

Influenza Weekly Report

2013 Week 10 (March 3 – 9) through 2014 Week 10 (March 2 – 8)

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



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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.

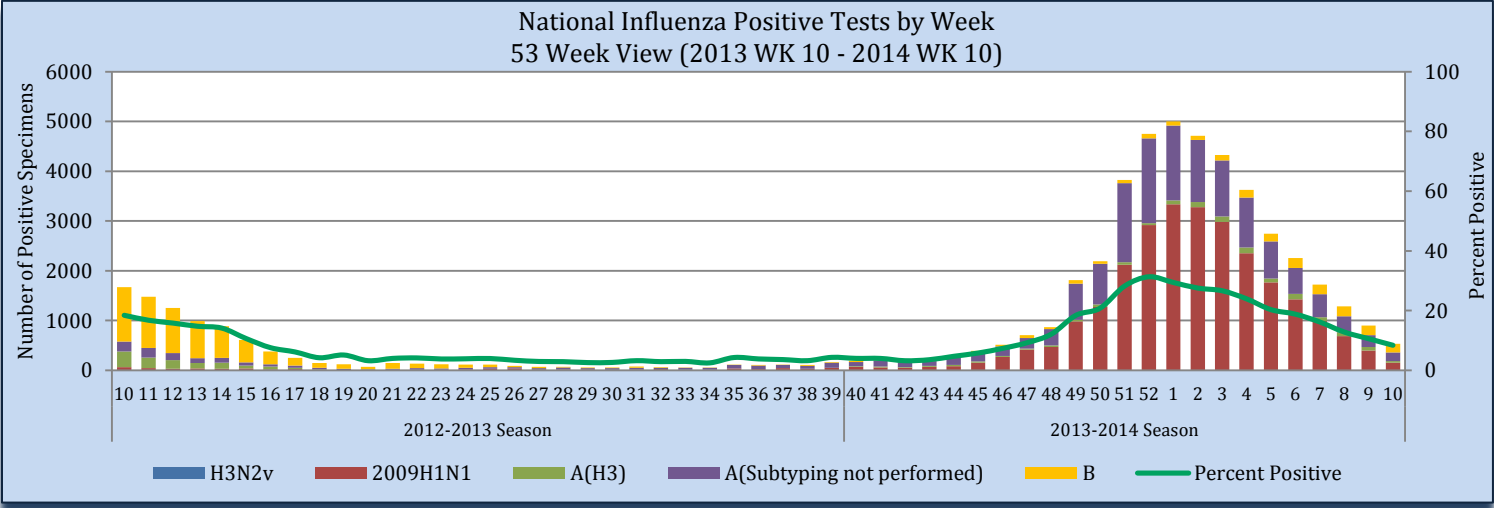
Purpose

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.

Influenza-Like Illness Network Surveillance (ILINet)

Respiratory specimens tested for influenza by the World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NRVESS) collaborating laboratories by sub-type. There were 6,372 specimens collected nationally during week 10 that were tested for influenza; of these 535 tested positive or the percent positive was 8.4%.

