

# Influenza Weekly Report

2014 Week 18 (April 27 – May 3) through 2015 Week 18 (May 3 – 9)

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.

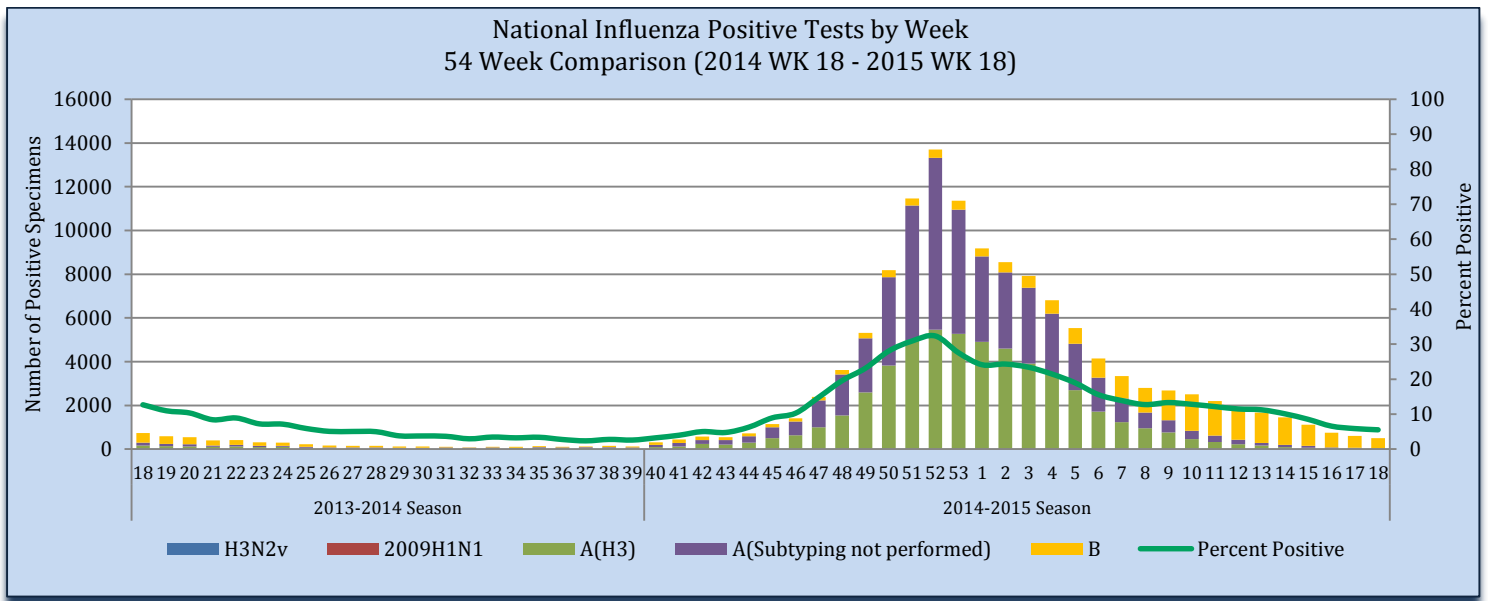
## Purpose

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 18, there were 9,116 specimens collected and tested for influenza, of those 504 were positive (5.5%).

