Weekly Report

2016 Week 5 (January 31 – February 06, 2016) through 2017 Week 5 (January 29 – February 04)

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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 05, there were 29,878 specimens collected and tested for influenza, of those 7,119 were positive (23.8%).

**Figure 1**

![National Influenza Positive Tests by Week](chart.png)

**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. During week 05, there were 40 specimens collected and 21 were positive (52.5%). There is a two week delay for laboratory surveillance.

**Figure 2**

![Nevada (ILI Providers) Influenza Laboratory Confirmed Positive by Week](chart2.png)

**Source of Data:** CDC: ILINet.
Nevada State Public Health Laboratory (NSPHL) has tested 266 specimens for influenza from sentinel providers, of which there have been 230 positive (86.5%). Southern Nevada Public Health Laboratory (SNPHL) has tested 49 specimens this season of which there have been 5 positives. Nationally, there have been 431,042 specimens sent to the WHO and NERVSS laboratories of which 54,025 have been positive (12.5%). 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

<table>
<thead>
<tr>
<th></th>
<th>Influenza Specimens Tested State and Nationally through Sentinel Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NSPHL</td>
</tr>
<tr>
<td>Specimens Tested</td>
<td>266</td>
</tr>
<tr>
<td>Influenza Positives</td>
<td>230</td>
</tr>
<tr>
<td>Influenza A:</td>
<td></td>
</tr>
<tr>
<td>A (2009 H1N1)</td>
<td>226</td>
</tr>
<tr>
<td>A (H3)</td>
<td>8</td>
</tr>
<tr>
<td>A (Sub-typing not performed)</td>
<td>218</td>
</tr>
<tr>
<td>Influenza B:</td>
<td></td>
</tr>
<tr>
<td>B (Victoria Lineage)</td>
<td>4</td>
</tr>
<tr>
<td>B (Yamagata Lineage)</td>
<td>0</td>
</tr>
<tr>
<td>B (Sub-typing not performed)</td>
<td>0</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 05 is 1.7% which is above the state baseline of 1.5%. Region 9 ILI percentage for week 05 is 3.4% which is above the region baseline 2.5%. Region 9 includes the following states/territory: Arizona, California, Guam, Hawaii, and Nevada. The national ILI percentage for week 05 is 4.8% which is above the national baseline 2.2%.

Figure 3

Source of Data: CDC: Flu View Report and CDC: ILINet.
During week 05, 1.7% of visits to sentinel providers were due to ILI; this is the same as the 2015-2016 influenza season (1.7%). There were 18,600 patients seen by sentinel providers during week 05, of which 324 patients presented with ILI; week 05 of 2016, there were 299 patients seen with ILI (17,973 total patients seen).

Figure 4


Source of Data: CDC: ILINet.

Influenza-like Illness is reported by age groups. During week 05, patients age 0-4 were the greatest number of patients seen with ILI, at 118 patients seen. The rate for week 05 is 11.0 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 05 - 2017 WK 05)

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 05, there were 431 influenza cases reported to the state, 361 influenza A, 37 influenza B and 45 unknown subtyping.

Table 2

<table>
<thead>
<tr>
<th>Reporting Jurisdiction</th>
<th>Reported Influenza Cases by County Jurisdiction and Influenza Type</th>
<th>Reported Influenza Cases by County Jurisdiction and Influenza Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson City Health and Human Services</td>
<td>Current Week (Week 05)</td>
<td>Cumulative Influenza Season</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Carson City Health and Human Services</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td>Rural Community Health Services</td>
<td>36</td>
<td>4</td>
</tr>
<tr>
<td>Southern Nevada Health District</td>
<td>265</td>
<td>30</td>
</tr>
<tr>
<td>Washoe County Health District</td>
<td>43</td>
<td>3</td>
</tr>
<tr>
<td>State of Nevada</td>
<td>361</td>
<td>37</td>
</tr>
</tbody>
</table>

Source: OPHIE: NBS and SNHD: NETSS.
Hospitalizations

There were 16 hospitalization associated with influenza reported to the state health authority for week 05.

Table 3

<table>
<thead>
<tr>
<th>Reporting Jurisdiction</th>
<th>Current Week (Week 05)</th>
<th>Cumulative Influenza Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson City Health and Human Services</td>
<td>1</td>
<td>29</td>
</tr>
<tr>
<td>Rural Community Health Services</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Southern Nevada Health District</td>
<td>5</td>
<td>134</td>
</tr>
<tr>
<td>Washoe County Health District</td>
<td>6</td>
<td>247</td>
</tr>
<tr>
<td>State of Nevada</td>
<td>16</td>
<td>421</td>
</tr>
</tbody>
</table>

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 February 23rd, there were 26 P&I deaths and 342 total deaths for week 05 in Nevada.
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 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


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

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