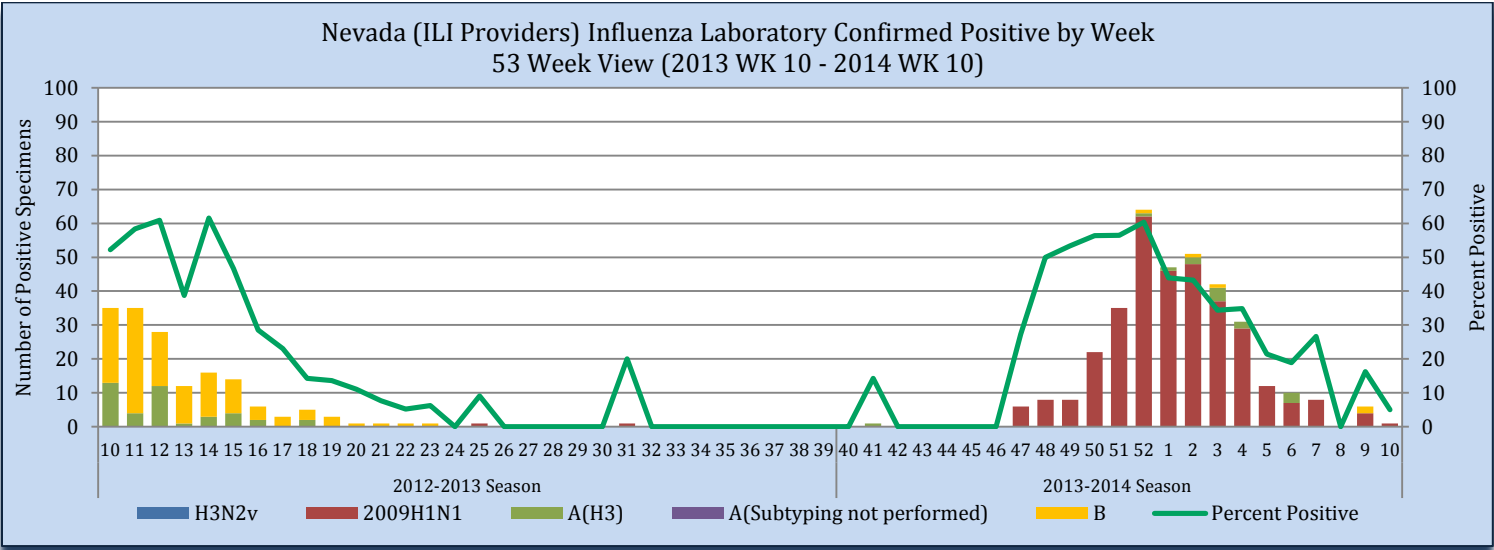
Figure 1



Source of Data: CDC: FluView Weekly Report.

Of the 20 specimens tested for influenza at both the Nevada State Public Health Laboratory and Southern Nevada Public Health Laboratory for sentinel providers, 1 tested positive for influenza during week 10 or 5.0%.

Figure 2



Source of Data: CDC: ILINet.

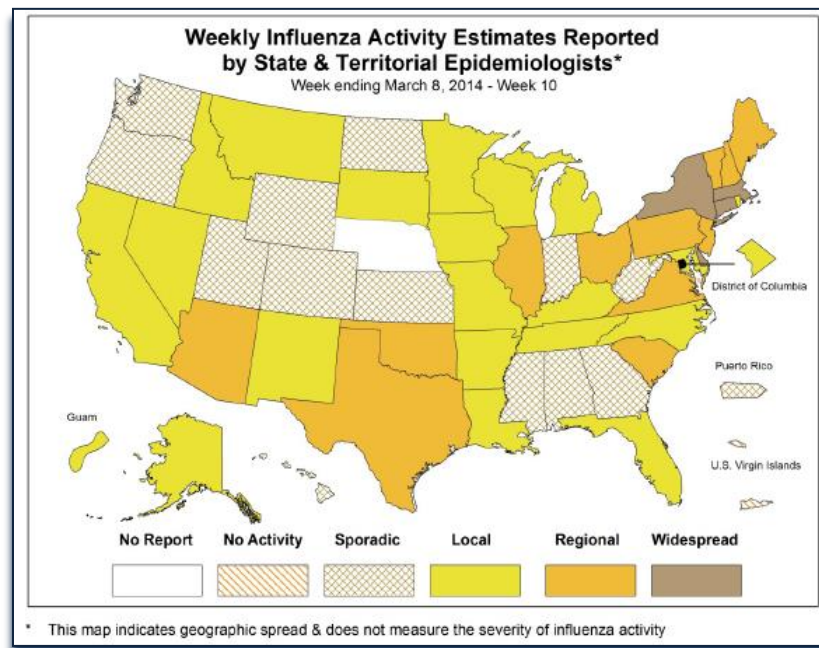
Nevada State Public Health Laboratory (NSPHL) has tested 744 specimens this season with 315 positive from sentinel providers (42.3% positive). Southern Nevada Public Health Laboratory (SNPHL) has reported 48 positive influenza specimens through the Pediatric Early Warning Sentinel Surveillance (PEWSS). Nationally, there have been 232,074 specimens sent to the WHO and NERVSS laboratories with 43,268 positive or 18.6%. The national numbers in Table 1 are reflected in Figure 1. The state of Nevada data in Table 1 is reflected in Figure 2.

