Influenza Weekly Report

2014 Week 6 (February 2 – 8) through 2015 Week 6 (February 8 – 14)

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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 (NRVSS) collaborating laboratories by sub-type. During week 6, there were 24,243 specimens collected and tested for influenza, of those 3,393 were positive (14.0%).

**Figure 1**

![National Influenza Positive Tests by Week](chart1)


The Nevada total includes laboratory tests for all Nevada residents including out of state laboratories. During week 6, there were 23 specimens collected and tested for influenza of which 5 were positive (21.7%).

**Figure 2**

![Nevada (ILI Providers) Influenza Laboratory Confirmed Positive by Week](chart2)

Source of Data: CDC: ILINet.
Nevada State Public Health Laboratory (NSPHL) has tested 341 specimens for influenza from sentinel providers, of which 253 have been positive (73.9%). Southern Nevada Public Health Laboratory (SNPHL) has test 377 specimens this season of which 96 were positive. Nationally, there have been 467,499 specimens sent to the WHO and NERVSS laboratories of which 96,444 were positive or 20.6%. 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

<table>
<thead>
<tr>
<th>Influenza Weekly Report</th>
<th>v 2015 16 (February 8 – 14, 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ILINet Surveillance: Influenza Specimens Tested State and Nationally</strong></td>
<td></td>
</tr>
<tr>
<td>NSPHL</td>
<td>SNPHL</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Specimens Tested</td>
<td>345</td>
</tr>
<tr>
<td>Positives to Influenza</td>
<td>255</td>
</tr>
<tr>
<td><strong>Influenza A:</strong></td>
<td></td>
</tr>
<tr>
<td>A(2009 H1N1)</td>
<td>250</td>
</tr>
<tr>
<td>A(H3)</td>
<td>249</td>
</tr>
<tr>
<td>A(Sub-typing not performed)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Influenza B:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

**Source of Data:** CDC: Flu View 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 6, which is 2.5% and is above the state baseline 1.4%, the 12th consecutive week. Region 9 ILI percentage for week 6 is 3.8% and is above the region baseline 2.7% for the 8th consecutive week. Region 9 includes the following states/territory: Arizona, California, Guam, Hawaii, and Nevada. The national ILI percentage for week 6 is 3.3% and is above the national baseline 2.0, for the 13th consecutive week.

**Figure 3**

Percentage of Visits for ILI Reported to Outpatient ILI Surveillance Network, Comparison Between National, Regional, and State, 54 Week Comparison (2014 WK 6 - 2015 WK 6)

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

During week 6, 2.5% of visits to sentinel providers were due to ILI; this is .6% greater than the 2013-2014 influenza season (1.9%). There were 17,904 patients seen by ILI providers during week 6, of which 450 patients presented with ILI; week 6 of 2014, there were 351 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.
Influenza-like Illness is reported by age groups, during week 6, patients age 0-4 were the greatest number of patients seen with ILI, at 138 patients seen. The rate for week 6 is 15.8 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.

## Influenza Positive Surveillance (NBS and NETSS)

Positive cases of influenza are reported to the state health authority for surveillance purposes. Figure 6 and Table 2 reflects 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 6, there were 265 influenza cases reported to the state, 233 influenza A cases, 23 influenza B cases and 9 unknown subtyping.

### Table 2

<table>
<thead>
<tr>
<th>Reporting Jurisdiction</th>
<th>Reported Influenza Cases by County Jurisdiction and Influenza Type</th>
<th>Cumulative Influenza Season</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current Week (Week 6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>H1N1</td>
<td>A</td>
</tr>
<tr>
<td>Carson City Health and Human Services</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>Rural Community Health Services</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Southern Nevada Health District</td>
<td>0</td>
<td>87</td>
</tr>
<tr>
<td>Washoe County Health District</td>
<td>0</td>
<td>102</td>
</tr>
<tr>
<td>State of Nevada</td>
<td>0</td>
<td>233</td>
</tr>
</tbody>
</table>

Source: OPHIE: NBS and SNHD: NETSS.
Hospitalizations

There have been 19 hospitalizations associated with influenza reported to the state health authority during week 6.

Table 3

<table>
<thead>
<tr>
<th>Reporting Jurisdiction</th>
<th>Current Week (Week 6)</th>
<th>Cumulative Influenza Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson City Health and Human Services</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>Rural Community Health Services</td>
<td>1</td>
<td>27</td>
</tr>
<tr>
<td>Southern Nevada Health District</td>
<td>7</td>
<td>217</td>
</tr>
<tr>
<td>Washoe County Health District</td>
<td>12</td>
<td>191</td>
</tr>
<tr>
<td>State of Nevada</td>
<td>19</td>
<td>457</td>
</tr>
</tbody>
</table>

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 February 28, there were 42 P&I deaths and 413 total deaths for week 6. The P&I mortality percent is above the threshold at 10.2% (threshold 7.2%). Nationally, the P&I mortality is above the national epidemic threshold at 8.4% for week 6.
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


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

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