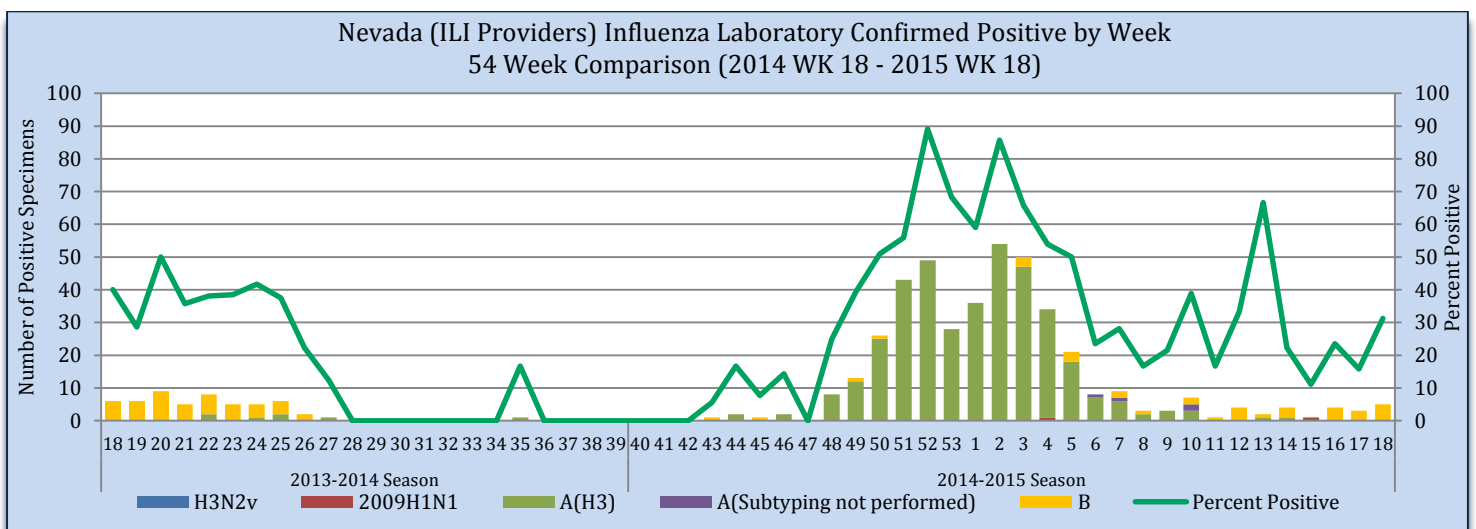
Figure 1



Source of Data: CDC: FluView Weekly Report.

The Nevada total includes laboratory tests for all Nevada residents including out of state laboratories. During week 18, there was 16 specimen collected and tested for influenza, of those 5 were positive (31.3%).

Figure 2



Source of Data: CDC: ILINet.

Nevada State Public Health Laboratory (NSPHL) has tested 411 specimens for influenza from sentinel providers, of which 283 have been positive (68.9%). Southern Nevada Public Health Laboratory (SNPHL) has test 492 specimens this season of which 114 were positive. Nationally, there have been 677,663 specimens sent to the WHO and NERVSS laboratories of which 124,956 were positive or 18.4%. 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.