Table 1**ILINet Surveillance: Influenza Specimens Tested State and Nationally**

	NSPHL	SNPHL	State of Nevada (Week 10)		State of Nevada (Season)		National (Week 10)		National (Season)	
			#	%	#	%	#	%	#	%
Specimens Tested	744	300	20		1,044		6,372		232,074	
Positives to Influenza	315	48	1	5.0	363	34.8	535	8.4	43,268	18.6
Influenza A:	312	43	1	100	355	97.8	362	67.7	41,142	95.1
A(2009 H1N1)	299	41	1	100	340	95.8	153	42.3	26,289	63.9
A(Sub-typing not performed)	0	0	0	0.0	0	0.0	178	49.2	13,610	33.1
A(H3)	13	2	0	0.0	15	4.2	31	8.6	1,243	3.0
Influenza B:	3	5	0	0.0	8	2.2	173	32.3	2,125	4.9

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

For week 10, Nevada reported local activity to the CDC, along with District of Columbia, and 20 states/territories (Alaska, Arkansas, California, Florida, Guam, Idaho, Iowa, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, New Mexico, North Carolina, Rhode Island, South Dakota, Tennessee, and Wisconsin). Activity level¹ is derived from data analyzed from Influenza-like Illness (ILI) surveillance (laboratory and sentinel data), and data reported to the state through NBS/NETSS.

Figure 3

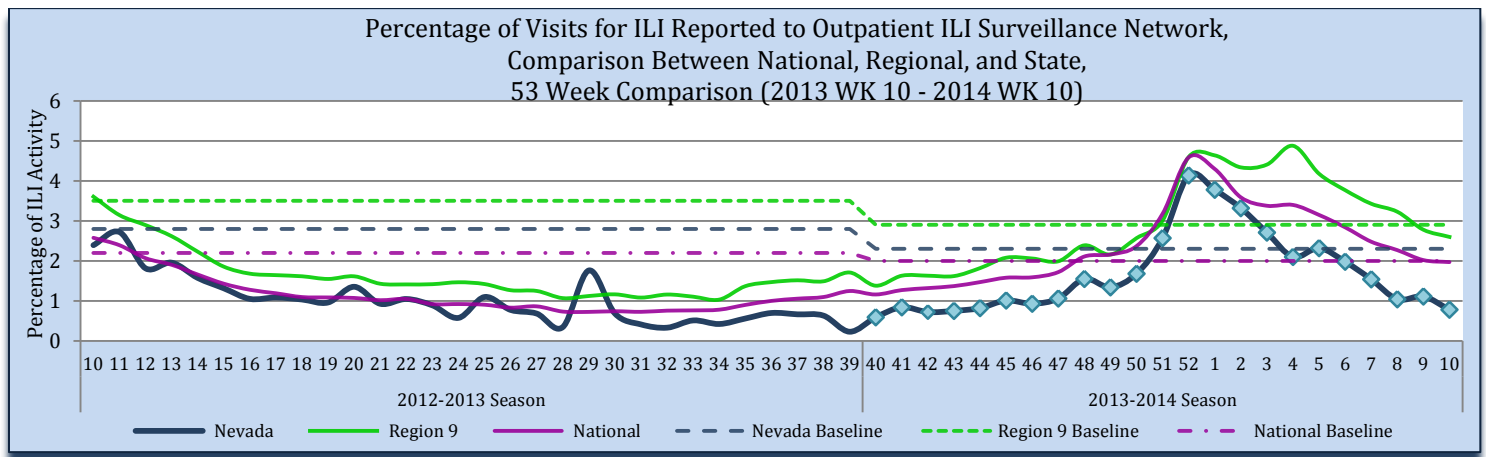
Source of Maps: CDC: FluView Report.

