

# Influenza Weekly Report

2014 Week 46 (November 9 – 15) through 2015 Week 46 (November 15 – 21)

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



Brian Sandoval  
Governor  
State of Nevada

Richard Whitley, MS  
Director  
Department of Health and Human Services

Cody L. Phinney, MPH  
Administrator  
Division of Public and Behavioral Health

Tracey D Green, MD  
Chief Medical Officer  
Division of Public and Behavioral Health

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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.

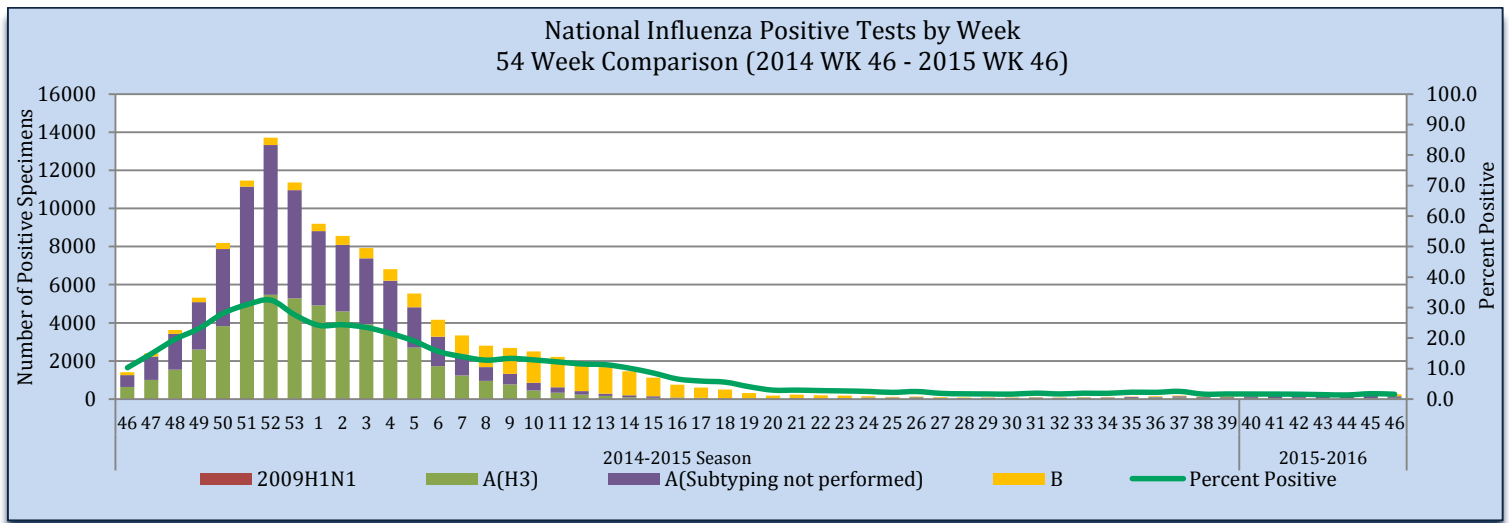
## Purpose

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 46, there were 15,480 specimens collected and tested for influenza, of those 244 were positive (1.6%).