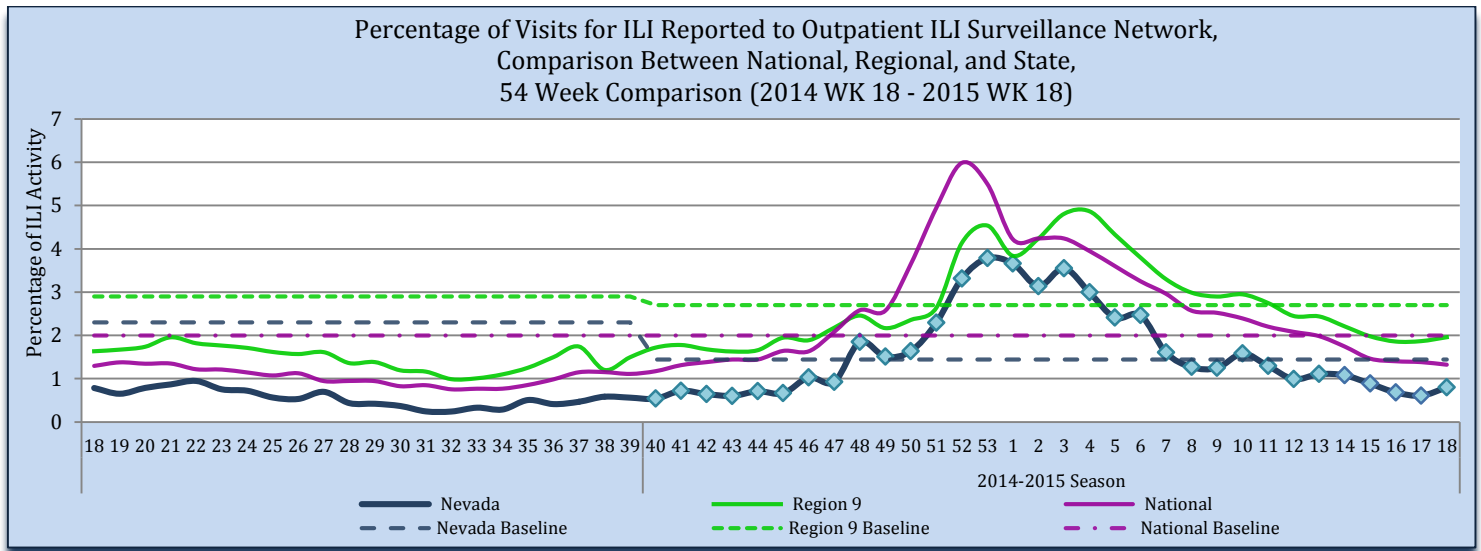
Table 1

ILINet Surveillance: Influenza Specimens Tested State and Nationally										
	NSPHL	SNPHL	State of Nevada (Week 18)		State of Nevada (Season)		National (Week 18)		National (Season)	
			#	%	#	%	#	%	#	%
Specimens Tested	411	492	16		958		9,116		677,663	
Positives to Influenza	283	114	5	31.3	422	44.1	504	5.5	124,956	18.4
<b>Influenza A:</b>	257	103	0	0.0	382	90.5	28	5.6	104,761	83.8
A(2009 H1N1)	2	0	0	0.0	2	0.5	1	3.6	218	0.2
A(H3)	255	103	0	0.0	380	99.5	10	35.7	52,262	49.9
A(Sub-typing not performed)	0	0	0	0.0	0	0.0	17	60.7	52,281	49.9
<b>Influenza B:</b>	22	11	5	100.0	36	8.5	476	94.4	20,194	16.2

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 18 is 0.8% and is below the state baseline 1.4%. Region 9 ILI percentage for week 18 is 2.0% 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 18 is 1.3% and is below the national baseline 2.0%.

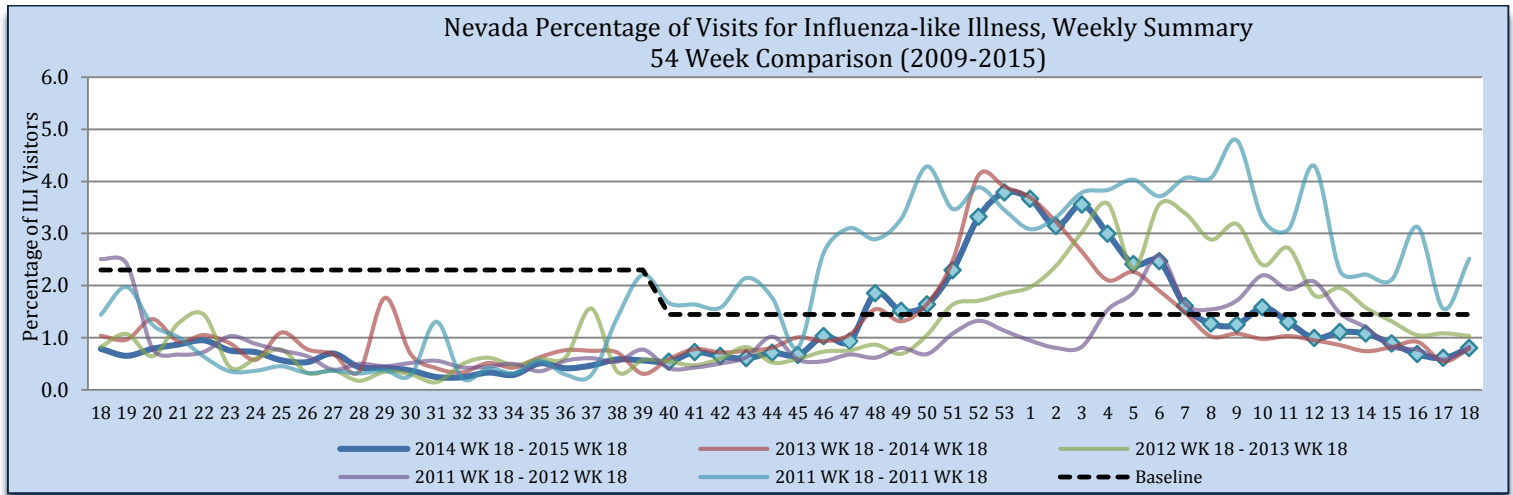
Figure 3



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

During week 18, 0.8% of visits to sentinel providers were due to ILI; this is same as than the 2013-2014 influenza season (0.8%). There were 17,039 patients seen by ILI providers during week 18, of which 136 patients presented with ILI; week 18 of 2014, there were 129 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.