Influenza-like Illness (ILI) Network Surveillance has each sentinel providers report the number of patients that meet the ILI case definition² and number of patients that visit the provider weekly, which decreased from 17,369 (week 9) to 16,818 (week 10). The “percentage of visits” is the number of ILI patients divided by the total number of patient visit per week. Nevada’s ILI percentage of visits to providers decreased to 0.8% from 1.1% during week 10, and is below the state baseline of 2.3%. Region 9 decreased in ILI to 2.6% from 2.8%, and includes the following states/territories: Arizona, California, Guam, Hawaii, and Nevada. The nation remained at 2.0% from during week 10 as is at the national baseline.

1: Activity level: Appendix Table 4.

2: ILI case definition: Technical Notes.

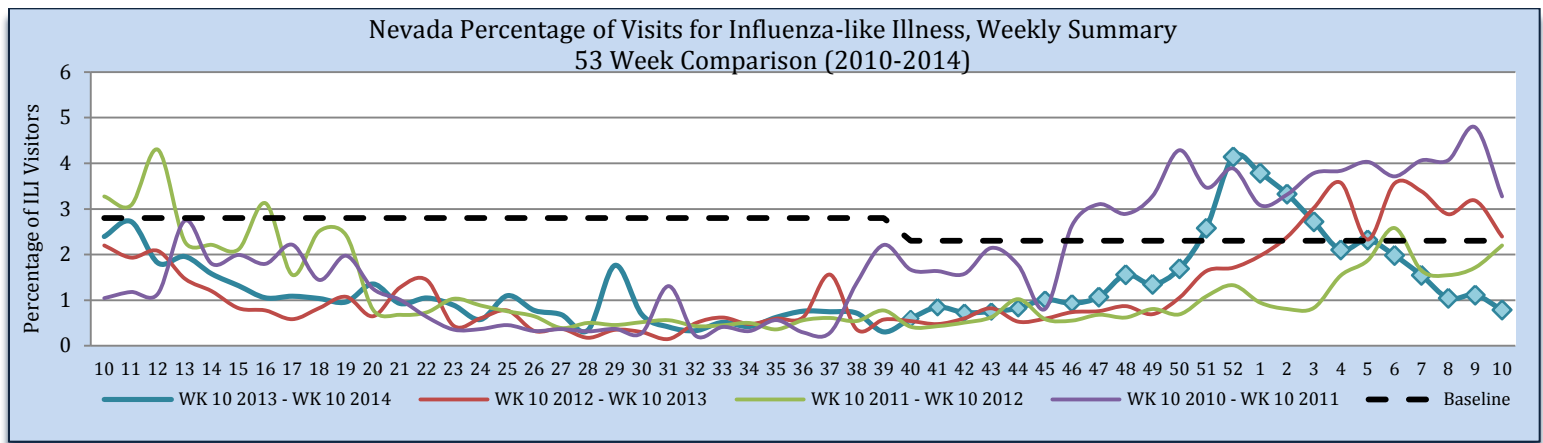
Figure 4



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

During week 10, 0.8% of visits to sentinel providers were due to ILI. This is a 1.6% point decrease from week 10 of the 2012-2013 influenza season, week 40 through week 20.

