Weekly Report


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 subtype. During week 3, there were 52,485 specimens collected and tested for influenza, of those 14,770 were positive (28.1%).

**Figure 1**

![Graph showing national influenza positive tests by week for 2017 and 2018.](source_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 3, where there were 68 specimens collected, in which 26 were positive. There is a two-week delay for laboratory surveillance. Data are subject to change as we receive additional reports.

**Figure 2**

![Graph showing Nevada (ILI Providers) influenza laboratory confirmed positive by week for 2017 and 2018.](source_data: CDC: ILINet)
Nevada State Public Health Laboratory (NSPHL) has tested 346 specimens for influenza from sentinel providers, of which there have been 294 positive (85.0%). Southern Nevada Public Health Laboratory (SNPHL) has tested 37 specimens this season of which there have been 4 positive. Nationally, there have been 552,652 specimens sent to the WHO and NERVSS laboratories of which 103,319 have been positive (18.7%). 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

<table>
<thead>
<tr>
<th>Influenza Specimens Tested State and Nationally through Sentinel Providers</th>
<th>NSPHL</th>
<th>SNPHL</th>
<th>All Other Laboratories</th>
<th>State of Nevada (Week 3)</th>
<th>State of Nevada (Season)</th>
<th>National (Week 3)</th>
<th>National (Season)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimens Tested</td>
<td>346</td>
<td>37</td>
<td>714</td>
<td>68</td>
<td>-</td>
<td>1097</td>
<td>-</td>
</tr>
<tr>
<td>Influenza Positives</td>
<td>294</td>
<td>4</td>
<td>201</td>
<td>26</td>
<td>38.2</td>
<td>499</td>
<td>45.5</td>
</tr>
<tr>
<td>Influenza A:</td>
<td>254</td>
<td>3</td>
<td>183</td>
<td>18</td>
<td>69.2</td>
<td>440</td>
<td>88.2</td>
</tr>
<tr>
<td>A (2009 H1N1)</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>11.1</td>
<td>15</td>
<td>3.4</td>
</tr>
<tr>
<td>A (H3)</td>
<td>239</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>33.3</td>
<td>247</td>
<td>56.1</td>
</tr>
<tr>
<td>A (Sub-typing not performed)</td>
<td>0</td>
<td>0</td>
<td>178</td>
<td>10</td>
<td>55.6</td>
<td>178</td>
<td>40.5</td>
</tr>
<tr>
<td>Influenza B:</td>
<td>40</td>
<td>1</td>
<td>18</td>
<td>8</td>
<td>30.8</td>
<td>59</td>
<td>11.8</td>
</tr>
<tr>
<td>B (Victoria Lineage)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>12.5</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>B (Yamagata Lineage)</td>
<td>39</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>25.0</td>
<td>40</td>
<td>67.8</td>
</tr>
<tr>
<td>B (Sub-typing not performed)</td>
<td>0</td>
<td>1</td>
<td>17</td>
<td>5</td>
<td>62.5</td>
<td>18</td>
<td>30.5</td>
</tr>
</tbody>
</table>

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 3 is 2.4% which is above the state baseline of 1.5%. Region 9 ILI percentage for week 3 is 4.2% 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 2 is 6.6% which is above the national baseline 2.2%.

Figure 3

Percentage of Visits for ILI Reported to Outpatient ILI Surveillance Network, Comparison Between National, Regional, and State, 53 Week Comparison (2017 WK 3 - 2018 WK 3)

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

During week 3, 2.4% of visits to sentinel providers were due to ILI; this is greater than the 2016-2017 influenza season (1.6%). There were 17,736 patients seen by sentinel providers during week 3, of which 427 patients presented with ILI; week 3 of 2017, there were 281 patients seen with ILI (17,434 total patients seen). Data availability depends on sentinel provider reporting.
Influenza Weekly Report

Figure 4

Nevada Percentage of Visits for Influenza-like Illness, Weekly Summary
53 Week Comparison (2013-2018)

Source of Data: CDC: ILINet.

Influenza-like Illness is reported by age groups. During week 3, patients ages 5-24 were the greatest number of patients seen with ILI, at 133 patients seen. The rate for week 3 is 14.4 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

ILINet: Influenza-like Illness by Age Group and MMWR Week and Incidence Rate
53 Week Comparison (2017 WK 3 - 2018 WK 3)

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 3, there were 1,120 influenza cases reported to the state, 754 influenza A, 310 influenza B and 56 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 3)</td>
<td>A</td>
</tr>
<tr>
<td>Carson City Health and Human Services</td>
<td>121</td>
<td>41</td>
</tr>
<tr>
<td>Rural Community Health Services</td>
<td>87</td>
<td>64</td>
</tr>
<tr>
<td>Southern Nevada Health District</td>
<td>402</td>
<td>120</td>
</tr>
<tr>
<td>Washoe County Health District</td>
<td>144</td>
<td>85</td>
</tr>
<tr>
<td>State of Nevada</td>
<td>754</td>
<td>310</td>
</tr>
</tbody>
</table>

Source: to Office of Analytics: NBS and SNHD: NETSS.
Figure 6

Weekly Reported Influenza by Subtype as Compared with Respiratory Syncytial Virus Infections (RSV)
53 Week Comparison (2017 WK 3-2018 WK 3)

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

Hospitalizations

There were 77 hospitalizations associated with influenza reported to the state health authority for week 3.

Table 3

<table>
<thead>
<tr>
<th>Reporting Jurisdiction</th>
<th>Current Week (Week 3)</th>
<th>Cumulative Influenza Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson City Health and Human Services</td>
<td>12</td>
<td>110</td>
</tr>
<tr>
<td></td>
<td>15.6%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Rural Community Health Services</td>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>2.6%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Southern Nevada Health District</td>
<td>38</td>
<td>644</td>
</tr>
<tr>
<td></td>
<td>49.4%</td>
<td>54.5%</td>
</tr>
<tr>
<td>Washoe County Health District</td>
<td>25</td>
<td>394</td>
</tr>
<tr>
<td></td>
<td>32.5%</td>
<td>33.4%</td>
</tr>
<tr>
<td>State of Nevada</td>
<td>77</td>
<td>1,181</td>
</tr>
<tr>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

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 January 29th, there were 41 P&I deaths and 401 total deaths for week 3 in Nevada. Please note that the CDC does not have updated P&I counts for week 2 or week 3.

Figure 7

Pneumonia and Influenza (P&I) Mortality by Week,
NCHS Mortality Data Compared to Nevada
53 Week Comparison (2017 WK 3-2018 WK 3)

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 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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