

Influenza Weekly Report

2017 Week 9 (February 26 – March 4, 2017) through 2018 Week 9 (February 25 – March 3, 2018)

Department of Health and Human Services
Office of Analytics



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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.

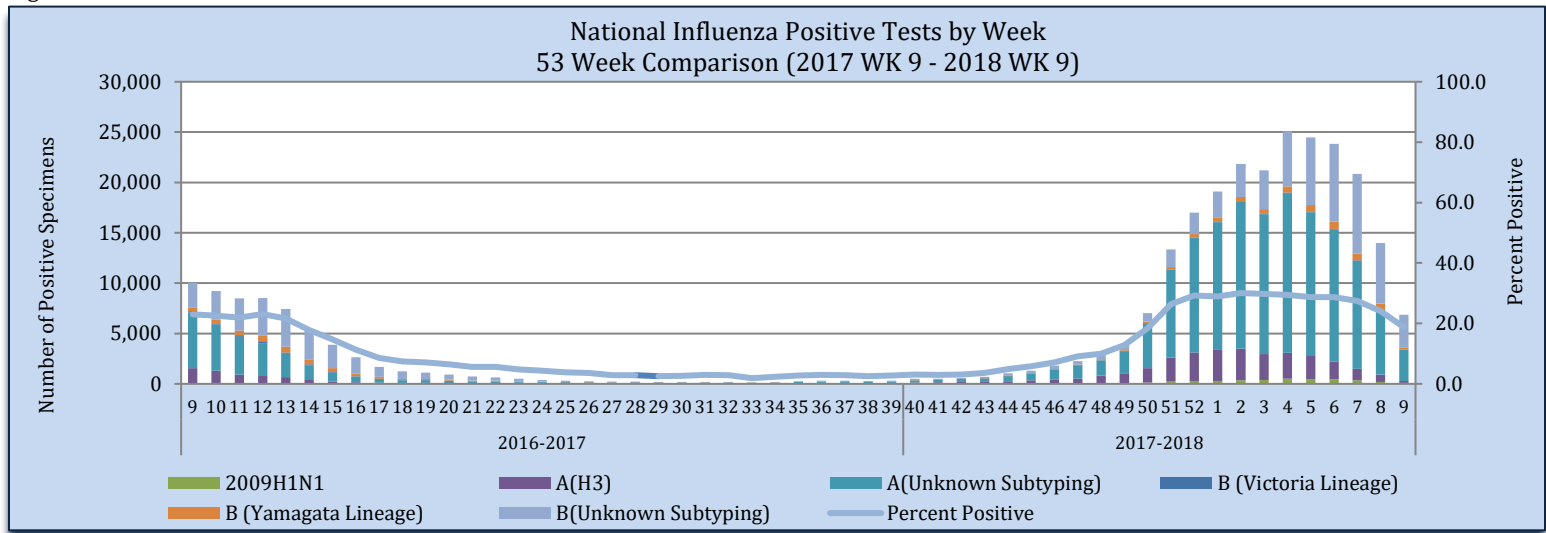
Purpose

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 9, there were 36,484 specimens collected and tested for influenza, of those 6,856 were positive (18.8%).