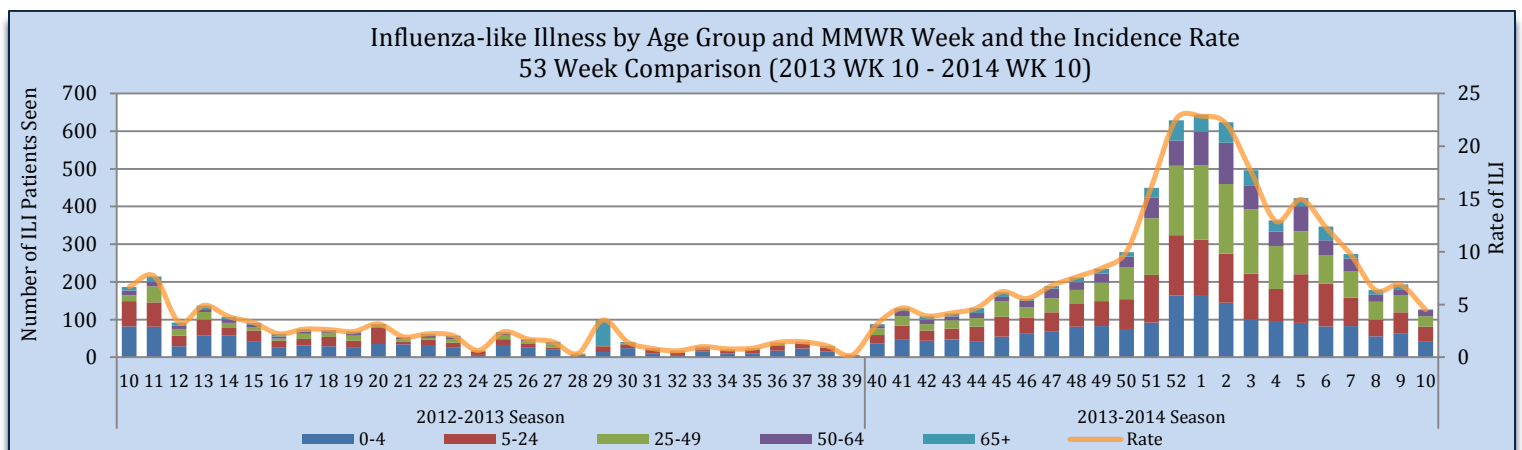
Figure 5



Source of Data: CDC: ILINet.

The number of ILI patients and rate increased from week 9 to week 10, from 193 to 132, and 6.8 to 4.7 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 2014 is 2,819,321.

