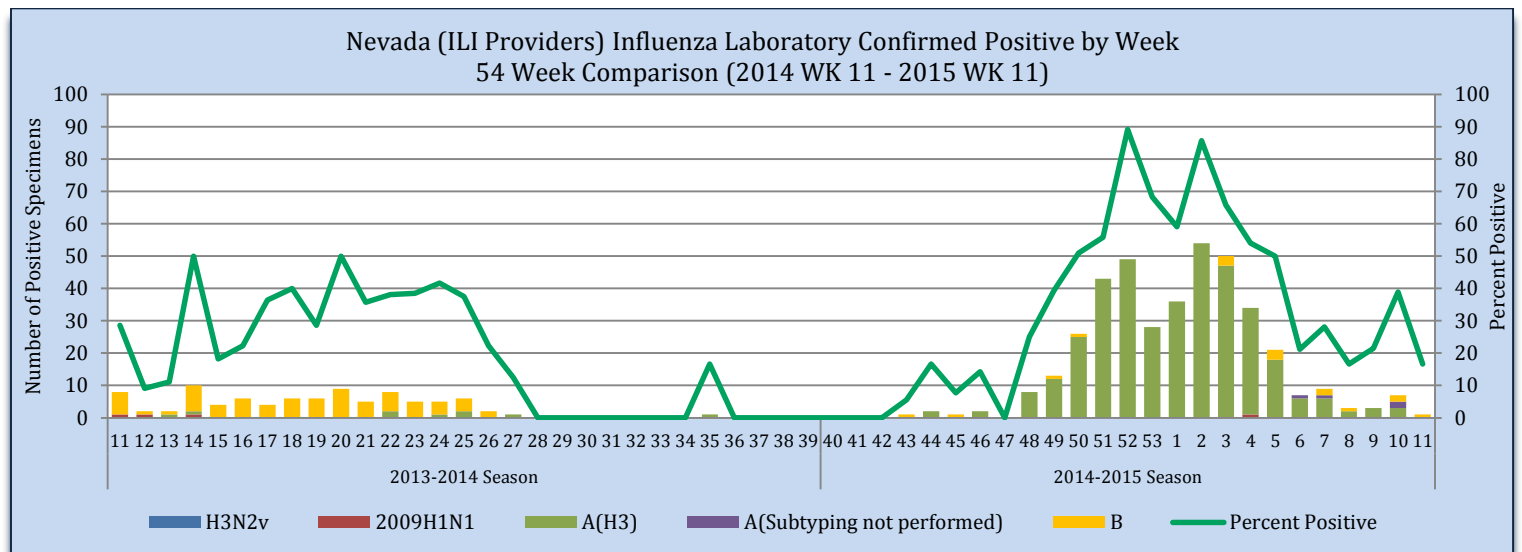
Figure 1



Source of Data: CDC: FluView Weekly Report.

The Nevada total includes laboratory tests for all Nevada residents including out of state laboratories. During week 11, there were 6 specimens collected and tested for influenza of which 1 were positive (16.7%).

Figure 2



Source of Data: CDC: ILINet.

Nevada State Public Health Laboratory (NSPHL) has tested 388 specimens for influenza from sentinel providers, of which 270 have been positive (69.6%). Southern Nevada Public Health Laboratory (SNPHL) has test 424 specimens this season of which 104 were positive. Nationally, there have been 577,156 specimens sent to the WHO and NERVSS laboratories of which 117,093 were positive or 20.3%. The national numbers in Table 1 are reflected in Figure 1. The state of Nevada data in Table 1 is reflected in Figure 2. The Nevada total includes laboratory test for all Nevada residents including out of state laboratories.