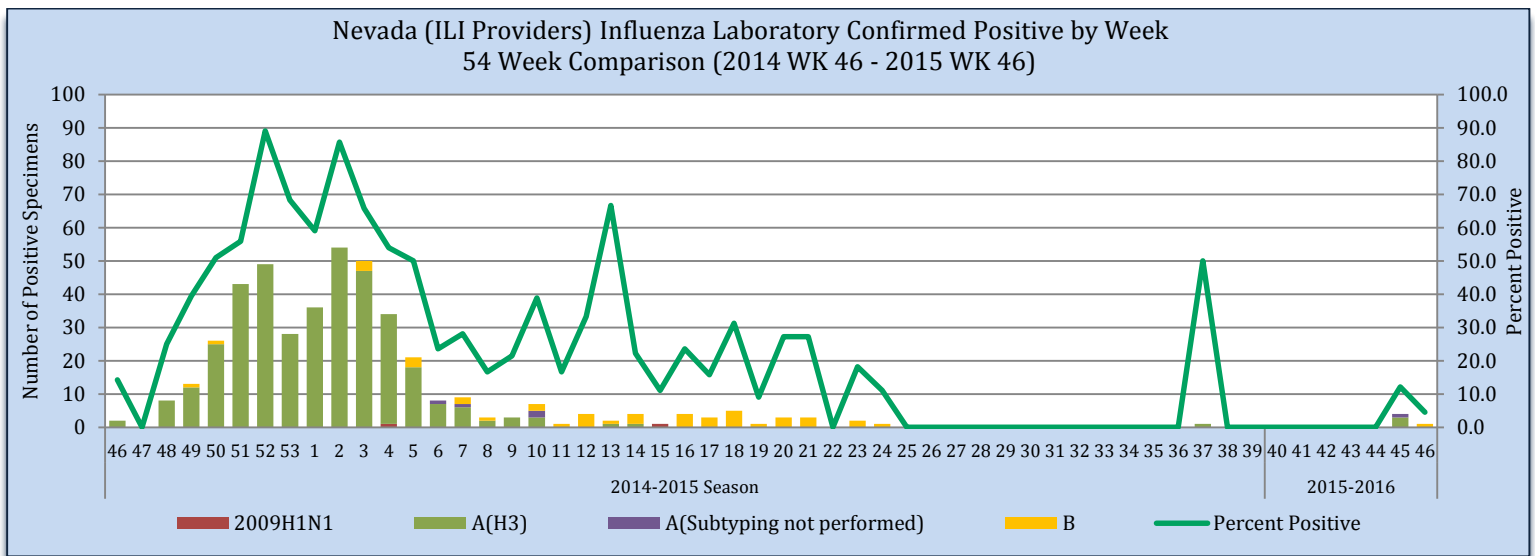
Figure 1



Source of Data: CDC: FluView Weekly Report.

The Nevada total includes laboratory tests for all Nevada residents including out of state laboratories. During week 46, there were 22 specimen collected and tested for influenza of which 1 was positive (4.5%).

Figure 2



Source of Data: CDC: ILINet.

Nevada State Public Health Laboratory (NSPHL) has tested 22 specimens for influenza from sentinel providers, of which there have been 4 positive (18.2%). Southern Nevada Public Health Laboratory (SNPHL) has tested 68 specimens this season of which there have been 3 positives. Nationally, there have been 101,587 specimens sent to the WHO and NERVSS laboratories of which 1,585 have been positive or 1.6%. 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.