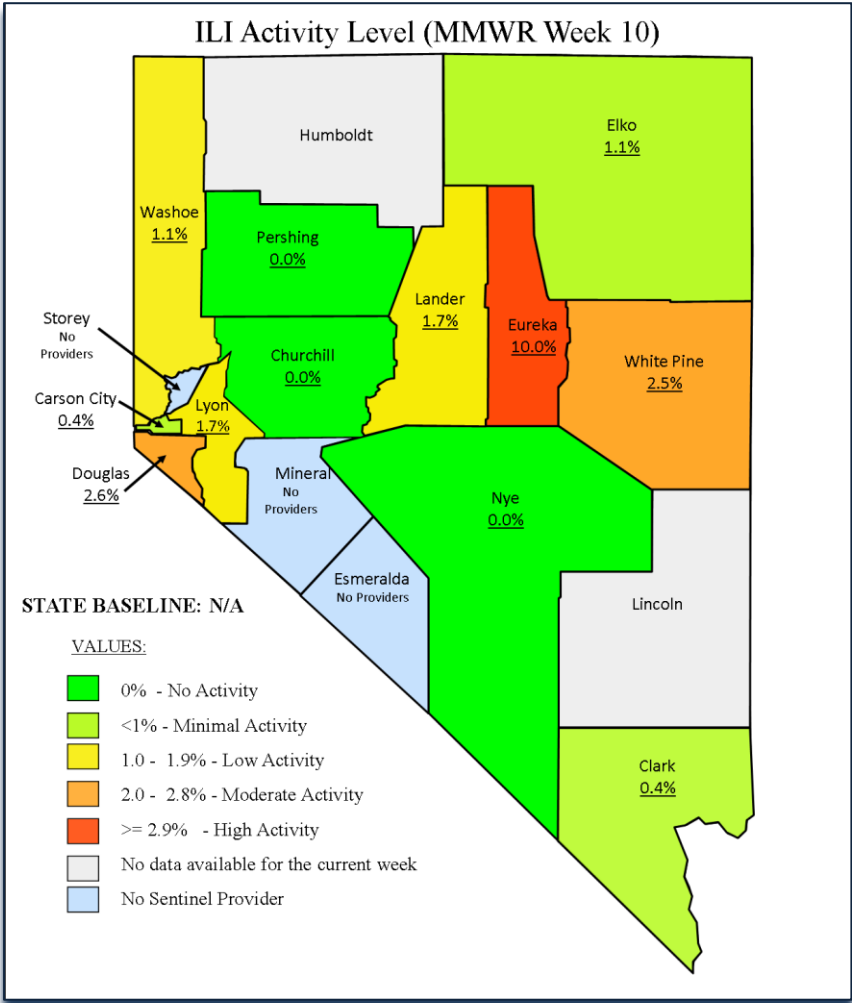
Figure 6



Source of Data: CDC: ILINet.

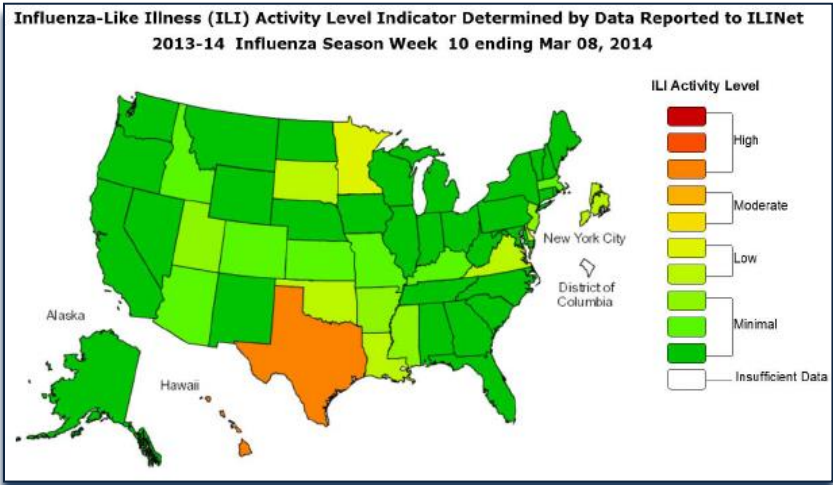
Providers for the sentinel surveillance are grouped by county, then the percent is calculated by ILI visits and total patient visits. During week 10, Eureka County had high activity; Humboldt and Lincoln counties did not report (Figure 7). Overall, Nevada had minimal activity monitored through ILINet (Figure 8).

Figure 7



Source of Data: CDC: ILINet.