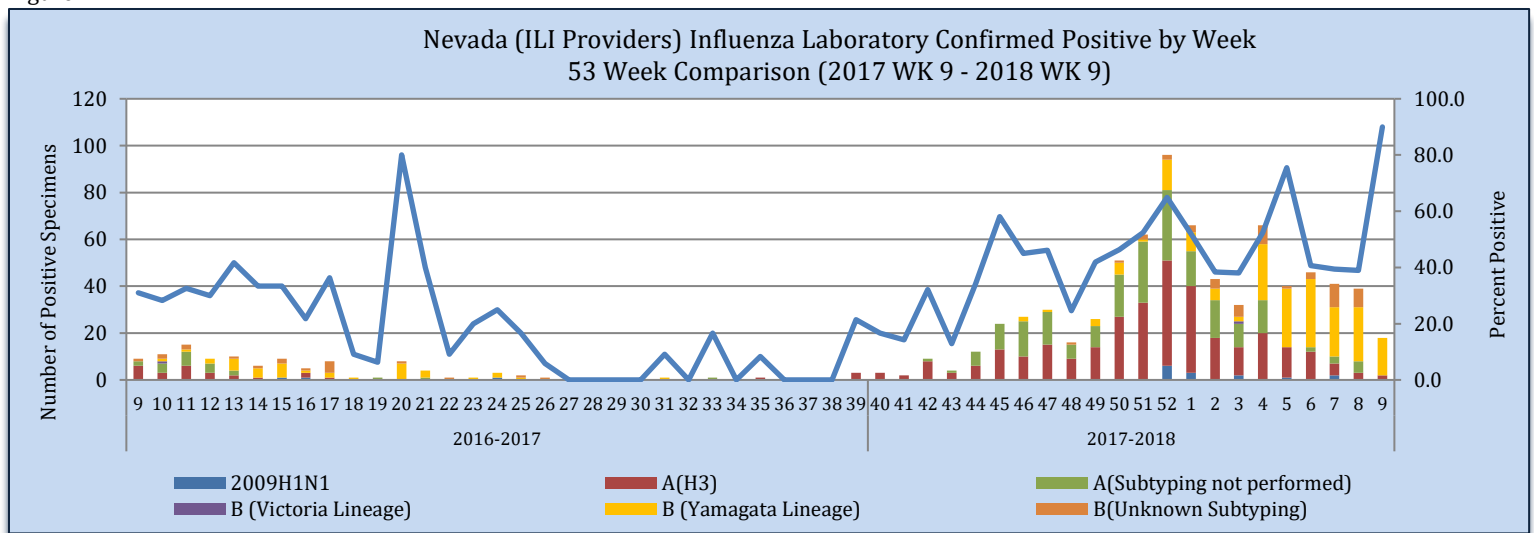
Figure 1



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 9, where there were 20 specimens collected, in which 18 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 568 specimens for influenza from sentinel providers, of which there have been 491 positive (86.4%). Southern Nevada Public Health Laboratory (SNPHL) has tested 73 specimens this season of which there have been 6 positive. Nationally, there have been 1,005,918 specimens sent to the WHO and NERVSS laboratories of which 230,036 have been positive (22.9%). 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.