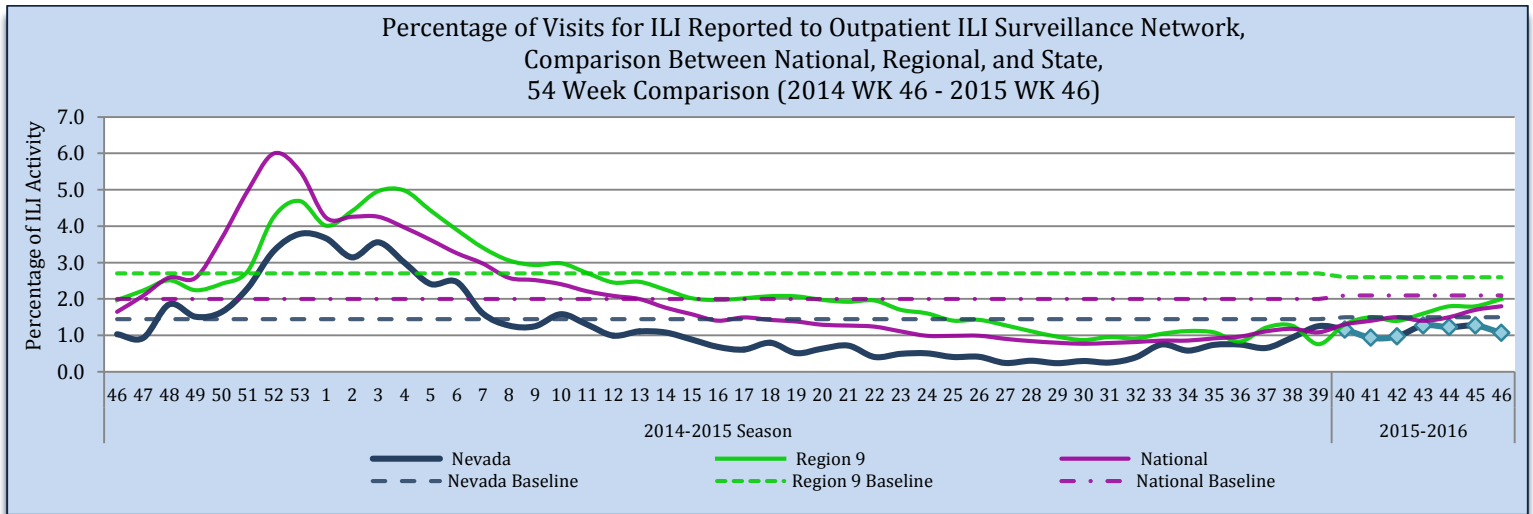
Table 1

ILINet Surveillance: Influenza Specimens Tested State and Nationally										
	NSPHL	SNPHL	State of Nevada (Week 46)		State of Nevada (Season)		National (Week 46)		National (Season)	
			#	%	#	%	#	%	#	%
Specimens Tested	22	68	22		163		15,480		101,587	
Positives to Influenza	4	3	1	4.5	5	3.1	244	1.6	1,585	1.6
<b>Influenza A:</b>	1	0	0	0.0	4	80.0	141	57.8	1,049	66.2
A (2009 H1N1)	0	0	0	0.0	0	0.0	17	12.1	57	5.4
A (H3)	1	0	0	0.0	3	75.0	41	29.1	282	26.9
A (Sub-typing not performed)	0	0	0	0.0	1	25.0	83	58.9	710	67.7
<b>Influenza B:</b>	0	0	1	100	1	20.0	103	42.2	536	33.8
B (Victoria Linage)	0	0	0	0.0	0	0.0	0	0.0	11	2.1
B (Yamagata Linage)	0	0	0	0.0	0	0.0	3	2.9	16	3.0
B (Sub-typing not performed)	0	0	1	100	1	100	100	97.1	509	95.0

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 46 is 1.1% and is below the state baseline 1.5%. Region 9 ILI percentage for week 46 is 2.0% and is below the region baseline 2.6%. Region 9 includes the following states/territory: Arizona, California, Guam, Hawaii, and Nevada. The national ILI percentage for week 46 is 1.8% and is below the national baseline 2.1%.