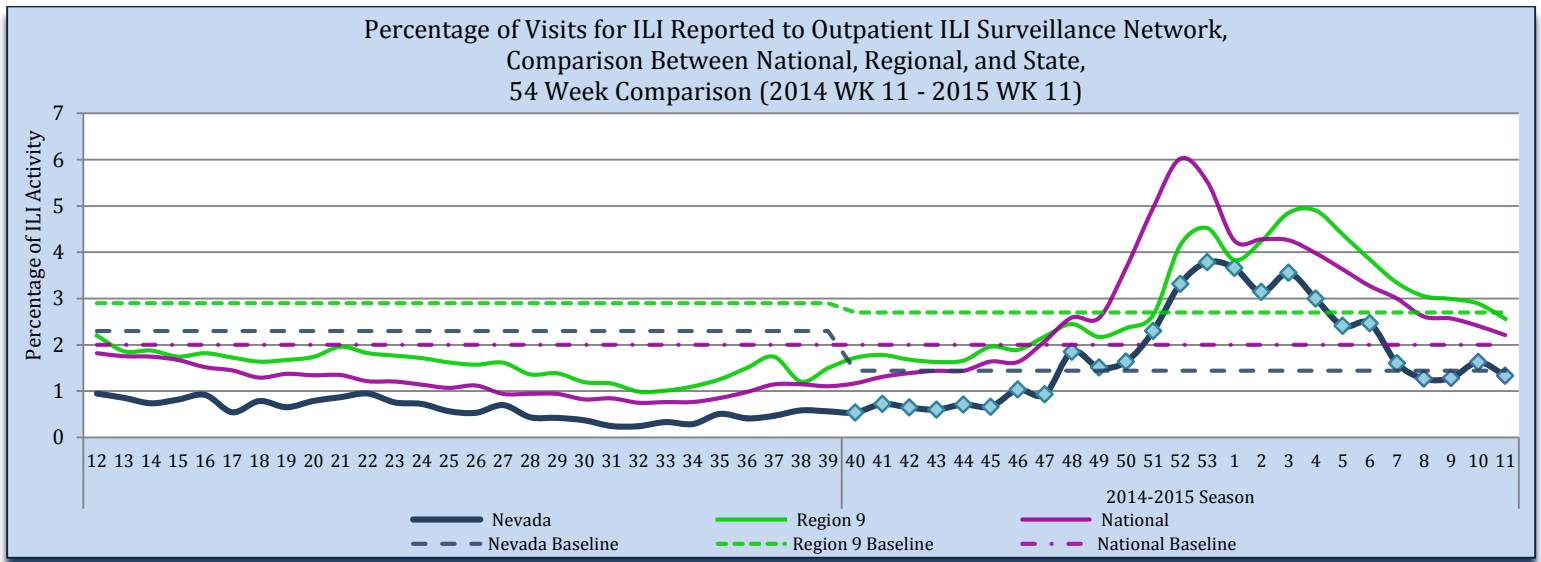
Table 1

ILINet Surveillance: Influenza Specimens Tested State and Nationally										
	NSPHL	SNPHL	State of Nevada (Week 11)		State of Nevada (Season)		National (Week 11)		National (Season)	
			#	%	#	%	#	%	#	%
Specimens Tested	388	424	6		863		16,138		577,156	
Positives to Influenza	270	104	1	16.7	398	46.1	1,982	12.3	117,093	20.3
<b>Influenza A:</b>	255	101	0	0.0	378	95.0	526	26.5	101,956	87.1
A(2009 H1N1)	1	0	0	0.0	1	0.3	1	0.2	207	0.2
A(H3)	254	101	0	0.0	377	99.7	239	45.4	51,301	50.3
A(Sub-typing not performed)	0	0	0	0.0	0	0.0	286	54.4	50,448	49.5
<b>Influenza B:</b>	11	3	1	100	16	4.0	1,456	73.5	15,136	12.9

Source of Data: CDC: FluView Report and CDC: ILINet.

Influenza-like illness (ILI) Surveillance Network has each sentinel providers report the number of patients that meet the ILI case definition and number of patients that visit the provider weekly. The “percentage of visits” is the number of ILI patients divided by the total number of patients visit per week. Nevada’s ILI percentage of visits to providers for week 11 is 1.3% and is below the state baseline 1.4%. Region 9 ILI percentage for week 11 is 2.6% and is below the region baseline of 2.7%. Region 9 includes the following states/territory: Arizona, California, Guam, Hawaii, and Nevada. The national ILI percentage for week 11 is 2.2% and is above the national baseline 2.0, for the 18<sup>th</sup> consecutive week.

