

# Influenza Weekly Report

2017 Week 12 (March 19 – March 25, 2017) through 2018 Week 12 (March 18 – March 24, 2018)

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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.

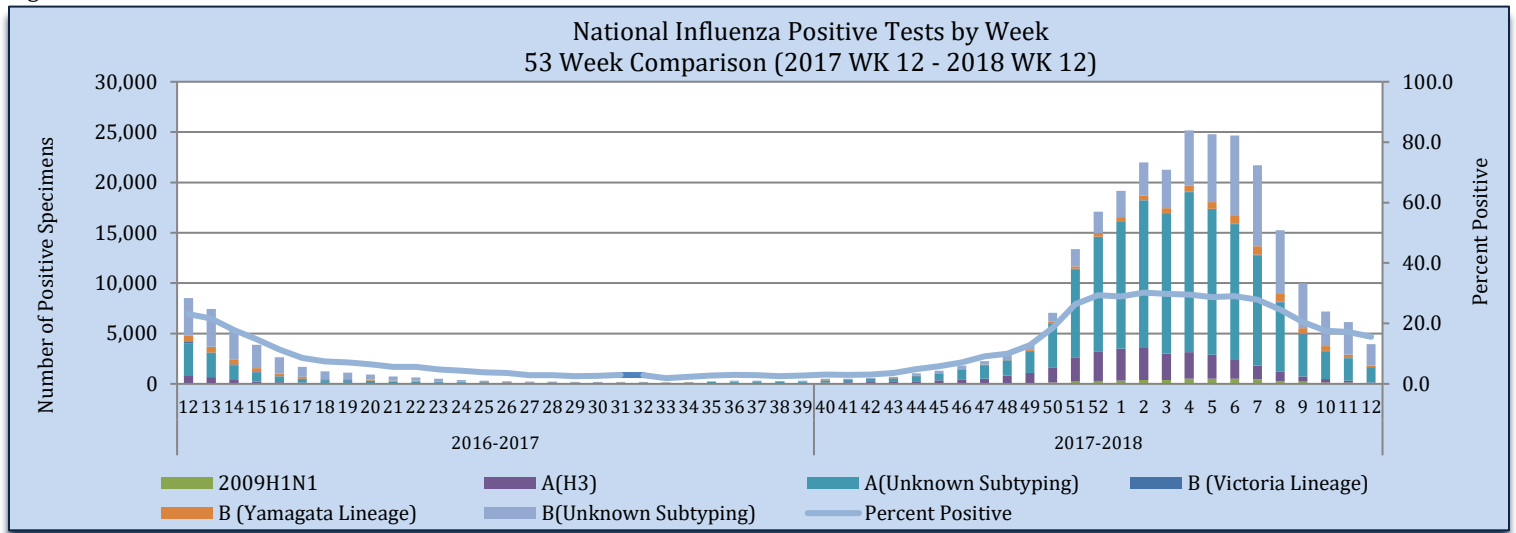
## Purpose

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.

## Sentinel Provider Data: 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 12, there were 25,264 specimens collected and tested for influenza, of those 3,943 were positive (15.6%).

