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 48, there were 13,398 specimens collected and tested for influenza, of those 2,274 were positive (17.0%).

Figure 1


The Nevada total includes laboratory tests for all Nevada residents including out of state laboratories. During week 48, there were 23 specimens collected and tested for influenza all of which were negative.

Figure 2

Source of Data: CDC: ILINet.
Nevada State Public Health Laboratory (NSPHL) has tested 23 specimens for influenza from sentinel providers, of which 3 have been positive (13.0%). Southern Nevada Public Health Laboratory (SNPHL) has tested 145 specimens this season of which 3 were positive. Nationally, there have been 102,643 specimens sent to the WHO and NERVSS laboratories of which 8,862 were positive or 8.6%. 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></th>
<th>NSPHL</th>
<th>SNPHL</th>
<th>State of Nevada (Week 48)</th>
<th>State of Nevada (Season)</th>
<th>National (Week 48)</th>
<th>National (Season)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimens Tested</td>
<td>20</td>
<td>145</td>
<td>23</td>
<td>171</td>
<td>13,398</td>
<td>102,643</td>
</tr>
<tr>
<td>Positives to Influenza</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>6</td>
<td>2,274</td>
<td>17.0</td>
</tr>
</tbody>
</table>

**Influenza A:**
- A(2009 H1N1): 2/22/0 0.0% 136.7 2,129 93.6 7,628 86.1
- A(H3): 2/22/0 0.0% 100 656 30.8 4,502 59.0
- A(Sub-typing not performed): 0/0/0 0.0 1,468 69.0 3,093 40.5

**Influenza B:**
- 1/1/0 0.0 145 6.4 1,234 13.9

*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 48 is 1.6% and is above the state baseline 1.4. Region 9 ILI percentage for week 48 is 2.3% and is below the region baseline 2.7. Region 9 includes the following states/territory: Arizona, California, Guam, Hawaii, and Nevada. The national ILI percentage for week 48 is 2.6% and is above the national baseline 2.0.

### Figure 3

Percentage of Visits for ILI Reported to Outpatient ILI Surveillance Network, Comparison Between National, Regional, and State, 53 Week Comparison (2013 WK 48 - 2014 WK 48)

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

During week 48, 1.6% of visits to sentinel providers were due to ILI; this is an increase of .1% from the 2013-2014 influenza season.
Influenza Weekly Report

Figure 4

Source of Data: CDC: ILINet.

Influenza-like Illness is reported by age groups, during week 48, patients age 0-4 were the greatest number of patients seen with ILI, at 112 patients seen. The rate for week 48 is 7.8 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 2014 is 2,819,321.

Figure 5

Source of Data: CDC: ILINet.

BioSense

The BioSense application is a monitoring system of the CDC’s National Syndromic Surveillance Program that aims to increase the ability of state health authorities to track and respond to harmful health efforts of exposure to disease or hazardous conditions. During week 48, 44 patients were seen with ILI through BioSense, 0.3% of the total patients seen.

Table 2

<table>
<thead>
<tr>
<th>Reporting Jurisdiction</th>
<th>Current Week (Week 48)</th>
<th>Cumulative Influenza Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson City Health and Human Services</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td>Community Health Nursing</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Southern Nevada Health District</td>
<td>17</td>
<td>245</td>
</tr>
<tr>
<td>Washoe County Health District</td>
<td>18</td>
<td>153</td>
</tr>
<tr>
<td>State of Nevada</td>
<td>44</td>
<td>505</td>
</tr>
</tbody>
</table>

Source of Data: BioSense.
Influenza-like illness monitored through BioSense had the highest patient visits with ILI in the 5-24 age groups, which is different from the ILINet surveillance (age group 0-4). The total patient seen with ILI increased from week 47, from 44 patients to 39 patients during week 48.

**Figure 6**

BioSense: Influenza-like Illness by Age Group and Percent of Total Visits

53 Week Comparison (2013 WK 48 - 2014 WK 48)

*Source of Data: BioSense.*

### 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 48, there were 44 influenza cases reported to the state, 40 influenza A cases, and 4 influenza B cases.

**Figure 7**

Weekly Reported Influenza by Subtype as Compared with Respiratory Syncytial Virus Infections (RSV)

53 Week Comparison (2013 WK 48 - 2014 WK 48)

*Source of Data: OPHIE: NBS and SNHD: NETSS.*
Table 3

<table>
<thead>
<tr>
<th>Reporting Jurisdiction</th>
<th>Reported Influenza Cases by County Jurisdiction and Influenza Type</th>
<th>Current Week (Week 48)</th>
<th>Cumulative Influenza Season</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>H1N1</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Carson City Health and Human Services</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Community Health Nursing</td>
<td>0</td>
<td>26</td>
<td>1</td>
</tr>
<tr>
<td>Southern Nevada Health District</td>
<td>0</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Washoe County Health District</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>State of Nevada</td>
<td>0</td>
<td>40</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: OPHIE: NBS and SNHD: NETSS.

Nevada State Public Health Laboratory (NSPHL) submits all influenza laboratory tests to OPHIE regardless of outcome. The percent positive is the total influenza positive influenza tests divided by the total influenza laboratory tests completed. For the current influenza season the percent positive is 20%. Only 12 tests have been submitted to OPHIE with 2 positive.

Figure 8

Nevada State Public Health Laboratory Influenza Test Positive compared with Negative Tests 53 Week View (2013 WK 48 - 2014 WK 48)

Source: Reported to the Office of Public Health Informatics and Epidemiology from Nevada State Public Health Laboratory.

Hospitalizations

There have been 3 hospitalizations associated with influenza reported to the state health authority during week 48.

Table 4

<table>
<thead>
<tr>
<th>Reporting Jurisdiction</th>
<th>Influenza Hospitalizations</th>
<th>Influenza Hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current Week (Week 48)</td>
<td>Cumulative Influenza Season</td>
</tr>
<tr>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Carson City Health and Human Services</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Community Health Nursing</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Southern Nevada Health District</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>Washoe County Health District</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>State of Nevada</td>
<td>3</td>
<td>100</td>
</tr>
</tbody>
</table>

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. During week 48, there are 22 deaths associated with P&I, as of December 8, which is below the national epidemic threshold at 5.6% (threshold at 6.5%). Nationally, the P&I mortality is at the national epidemic threshold at 6.5%.
Figure 9

Pneumonia and Influenza (P&I) Mortality by Week,
122 U.S. Cities Compared to Nevada
53 Week Comparison (2013 WK 48-2014 WK 48)

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


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

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