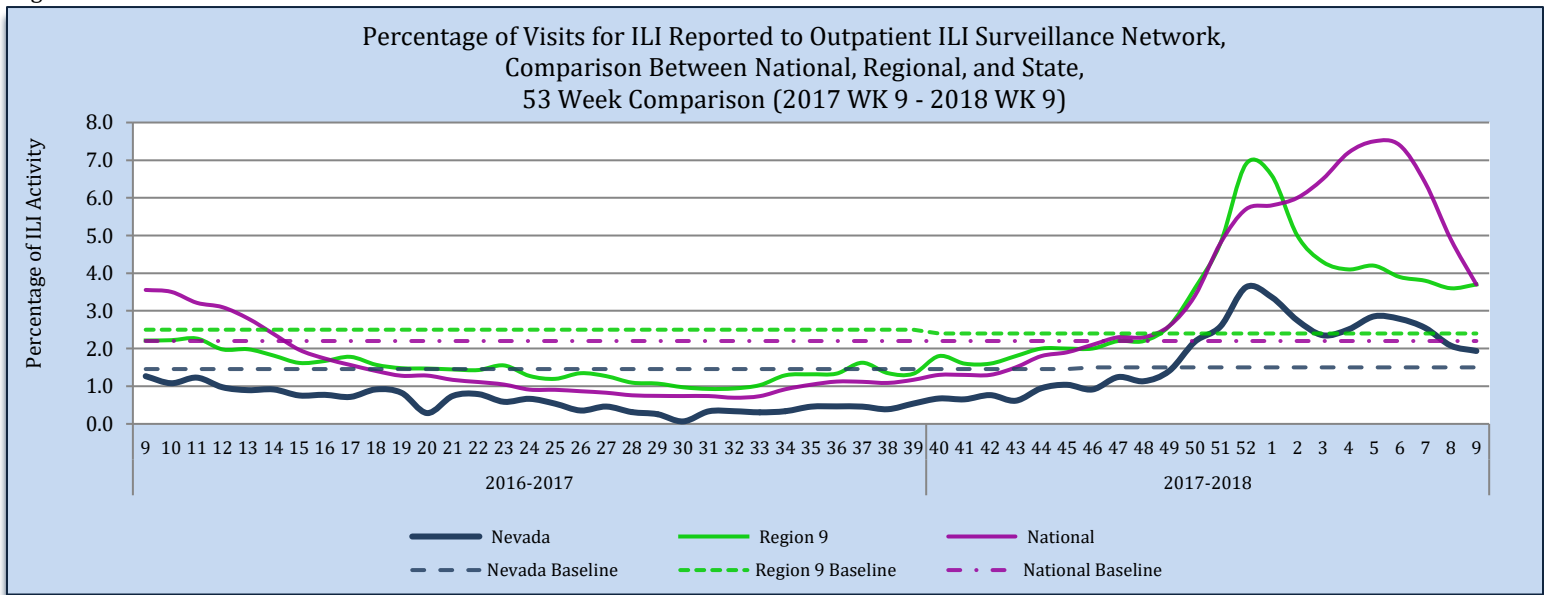
Table 1

Influenza Specimens Tested State and Nationally through Sentinel Providers											
	NSPHL	SNPHL	All Other Laboratories	State of Nevada (Week 9)		State of Nevada (Season)		National (Week 9)		National (Season)	
				#	%	#	%	#	%	#	%
Specimens Tested	568	73	1,001	20	-	1,642	-	36,484		1,005,918	
Influenza Positives	491	6	260	18	90.0	757	46.1	6,856	18.8	230,036	22.9
Influenza A:	316	3	211	2	11.1	530	70.0	3,402	49.6	169,544	73.7
A (2009 H1N1)	17	0	1	0	0	18	3.4	89	2.6	4,092	2.4
A (H3)	299	3	8	2	100	310	58.5	212	6.2	28,003	16.5
A (Sub-typing not performed)	0	0	202	0	0	202	38.1	3,101	91.2	137,449	81.1
Influenza B:	175	3	49	16	88.9	227	30.0	3,454	50.4	60,492	26.3
B (Victoria Lineage)	1	0	0	0	0	1	0.4	29	0.8	618	1.0
B (Yamagata Lineage)	174	0	4	16	100	178	78.4	199	5.8	5,808	9.6
B (Sub-typing not performed)	0	3	45	0	0	48	21.1	3,226	93.4	54,066	89.4

Source of Data: CDC: FluView Report 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 9 is 1.9% which is above the state baseline of 1.5%. Region 9 ILI percentage for week 9 is 3.7% which is the above the region baseline of 2.4%. Region 9 includes the following states/territory: Arizona, California, Guam, Hawaii, and Nevada. The national ILI percentage for week 9 is 3.7% which is above the national baseline 2.2%.