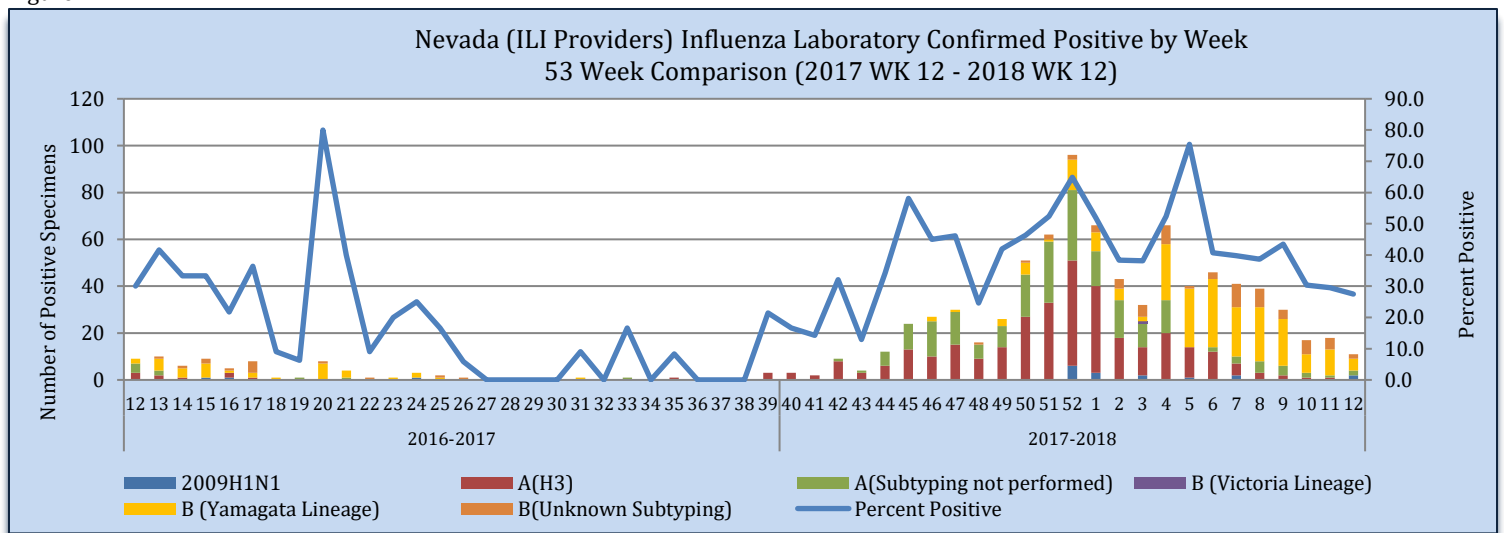
Figure 1



Source of Data: CDC: FluView Weekly Report.

The Nevada total includes laboratory tests for all Nevada residents tested by sentinel providers including out of state laboratories. Laboratory data is obtained from CDC’s ILINet system. During week 12, where there were 40 specimens collected, in which 11 were positive. There is a two-week delay for laboratory surveillance. Data are subject to change as we receive additional reports.

Figure 2



Source of Data: CDC: ILINet.

Nevada State Public Health Laboratory (NSPHL) has tested 605 specimens for influenza from sentinel providers, of which there have been 523 positive (86.4%). Southern Nevada Public Health Laboratory (SNPHL) has tested 87 specimens this season of which there have been 6 positive. Nationally, there have been 1,130,134 specimens sent to the WHO and NERVSS laboratories of which 254,280 have been positive (22.5%). 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 tested by sentinel providers, including out of state laboratories.