Figure 8

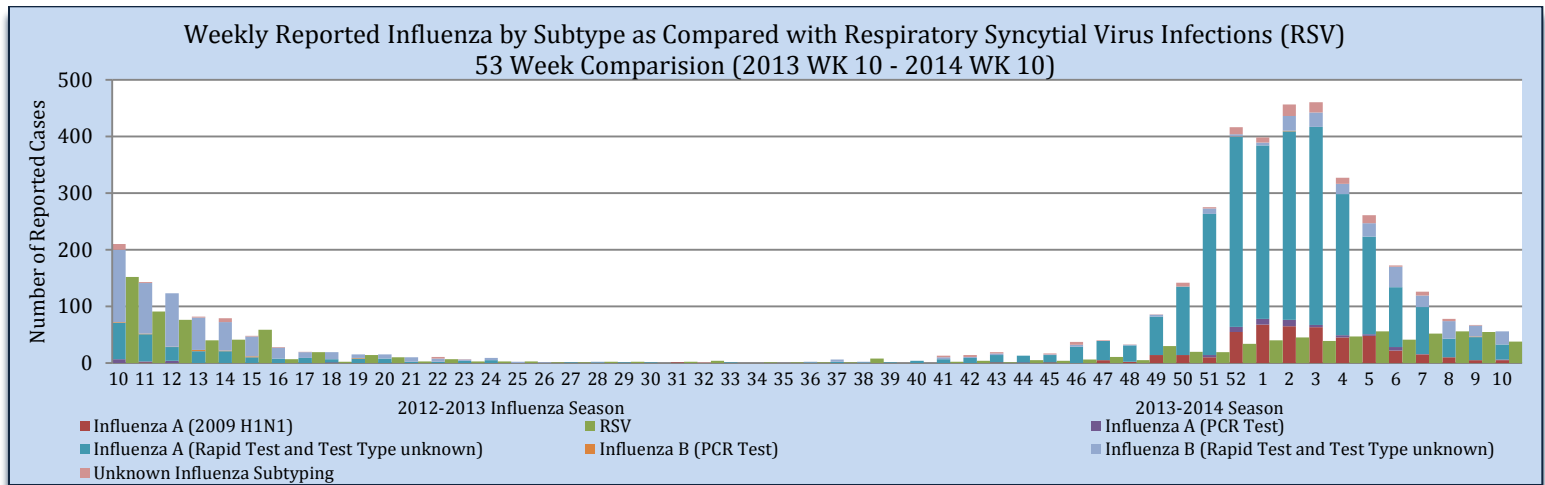


Source of Map: CDC: FluView Report.

Influenza Positive Surveillance (NBS and NETSS)

Positive cases of influenza are reported to the state health division for surveillance purposes. Figure 10 and 11 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 10, there were 5 H1N1 cases and 28 Influenza A cases. There were 23 positive Influenza B cases. Overall, there were 56 influenza positive tests in Nevada, whereas during the previous season for week 10, there were 210 cases.

Figure 9



Source of Data: OPHIE: NBS and SNHD: NETSS.

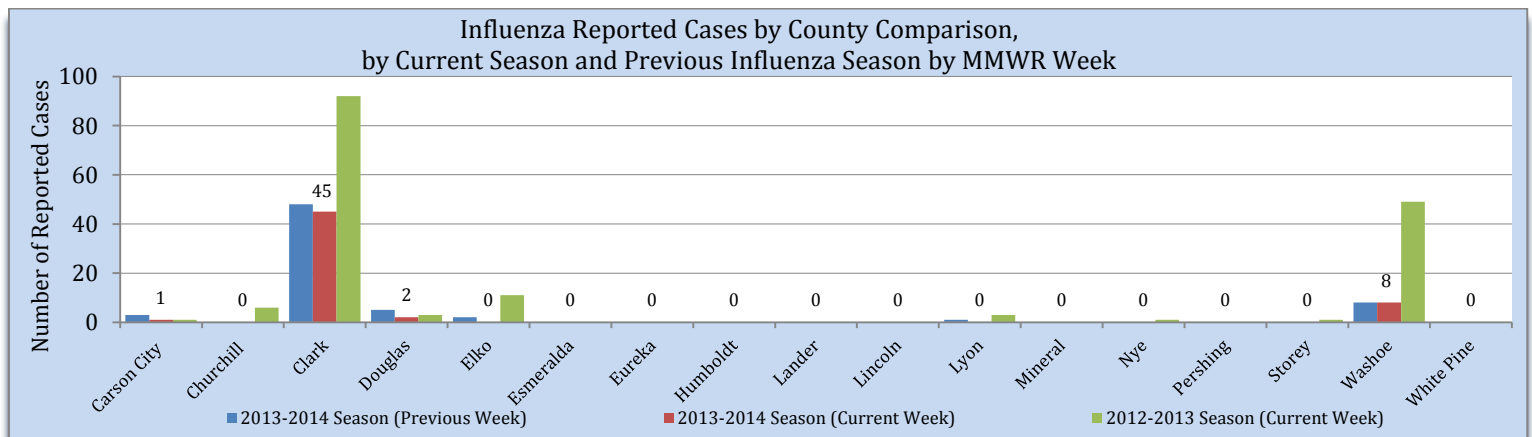
Table 2

Reporting Jurisdiction	Reported Influenza Cases by County Jurisdiction and Influenza Type									
	Current Week (Week 10)					Cumulative Influenza Season				
	H1N1	A	B	Unknown	Total	H1N1	A	B	Unknown	Total
Carson City Health and Human Services	1	2	0	0	3	18	367	20	16	421
Rural Health Services	0	0	0	0	0	97	241	33	46	417
Southern Nevada Health District	1	23	21	0	45	170	1,551	178	30	1,929
Washoe County Health District	3	3	2	0	8	182	501	33	27	743
State of Nevada	5	28	23	0	46	467	2,660	264	119	3,510

Source: OPHIE: NBS and SNHD: NETSS.