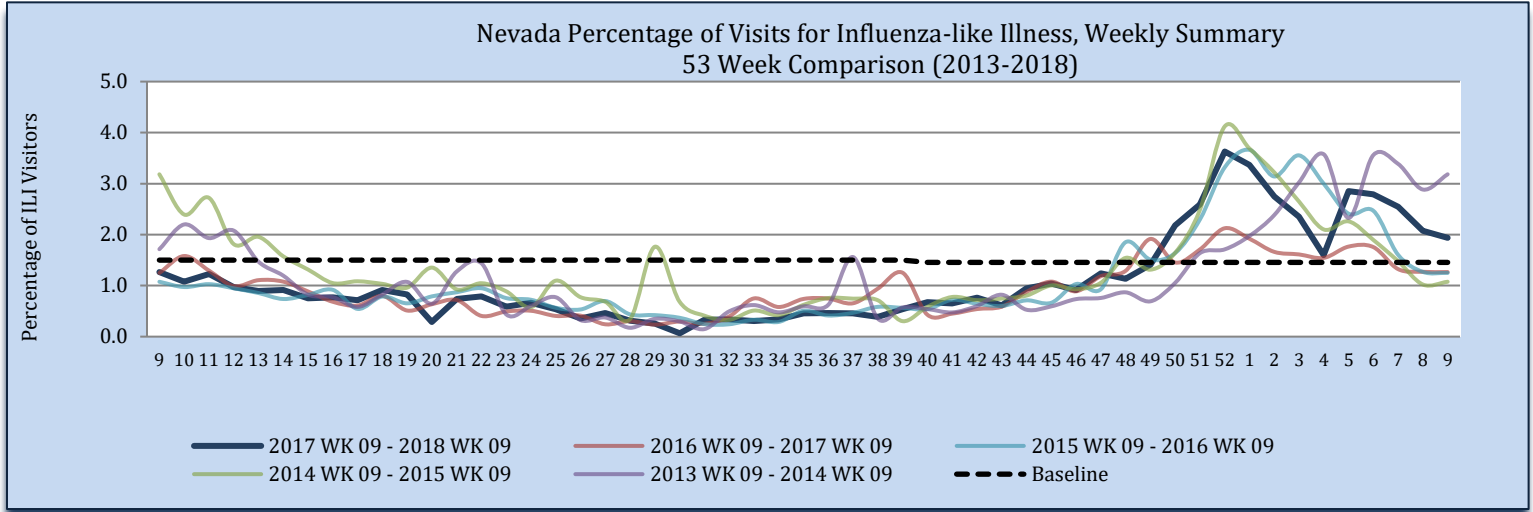
Figure 3



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

During week 9, 1.9% of visits to sentinel providers were due to ILI; this is greater than the 2016-2017 influenza season (1.3%). There were 9,718 patients seen by sentinel providers during week 9, of which 188 patients presented with ILI; week 9 of 2017, there were 241 patients seen with ILI (19,032 total patients seen). Data availability depends on sentinel provider reporting.