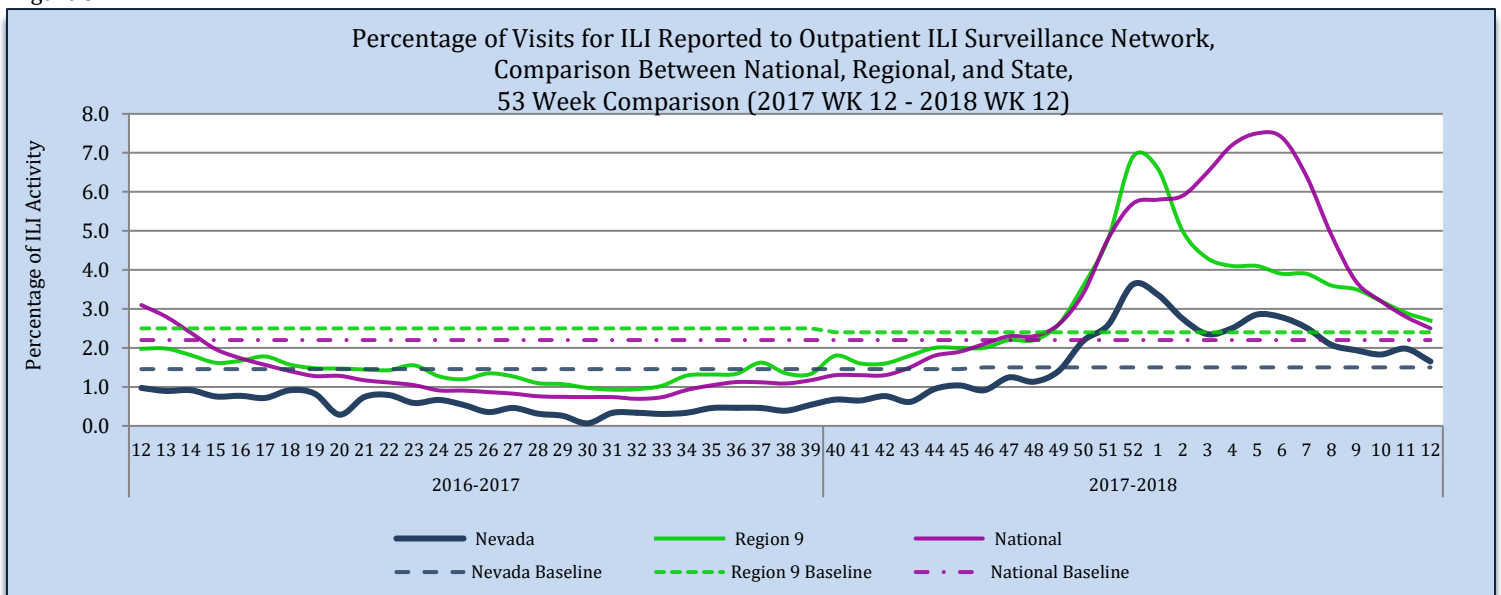
Table 1

	Influenza Specimens Tested State and Nationally through Sentinel Providers										
	NSPHL	SNPHL	All Other Laboratories	State of Nevada (Week 12)		State of Nevada (Season)		National (Week 12)		National (Season)	
				#	%	#	%	#	%	#	%
Specimens Tested	605	87	1,156	40	-	1,848	-	25,264		1,130,134	
Influenza Positives	523	6	286	11	27.5	815	44.1	3,943	15.6	254,280	22.5
<b>Influenza A:</b>	320	3	220	4	36.4	543	66.6	1,640	41.6	180,909	71.1
A (2009 H1N1)	19	0	1	2	50.0	20	3.7	34	2.1	4,796	2.7
A (H3)	301	3	8	0	0	312	57.5	90	5.5	30,048	16.6
A (Sub-typing not performed)	0	0	211	2	50.0	211	38.9	1,516	92.4	146,065	80.7
<b>Influenza B:</b>	203	3	66	7	63.6	272	33.4	2,303	58.4	73,371	28.9
B (Victoria Lineage)	1	0	0	0	0	1	0.4	11	0.5	890	1.2
B (Yamagata Lineage)	202	0	4	5	71.4	206	75.7	149	6.5	7,697	10.5
B (Sub-typing not performed)	0	3	62	2	28.6	65	23.9	2,143	93.1	64,784	88.3

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

Influenza-like Illness (ILI) Surveillance Network has each sentinel provider report the number of patients seen that meet the ILI case definition and the total number of patients seen for any reason each week. The “percentage of visits for ILI” is the number of ILI patients divided by the total number of patients visit per week. Nevada’s percentage of ILI visits for week 12 is 1.7% which is above the state baseline of 1.5%. Region 9 ILI percentage for week 12 is 2.7% which is above the regional baseline of 2.4%. Region 9 includes the following states/territory: Arizona, California, Guam, Hawaii, and Nevada. The national ILI percentage for week 12 is 2.5% which is above the national baseline of 2.2%.