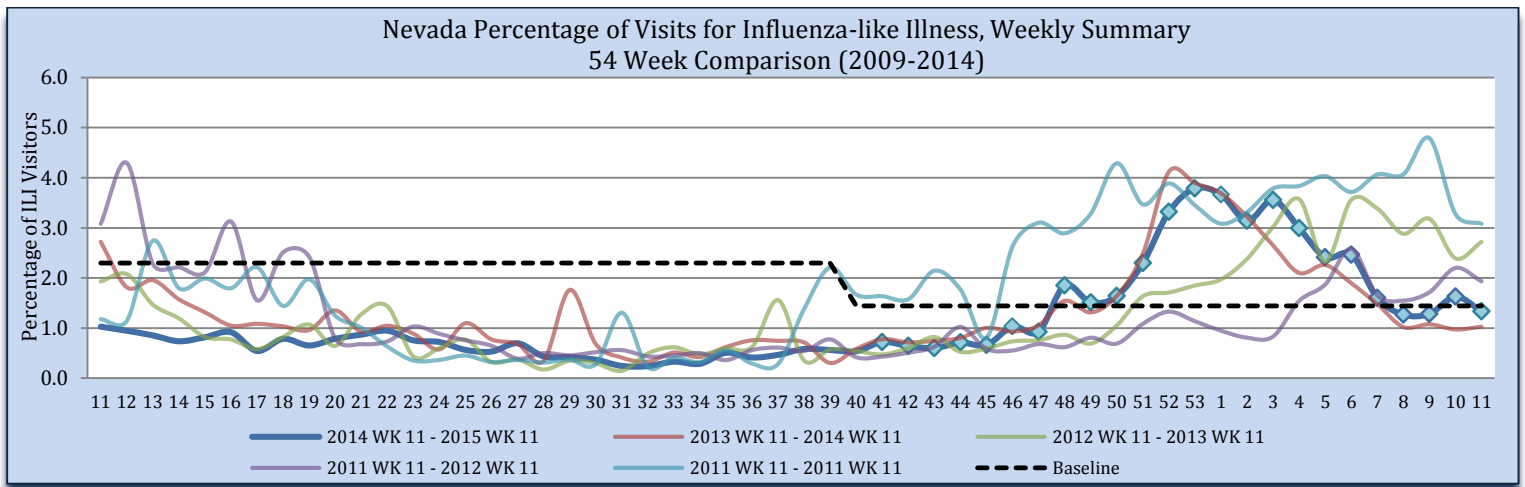
Figure 3



Source of Data: CDC: Flu View Report and CDC: ILINet.

During week 11, 1.3% of visits to sentinel providers were due to ILI; this is higher than the 2013-2014 influenza season (0.3%). There were 17,610 patients seen by ILI providers during week 11, of which 235 patients presented with ILI; week 11 of 2014, there were 184 patients seen with ILI. There was no week 53 in the previous influenza season displayed below; therefore the week 53 data point for those seasons is an average of week 52 and 1.

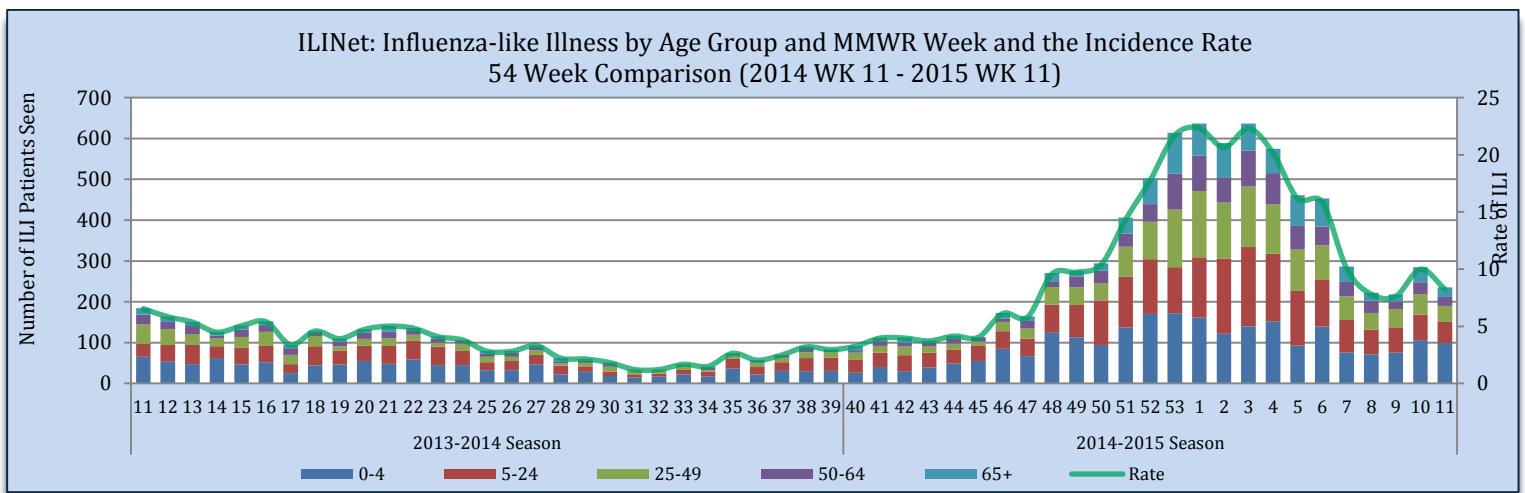
Figure 4



Source of Data: CDC: ILINet.