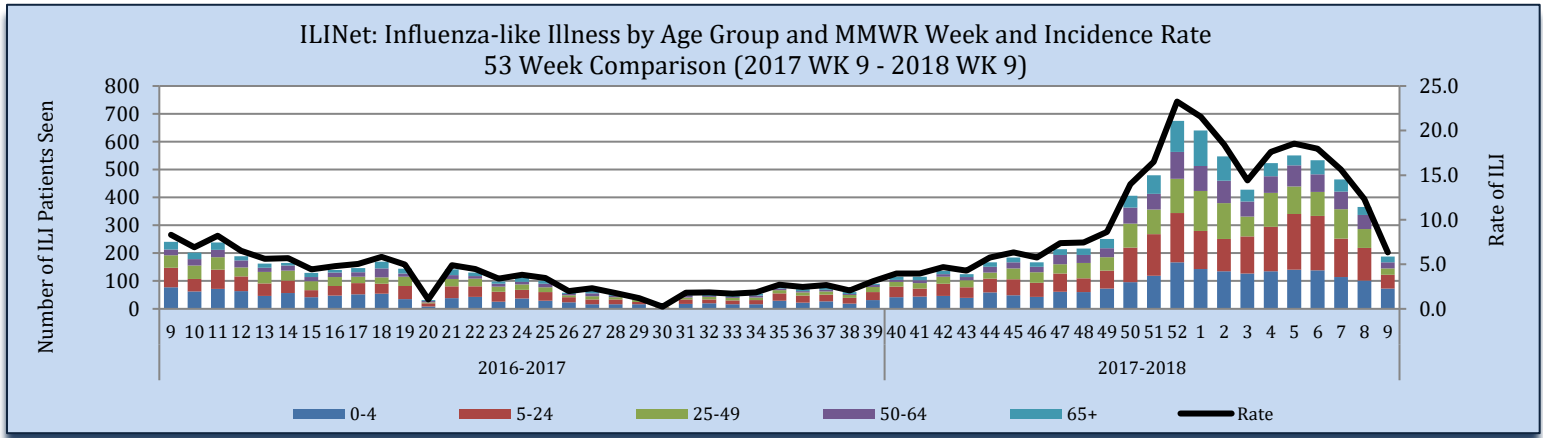
Figure 4



Source of Data: CDC: ILINet.

Influenza-like Illness is reported by age groups. During week 9, patients ages 0-4 were the greatest number of patients seen with ILI, at 73 patients seen. The rate for week 9 is 6.3 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)

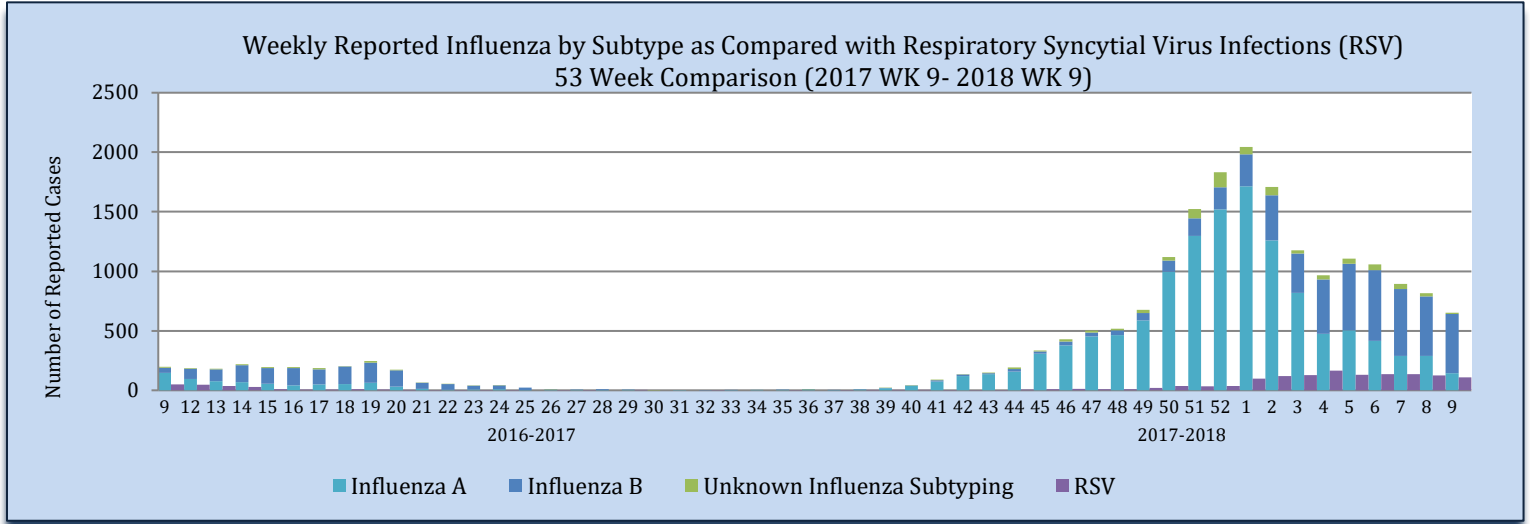
Positive cases of influenza are reported to the state health authority for surveillance purposes. Table 2 and Figure 7 reflect all positive influenza cases reported to the state. Types of influenza testing include commercial rapid diagnostic test (rapid), viral culture, fluorescent antibody, enzyme immunoassay, RT-PCR (PCR), and Immunohistochemistry. The two most common test types in Nevada are Rapid and PCR tests. During week 9, there were 654 influenza cases reported to the state, 146 influenza A, 495 influenza B and 13 unknown subtyping.

