Weekly Report

2016 Week 40 (October 2 – October 8, 2016) through 2017 Week 40 (October 1 – October 7)

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Influenza Weekly Report

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 40, there were 10,559 specimens collected and tested for influenza, of those 342 were positive (3.2%).

**Figure 1**

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


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 40, where there was 1 specimen collected, which was positive. There is a two week delay for laboratory surveillance. Data are subject to change as we receive additional reports.

**Figure 2**

![Nevada (ILI Providers) Influenza Laboratory Confirmed Positive by Week](image)
Nevada State Public Health Laboratory (NSPHL) has tested 1 specimen for influenza from sentinel providers, of which there have been 1 positive (100%). Southern Nevada Public Health Laboratory (SNPHL) has tested 0 specimens this season of which there have been 0 positives. Nationally, there have been 10,559 specimens sent to the WHO and NERVSS laboratories of which 342 have been positive (3.2%). 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></th>
<th>NSPHL</th>
<th>SNPHL</th>
<th>All Other Laboratories</th>
<th>State of Nevada (Week 20)</th>
<th>State of Nevada (Season)</th>
<th>National (Week 20)</th>
<th>National (Season)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimens Tested</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>100</td>
<td>10,559</td>
<td>10,559</td>
</tr>
<tr>
<td>Influenza Positives</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>100</td>
<td>342</td>
<td>342</td>
</tr>
</tbody>
</table>

Influenza A:
- A (2009H1N1)
- A (H3)
- A (Sub-typing not performed)

Influenza B:
- B (Victoria Lineage)
- B (Yamagata Lineage)
- B (Sub-typing not performed)

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 40 is 1.1% which is below the state baseline of 1.3%. Region 9 ILI percentage for week 40 is 1.9% which is below the region baseline 2.4%. Region 9 includes the following states/territory: Arizona, California, Guam, Hawaii, and Nevada. The national ILI percentage for week 40 is 1.4% which is below the national baseline 2.2%.

Figure 3

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

During week 40, 1.1% of visits to sentinel providers were due to ILI; this is higher than the 2015-2016 influenza season (0.4%). There were 10,443 patients seen by sentinel providers during week 40, of which 110 patients presented with ILI; week 40 of 2016, there were 75 patients seen with ILI (17,484 total patients seen). Data availability depends on sentinel provider reporting.
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Figure 4

Nevada Percentage of Visits for Influenza-like Illness, Weekly Summary
53 Week Comparison (2016-2017)

Source of Data: CDC: ILINet.

Influenza-like Illness is reported by age groups. During week 40, patients ages 0-4 were the greatest number of patients seen with ILI, at 42 patients seen each week. The rate for week 40 is 3.8 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 2017 is 2,935,490.

Figure 5

ILINet: Influenza-like Illness by Age Group and MMWR Week and Incidence Rate
53 Week Comparison (2016 WK 40 - 2017 WK 40)

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 40, there were 24 influenza cases reported to the state, 23 influenza A, 0 influenza B and 1 unknown subtyping.

Table 2

<table>
<thead>
<tr>
<th>Reporting Jurisdiction</th>
<th>Reported Influenza Cases by County Jurisdiction and Influenza Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current Week (Week 20)</td>
</tr>
<tr>
<td></td>
<td>A</td>
</tr>
<tr>
<td>Carson City Health and Human Services</td>
<td>13</td>
</tr>
<tr>
<td>Rural Community Health Services</td>
<td>0</td>
</tr>
<tr>
<td>Southern Nevada Health District</td>
<td>0</td>
</tr>
<tr>
<td>Washoe County Health District</td>
<td>10</td>
</tr>
<tr>
<td>State of Nevada</td>
<td>23</td>
</tr>
</tbody>
</table>

Source: OPHIE: NBS and SNHD: NETSS.
Hospitalizations

There were 4 hospitalizations associated with influenza reported to the state health authority for week 40.

Table 3

<table>
<thead>
<tr>
<th>Reporting Jurisdiction</th>
<th>Influenza Hospitalizations</th>
<th>Cumulative Influenza Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson City Health and Human Services</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Rural Community Health Services</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Southern Nevada Health District</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Washoe County Health District</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>State of Nevada</td>
<td>0</td>
<td>0</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 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 October 18th, there were 17 P&I deaths and 324 total deaths for week 40 in Nevada. The CDC’s most up-to-date National and National Epidemic Threshold data was for week 39.

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 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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