Weekly Report

2016 Week 14 (April 03 – April 09, 2016) through 2017 Week 14 (April 02 – April 08)

Department of Health and Human Services
Division of Public and Behavioral Health
Office of Public Health Informatics and Epidemiology

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May 2017
Edition 1.0
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 14, there were 26,241 specimens collected and tested for influenza, of those 4,610 were positive (17.6%).

![Figure 1](image1)


The Nevada total includes laboratory tests for all Nevada residents tested by sentinel providers including out of state laboratories. During week 14, there were 16 specimens collected and 6 were positive. There is a two week delay for laboratory surveillance. Data are subject to change as we receive additional reports.

![Figure 2](image2)

Source of Data: CDC: ILINet.
Nevada State Public Health Laboratory (NSPHL) has tested 320 specimens for influenza from sentinel providers, of which there have been 277 positive (86.6%). Southern Nevada Public Health Laboratory (SNPHL) has tested 61 specimens this season of which there have been 5 positives. Nationally, there have been 819,578 specimens sent to the WHO and NERVSS laboratories of which 147,836 have been positive (18%). 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, excluding 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 14)</th>
<th>State of Nevada (Season)</th>
<th>National (Week 14)</th>
<th>National (Season)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimens Tested</td>
<td>320</td>
<td>61</td>
<td>578</td>
<td>16</td>
<td>959</td>
<td>26,241</td>
<td>819,578</td>
</tr>
<tr>
<td>Influenza Positives</td>
<td>277</td>
<td>5</td>
<td>97</td>
<td>6</td>
<td>37.5</td>
<td>819,578</td>
<td></td>
</tr>
<tr>
<td>Influenza A:</td>
<td>259</td>
<td>5</td>
<td>85</td>
<td>1</td>
<td>16.7</td>
<td>349</td>
<td>92.1</td>
</tr>
<tr>
<td>A (2009 H1N1)</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0.0</td>
<td>10</td>
<td>2.9</td>
</tr>
<tr>
<td>A (H3)</td>
<td>250</td>
<td>5</td>
<td>8</td>
<td>1</td>
<td>100</td>
<td>263</td>
<td>75.4</td>
</tr>
<tr>
<td>A (Sub-typing not performed)</td>
<td>0</td>
<td>0</td>
<td>76</td>
<td>0</td>
<td>0.0</td>
<td>76</td>
<td>21.8</td>
</tr>
<tr>
<td>Influenza B:</td>
<td>18</td>
<td>0</td>
<td>12</td>
<td>5</td>
<td>83.3</td>
<td>30</td>
<td>7.9</td>
</tr>
<tr>
<td>B (Victoria Lineage)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>B (Yamagata Lineage)</td>
<td>17</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>80.0</td>
<td>18</td>
<td>60.0</td>
</tr>
<tr>
<td>B (Sub-typing not performed)</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>1</td>
<td>20.0</td>
<td>11</td>
<td>36.7</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 14 is 1.4% which is below the state baseline of 1.5%. Region 9 ILI percentage for week 14 is 1.9% which is below the region baseline 2.5%. Region 9 includes the following states/territory: Arizona, California, Guam, Hawaii, and Nevada. The national ILI percentage for week 14 is 2.5% which is above the national baseline 2.2%.

Figure 3

Source of Data: CDC: Flu View Report and CDC: ILINet.
During week 14, 1.4% of visits to sentinel providers were due to ILI; this is higher than the 2015-2016 influenza season (1.3%). There were 10,967 patients seen by sentinel providers during week 14, of which 152 patients presented with ILI; week 14 of 2016, there were 162 patients seen with ILI (16,281 total patients seen).

**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 14)</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>A  B  Unknown</td>
<td>A   B   Unknown</td>
</tr>
<tr>
<td>Carson City Health and Human Services</td>
<td>4   12  0</td>
<td>818  49  2</td>
</tr>
<tr>
<td>Rural Community Health Services</td>
<td>0   3   0</td>
<td>581  41  37</td>
</tr>
<tr>
<td>Southern Nevada Health District</td>
<td>48  93  9</td>
<td>2,908 563 220</td>
</tr>
<tr>
<td>Washoe County Health District</td>
<td>7   15  1</td>
<td>1,969 125 143</td>
</tr>
<tr>
<td>State of Nevada</td>
<td>59  123 10</td>
<td>6,276 778 402</td>
</tr>
</tbody>
</table>

Source: OPHIE: NBS and SNHD: NETSS.
Hospitalizations

There were 5 hospitalization associated with influenza reported to the state health authority for week 14.

Table 3

<table>
<thead>
<tr>
<th>Reporting Jurisdiction</th>
<th>Current Week (Week 14)</th>
<th>Cumulative Influenza Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carson City Health and Human Services</td>
<td>0</td>
<td>31</td>
</tr>
<tr>
<td>Rural Community Health Services</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Southern Nevada Health District</td>
<td>4</td>
<td>178</td>
</tr>
<tr>
<td>Washoe County Health District</td>
<td>1</td>
<td>282</td>
</tr>
<tr>
<td>State of Nevada</td>
<td>5</td>
<td>509</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 April 27th, there were 24 P&I deaths and 386 total deaths for week 14 in Nevada. The CDC’s most up-to-date National and National Epidemic Threshold data was for week 13.

Figure 7

Source: OVR: WEVRRS and CDC: FlaView.
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


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

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Recommended Citation:

This publication was supported by Cooperative Agreement Number TP000534-02 from the Centers for Disease Control and Prevention and/or Assistant Secretary for Preparedness and Response. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention and/or Assistant Secretary for Preparedness and Response.