Table 2

Reporting Jurisdiction	Reported Influenza Cases by County Jurisdiction and Influenza Type							
	Current Week (Week 9)				Cumulative Influenza Season			
	A	B	Unknown	Total	A	B	Unknown	Total
Carson City Health and Human Services	13	38	1	52	1,268	549	72	1,889
Rural Community Health Services	9	153	0	162	1,042	805	30	1,877
Southern Nevada Health District	92	210	5	307	7,008	1,978	242	9,228
Washoe County Health District	32	94	7	133	3,129	1,473	375	4,977
State of Nevada	146	495	13	654	12,447	4,805	719	17,971

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 23 hospitalizations associated with influenza reported to the state health authority for week 9.

Table 3

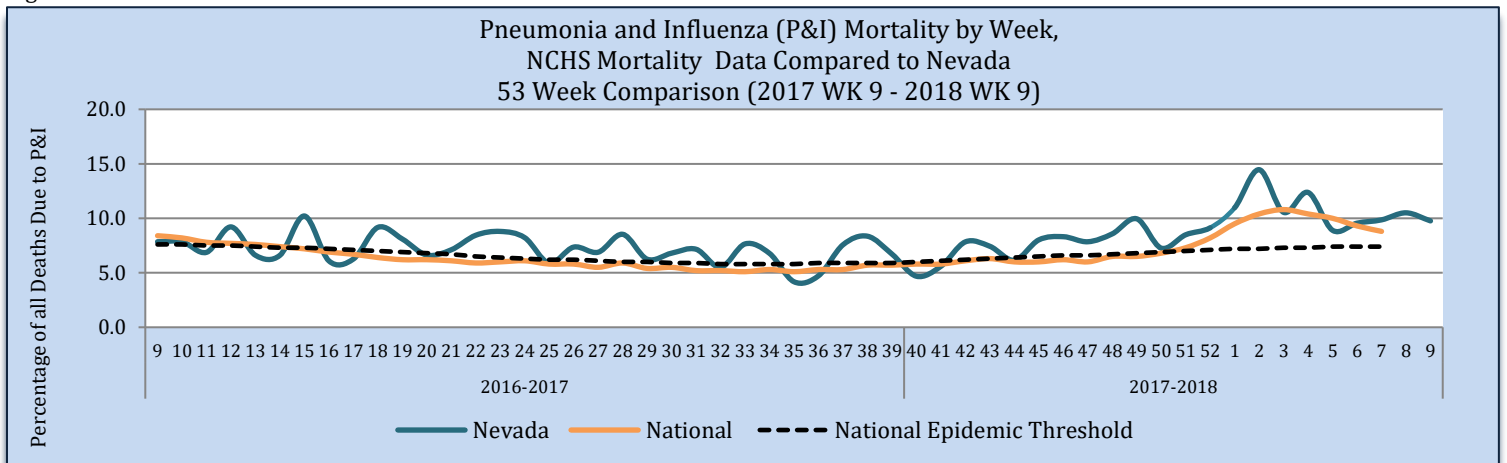
Reporting Jurisdiction	Influenza Hospitalizations			
	Current Week (Week 9)		Cumulative Influenza Season	
	#	%	#	%
Carson City Health and Human Services	3	13.0	139	9.5
Rural Community Health Services	0	0.0	39	2.7
Southern Nevada Health District	11	47.8	815	55.7
Washoe County Health District	9	39.1	471	32.2
State of Nevada	23	100	1,464	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 March 12th, there were 37 P&I deaths and 379 total deaths for week 9 in Nevada. Please note that the CDC does not have updated P&I counts for week 8 or week 9.

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 March 2018.
4. Office of Vital Records (OVR). DPBH. Web Enabled Vital Records Registry System (WEVRRS) [unpublished data]. 2017-2018. Accessed March 2018.
5. Southern Nevada Health District (SNHD). NETSS/Trisano. 2016-2018. Accessed March 2018.

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