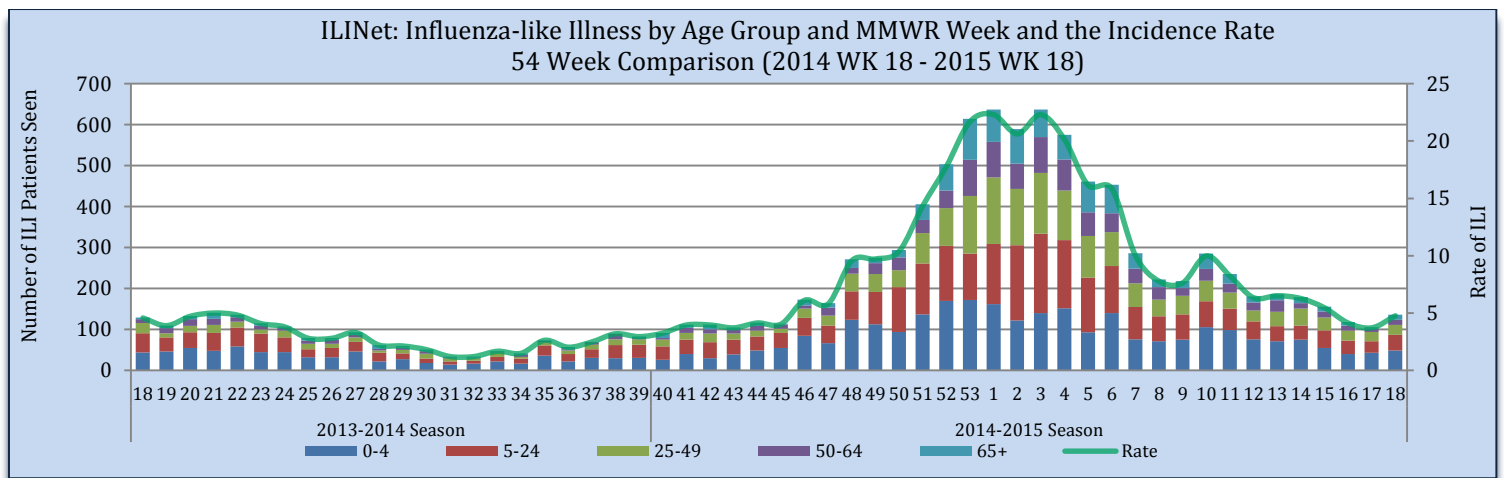
Figure 4



Source of Data: CDC: ILINet.

Influenza-like Illness is reported by age groups, during week 18, patients age 0-4 were the greatest number of patients seen with ILI, at 49 patients seen. The rate for week 18 is 4.8 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)

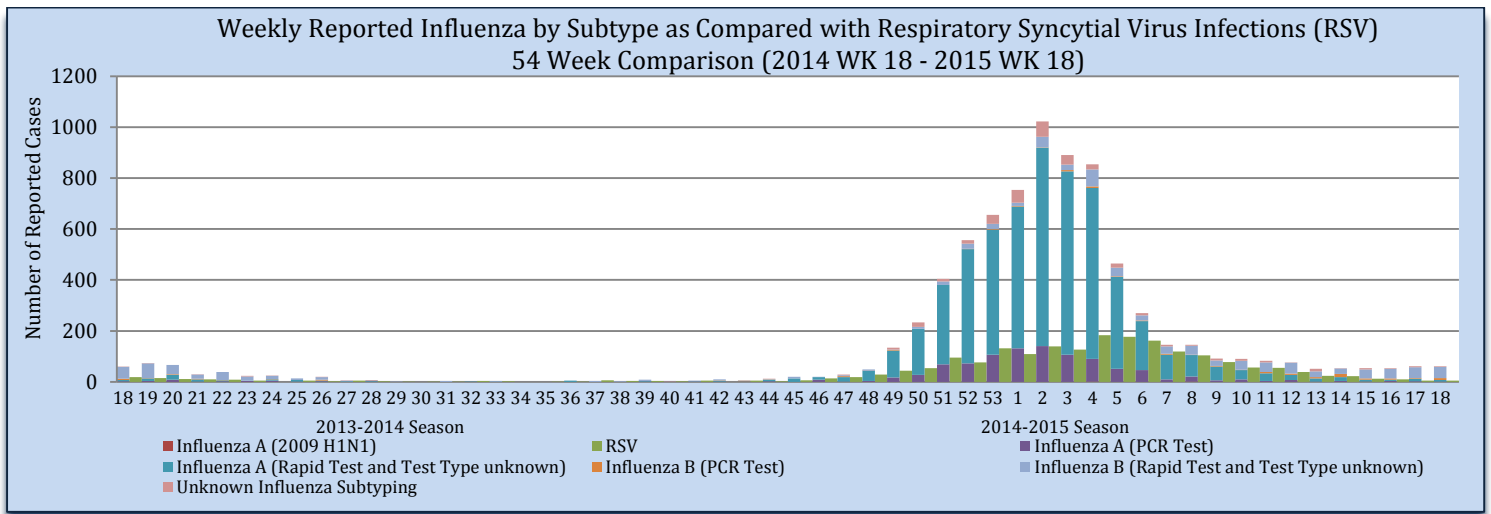
Positive cases of influenza are reported to the state health authority for surveillance purposes. Table 2 and Figure 6 reflect all positive influenza cases reported to the state. Types of influenza testing include commercial rapid diagnostic test (rapid), viral culture, fluorescent antibody, enzyme immunoassay, RT-PCR (PCR), and Immunohistochemistry. The two most common test types in Nevada are Rapid and PCR tests. During week 18, there were 61 influenza cases reported to the state, 7 influenza A cases, 52 influenza B cases and 2 unknown subtyping.