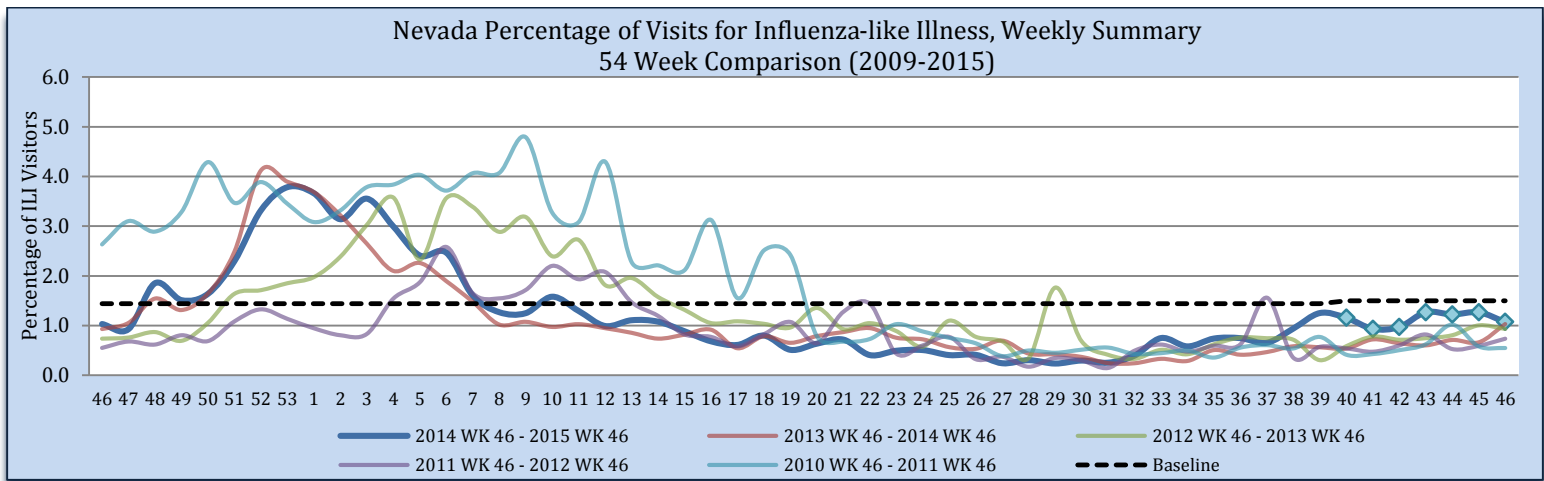
Figure 3



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

During week 46, 1.1% of visits to sentinel providers were due to ILI; this is higher than the 2014-2015 influenza season (1.0%). There were 10,929 patients seen by ILI providers during week 46, of which 117 patients presented with ILI; week 46 of 2014, there were 173 patients seen with ILI (16,782 total patients seen). There was no week 53 in the previous influenza seasons displayed below; therefore the week 53 data point for those seasons is an average of week 52 and 1.

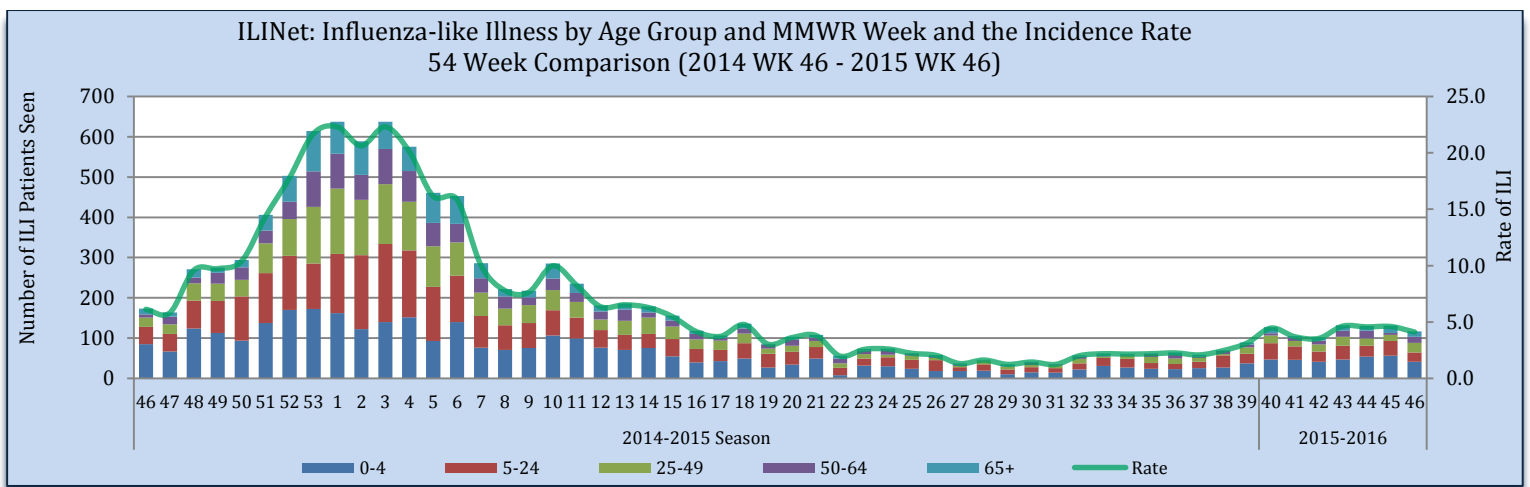
Figure 4



Source of Data: CDC: ILINet.