Influenza-like Illness is reported by age groups, during week 11, patients age 0-4 were the greatest number of patients seen with ILI, at 99 patients seen. The rate for week 11 is 8.2 per 100,000. The rate is calculated by the number of patients presented with ILI, divided by the state population, multiplied by 100,000. The estimated state population for 2015 is 2,855,061.

Figure 5



Source of Data: CDC: ILINet.

### Influenza Positive Surveillance (NBS and NETSS)

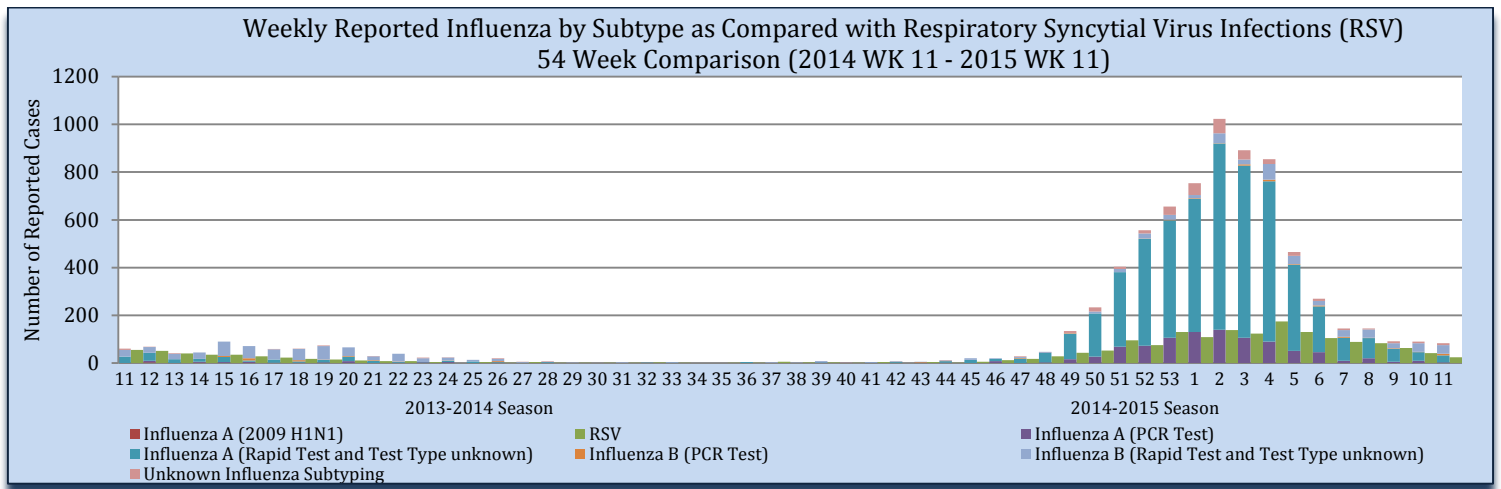
Positive cases of influenza are reported to the state health authority for surveillance purposes. Table 2 and Figure 6 reflect all positive influenza cases reported to the state. Types of influenza testing include commercial rapid diagnostic test (rapid), viral culture, fluorescent antibody, enzyme immunoassay, RT-PCR (PCR), and Immunohistochemistry. The two most common test types in Nevada are Rapid and PCR tests. During week 11, there were 83 influenza cases reported to the state, 33 influenza A cases, 43 influenza B cases and 7 unknown subtyping.

Table 2

Reporting Jurisdiction	Reported Influenza Cases by County Jurisdiction and Influenza Type									
	Current Week (Week 11)					Cumulative Influenza Season				
	H1N1	A	B	Unknown	Total	H1N1	A	B	Unknown	Total
Carson City Health and Human Services	0	6	8	0	14	0	927	90	2	1,019
Rural Community Health Services	0	0	4	0	4	0	561	29	45	635
Southern Nevada Health District	0	14	19	4	37	1	3,170	237	213	3,621
Washoe County Health District	0	13	12	3	28	1	1,479	140	51	1,671
State of Nevada	0	33	43	7	83	2	6,137	496	311	6,946

Source: OPHIE: NBS and SNHD: NETSS.

Figure 6



Source of Data: OPHIE: NBS and SNHD: NETSS.

### Hospitalizations

There have been 7 hospitalizations associated with influenza reported to the state health authority during week 11.