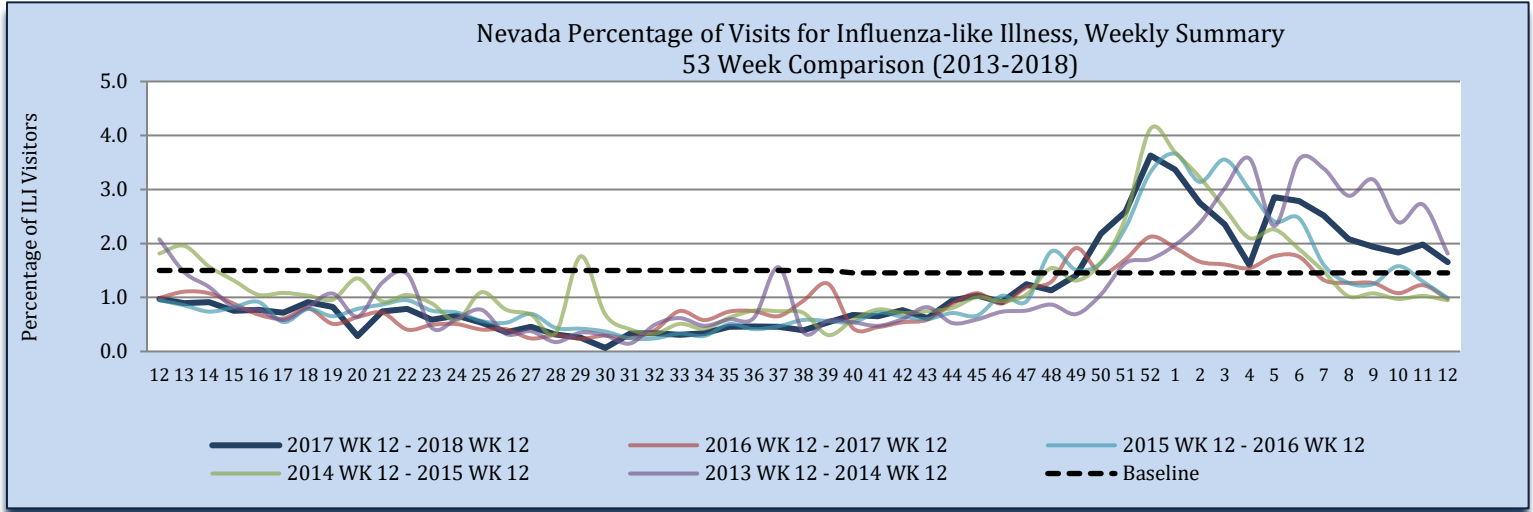
Figure 3



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

During week 12, 1.7% of visits to sentinel providers were due to ILI; this is greater than the 2016-2017 influenza season (1.0%). There were 9,141 patients seen by sentinel providers during week 12, of which 151 patients presented with ILI; week 12 of 2017, there were 189 patients seen with ILI (19,436 total patients seen). Data availability depends on sentinel provider reporting.

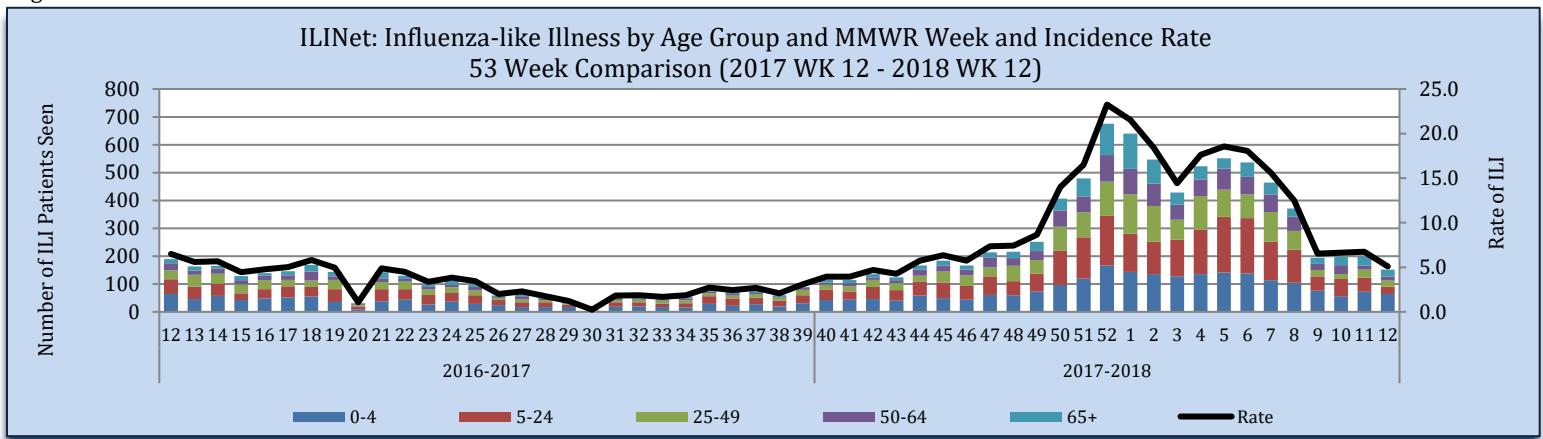
Figure 4



Source of Data: CDC: ILINet.