Influenza-like Illness is reported by age groups, during week 46, patients age 0-4 were the greatest number of patients seen with ILI, at 41 patients seen. The rate for week 46 is 4.1 per 100,000 population. 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)

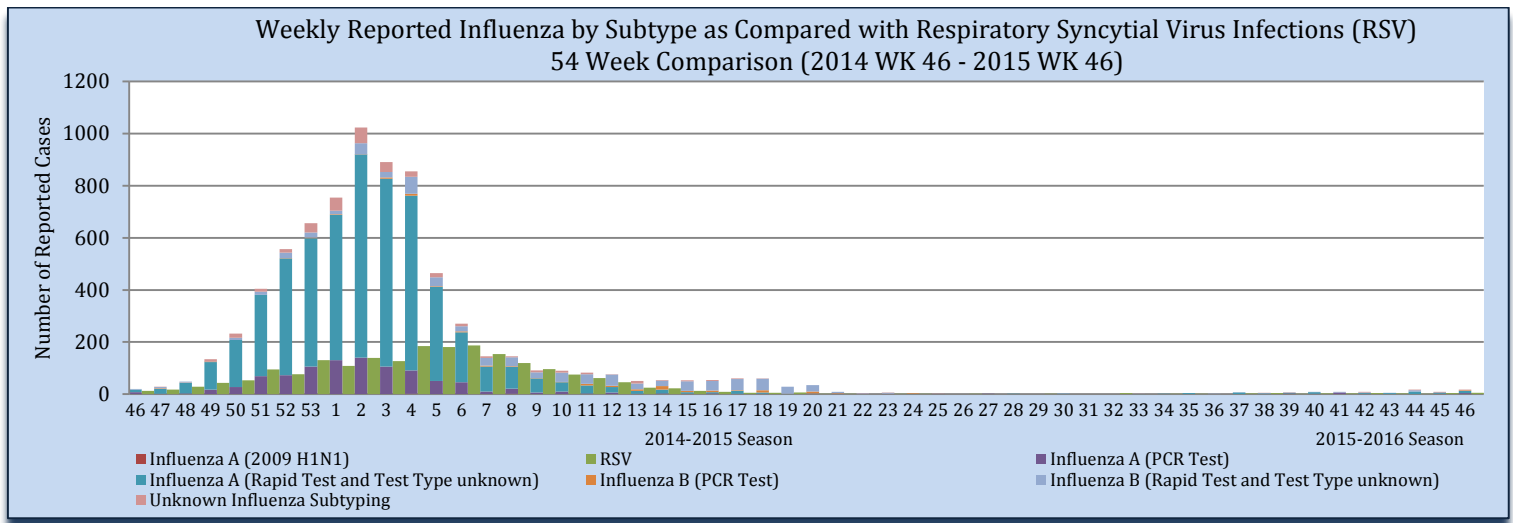
Positive cases of influenza are reported to the state health authority for surveillance purposes. Table 2 and Figure 6 reflect all positive influenza cases reported to the state. Types of influenza testing include commercial rapid diagnostic test (rapid), viral culture, fluorescent antibody, enzyme immunoassay, RT-PCR (PCR), and Immunohistochemistry. The two most common test types in Nevada are Rapid and PCR tests. During week 46, there were 18 influenza cases reported to the state, 13 influenza A, 2 influenza B case and 3 unknown sub-typing.