Table 3

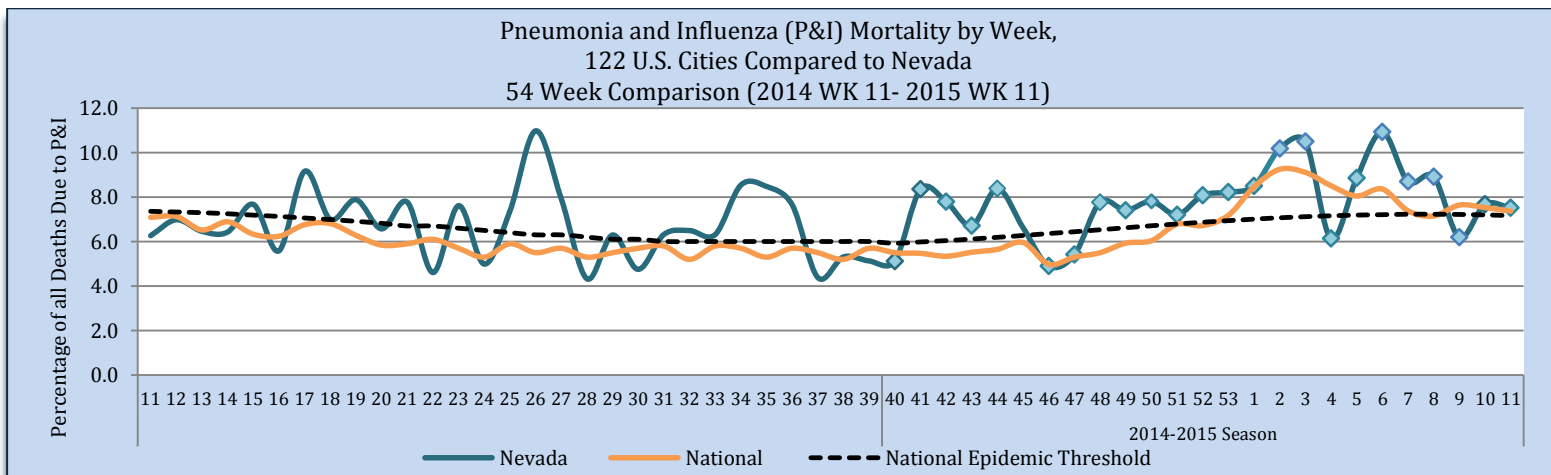
Reporting Jurisdiction	Influenza Hospitalizations			
	Current Week (Week 11)		Cumulative Influenza Season	
	#	%	#	%
Carson City Health and Human Services	0	0.0	43	7.6
Rural Community Health Services	0	0.0	29	5.1
Southern Nevada Health District	2	28.6	282	49.6
Washoe County Health District	5	71.4	214	37.7
State of Nevada	7	100	568	100

Source: Reported to Office of Public Health Informatics and Epidemiology from each Jurisdiction.

### Pneumonia and Influenza (P&I) Mortality Surveillance

The Pneumonia and Influenza (P&I) mortality percentage is the deaths, where Pneumonia or Influenza is listed as the underlying or contributing cause of death, divided by the total deaths in Nevada for each week. As of April 9, there were 36 P&I deaths and 479 total deaths for week 11. The P&I mortality percent is above the threshold at 7.5% (threshold 7.2%). Nationally, the P&I mortality is above the national epidemic threshold at 7.4% for week 11.

Figure 7



Source: OVR: WEVRRS and CDC: FluView.

## Technical Notes

- Influenza-like illness (ILI): a fever greater than or equal 100°F with cough and/or sore throat
- Percent positive: The number of positive influenza laboratory tests divided by the total number of tests performed.
- Incidence rate is per 100,000 population as estimated by the state demographer.

This report contains information from national and state-level data sources. Influenza surveillance data is collected by a various systems, including:

- Influenza-like Illness Network (ILINet): a sentinel surveillance system in collaboration with the Centers for the Disease Control and Prevention (CDC) where outpatient providers report ILI information weekly.
- National Electronic Telecommunication System for Surveillance (NETSS): a system whereby data is transmits to CDC. Influenza data collected through NETSS does not provide influenza sub-typing information.
- National Electronic Disease Surveillance System (NEDSS): a system for collecting data and monitoring disease trends and outbreaks.
- NEDSS Based System (NBS): an implementation of the NEDSS standards. It provides a secure, accurate, and efficient means of collecting, transmitting, and analyzing public health data.

## Citations

1. CDC. FluView: A Weekly Influenza Surveillance Report. <http://www.cdc.gov/flu/weekly/pastreports.htm>.
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6. Southern Nevada Health District (SNHD). NETSS/Trisano. 2013-2014. Accessed April 2015.

## Comments, suggestions, and requests for further information may be addressed to:

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