Table 2

Reporting Jurisdiction	Reported Influenza Cases by County Jurisdiction and Influenza Type									
	Current Week (Week 18)					Cumulative Influenza Season				
	H1N1	A	B	Unknown	Total	H1N1	A	B	Unknown	Total
Carson City Health and Human Services	0	1	7	0	8	0	937	127	3	1,067
Rural Community Health Services	0	0	3	0	3	0	563	61	48	672
Southern Nevada Health District	0	5	30	2	37	1	3,236	409	233	3,879
Washoe County Health District	0	1	12	0	13	1	1,495	191	52	1,739
State of Nevada	0	7	52	2	61	2	6,231	788	336	7,357

Source: OPHIE: NBS and SNHD: NETSS.

Figure 6



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

### Hospitalizations

There have been 4 hospitalizations associated with influenza reported to the state health authority during week 18.

Table 3

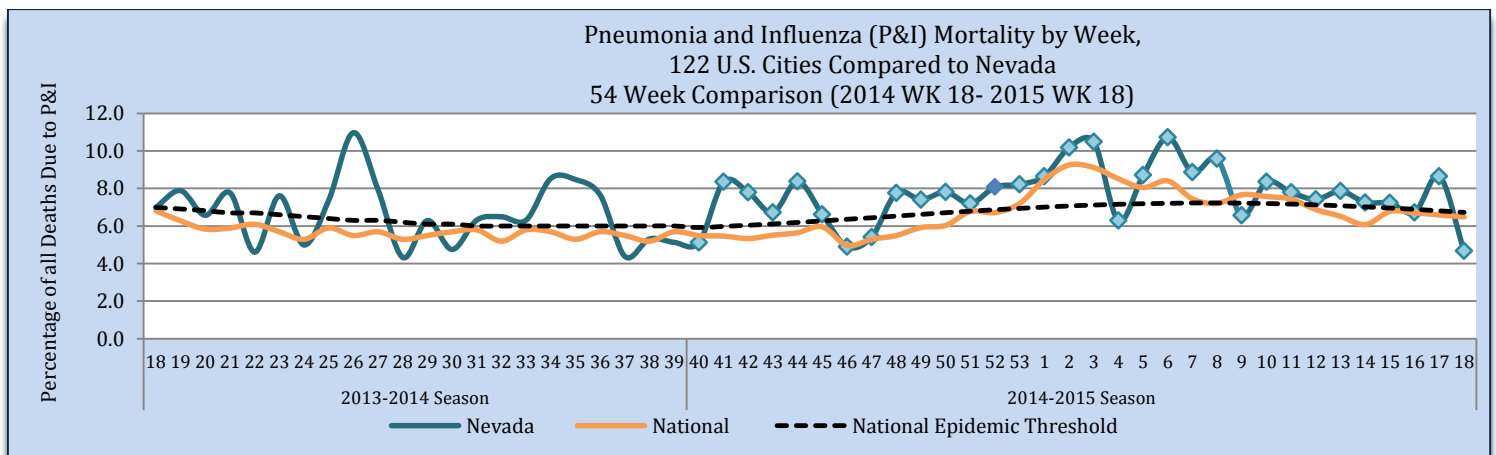
Reporting Jurisdiction	Influenza Hospitalizations			
	Current Week (Week 18)		Cumulative Influenza Season	
	#	%	#	%
Carson City Health and Human Services	0	0.0	44	7.3
Rural Community Health Services	0	0.0	30	5.0
Southern Nevada Health District	4	100	307	51.3
Washoe County Health District	0	0.0	218	36.4
State of Nevada	4	100	599	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 June 17, there were 19 P&I deaths and 406 total deaths for week 18. The P&I mortality percent is below the threshold at 4.7% (threshold 6.7%). Nationally, the P&I mortality is below the national epidemic threshold at 6.5% for week 18.

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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4. OPHIE. DPBH. NBS. 2013-2014. Accessed June 2015.
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6. Southern Nevada Health District (SNHD). NETSS/Trisano. 2013-2014. Accessed June 2015.

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

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