Table 2

Reporting Jurisdiction	Reported Influenza Cases by County Jurisdiction and Influenza Type									
	Current Week (Week 46)					Cumulative Influenza Season				
	H1N1	A	B	Unknown	Total	H1N1	A	B	Unknown	Total
Carson City Health and Human Services	0	1	0	0	1	0	5	0	0	5
Rural Community Health Services	0	1	0	0	1	0	1	0	0	1
Southern Nevada Health District	0	6	2	3	11	0	1	33	8	52
Washoe County Health District	0	5	0	0	5	0	12	5	2	19
State of Nevada	0	13	2	3	18	1	51	13	12	77

Source: OPHIE: NBS and SNHD: NETSS.

Figure 6



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

### Hospitalizations

There was 1 hospitalization associated with influenza reported to the state health authority for week 46.

Table 3

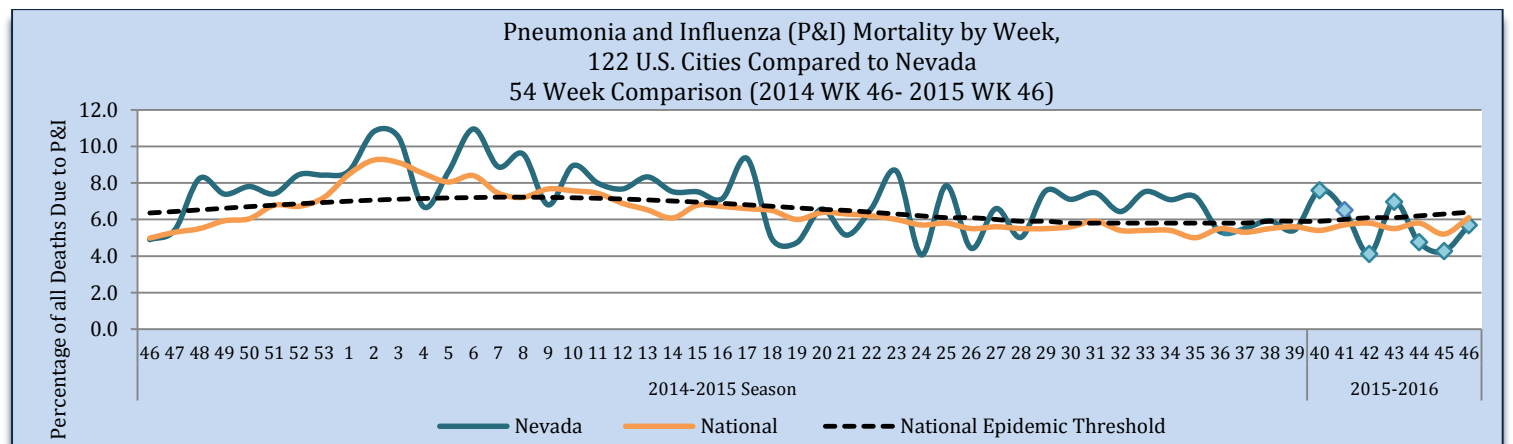
Reporting Jurisdiction	Influenza Hospitalizations			
	Current Week (Week 46)		Cumulative Influenza Season	
	#	%	#	%
Carson City Health and Human Services	0	0.0	3	25.0
Rural Community Health Services	0	0.0	1	8.3
Southern Nevada Health District	1	100	8	66.7
Washoe County Health District	0	0.0	0	0.0
State of Nevada	1	100	12	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 January 5, there were 25 P&I deaths and 440 total deaths for week 46. The P&I mortality percent is below the threshold at 5.7% (threshold 6.4%). Nationally, the P&I mortality is below the national epidemic threshold at 6.4% for week 46.

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 January 2016.

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

NEVADA INFLUENZA SURVEILLANCE PROGRAM  
OFFICE OF PUBLIC HEALTH INFORMATICS AND EPIDEMIOLOGY  
4126 TECHNOLOGY WAY, STE 200  
CARSON CITY NV 89706  
TEL: (775) 684-5897  
FAX: (775) 684-5999

## Compiled and Written by:

JEN THOMPSON

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