Influenza-like Illness is reported by age groups. During week 12, patients ages 0-4 were the greatest number of patients seen with ILI, at 64 patients seen. The rate for week 12 is 5.1 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 2018 is 2,969,849.

Figure 5



Source of Data: CDC: ILINet.

## Influenza Positive Surveillance (NBS and NETSS)

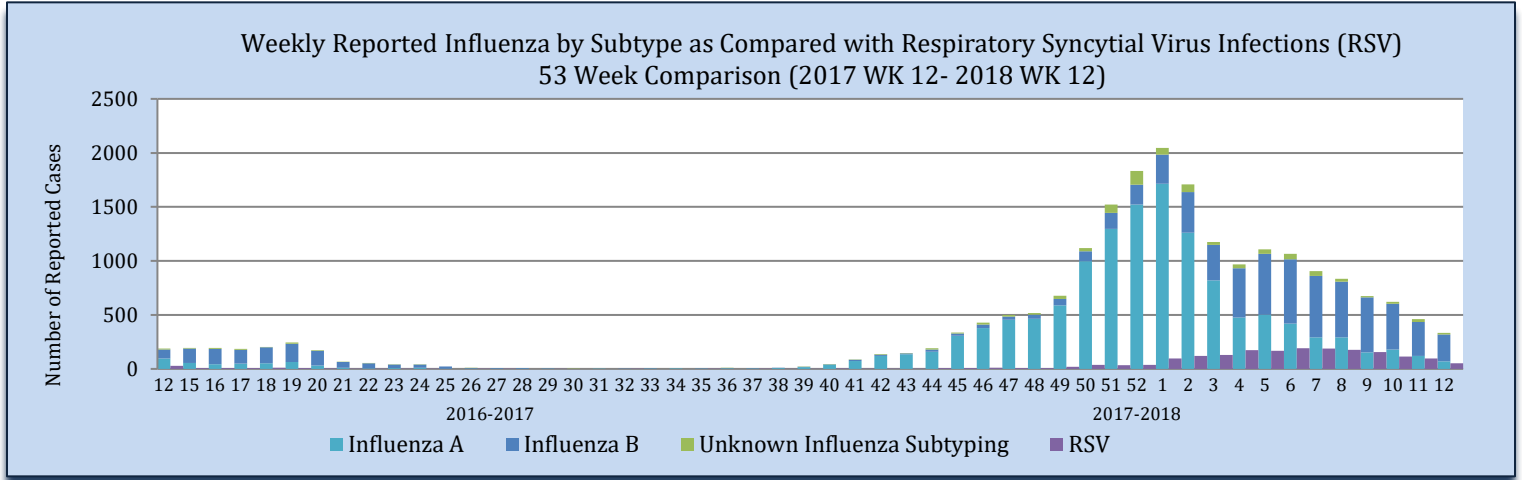
Positive cases of influenza are reported to the state health authority for surveillance purposes. Table 2 and Figure 7 reflect all positive influenza cases reported to the state. Types of influenza testing include commercial rapid diagnostic test (rapid), viral culture, fluorescent antibody, enzyme immunoassay, RT-PCR (PCR), and Immunohistochemistry. The two most common test types in Nevada are Rapid and PCR tests. During week 12, there were 414 influenza cases reported to the state, 84 influenza A, 313 influenza B and 17 unknown subtyping.

Table 2

Reporting Jurisdiction	Reported Influenza Cases by County Jurisdiction and Influenza Type							
	Current Week (Week 12)				Cumulative Influenza Season			
	A	B	Unknown	Total	A	B	Unknown	Total
Carson City Health and Human Services	6	50	2	58	1,291	658	82	2,031
Rural Community Health Services	4	25	0	29	1,070	905	30	2,005
Southern Nevada Health District	58	169	6	233	7,263	2,669	271	10,203
Washoe County Health District	16	69	9	94	3,226	1,673	398	5,297
State of Nevada	84	313	17	414	12,850	5,905	781	19,536

Source: to Office of Analytics: NBS and SNHD: NETSS.

Figure 6



Source of Data: to Office of Analytics: NBS and SNHD: NETSS.

## Hospitalizations

There were 27 hospitalizations associated with influenza reported to the state health authority for week 12.

Table 3

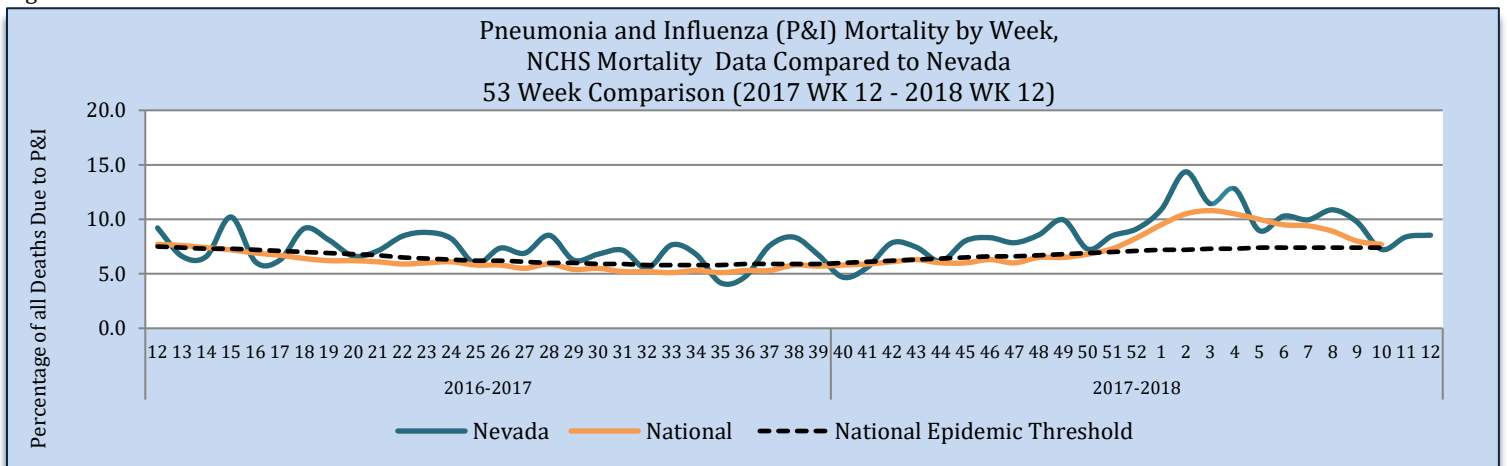
Reporting Jurisdiction	Influenza Hospitalizations			
	Current Week (Week 12)		Cumulative Influenza Season	
	#	%	#	%
Carson City Health and Human Services	3	11.1	147	9.2
Rural Community Health Services	0	0.0	44	2.8
Southern Nevada Health District	15	55.6	903	56.5
Washoe County Health District	9	33.3	503	31.5
State of Nevada	27	100	1,597	100

Source: Reported to Office of Analytics from each Jurisdiction.

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

The Pneumonia and Influenza (P&I) mortality percentage is all 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 3<sup>rd</sup>, there were 34 P&I deaths and 398 total deaths for week 12 in Nevada. Please note that the CDC does not have updated P&I counts for week 11 or week 12.

Figure 7



Source: OVR: WEVRRS and CDC: FluView.

### Technical Notes

- Data are subject to changes, additionally, there is a lag in reporting.
- Influenza surveillance procedures vary by jurisdiction.
- 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 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 transmitted 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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3. Office of Analytics. DHHS. NBS. 2016-2018. Accessed April 2018.
4. Office of Vital Records (OVR). DPBH. Web Enabled Vital Records Registry System (WEVRRS) [unpublished data]. 2017-2018. Accessed April 2018.
5. Southern Nevada Health District (SNHD). NETSS/Trisano. 2016-2018. Accessed April 2018.

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