Clark County experienced a decrease in influenza from 47 to 45 influenza cases during week 10. Washoe County experienced for week 10, remained at 8 influenza cases. Carson City and Douglas counties all had influenza activity during week 10.

Figure 10



Source: OPHIE: NBS and SNHD: NETSS.

Hospitalizations

There have been 370 hospitalizations associated with influenza this season.

Table 3

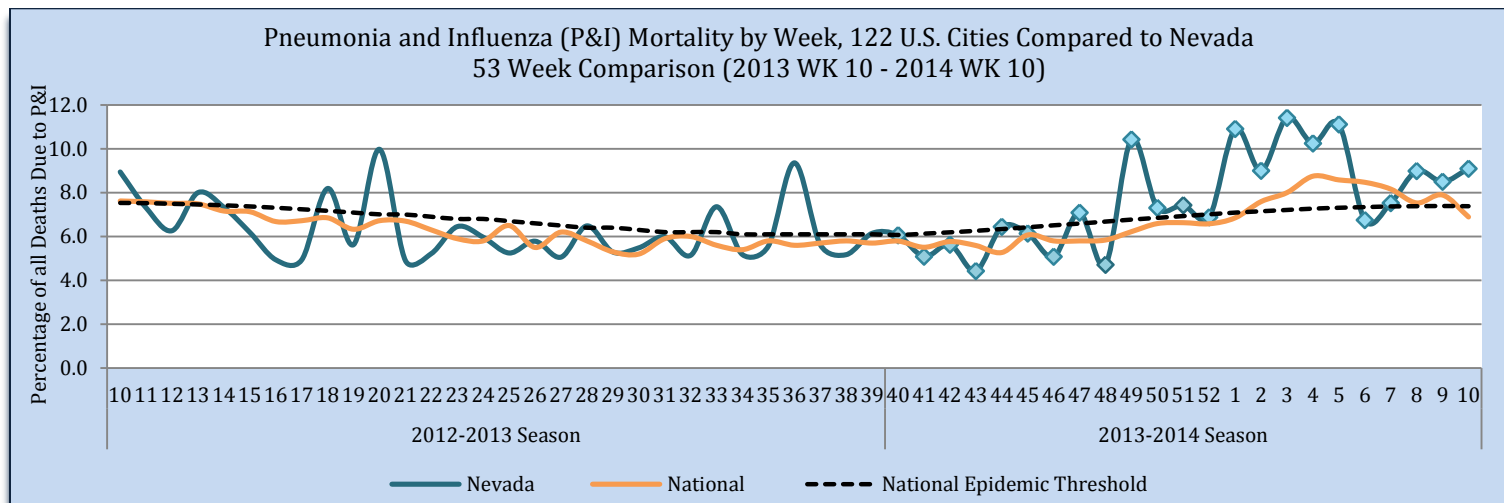
Reporting Jurisdiction	Influenza Hospitalizations		Cumulative Influenza Season	
	Current Week (Week 10)			
	#	%	#	%
Carson City Health and Human Services	0	0.0	22	5.9
Rural Health Services	0	0.0	7	1.9
Southern Nevada Health District	8	100	259	70.0
Washoe County Health District	0	0.0	82	22.2
State of Nevada	8	100	370	100

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 the deaths, where Pneumonia and Influenza is listed as a cause of death, divided by the total deaths in Nevada for each week. There were 23 P&I deaths and 253 total deaths for week 10, as of March 17. The P&I mortality percentage is above the national epidemic threshold at 9.1%, (threshold at 7.4%). Nationally, the P&I mortality is below the national epidemic threshold at 6.9%.

Figure 11



Source: OVR: WEVRRS and CDC: FluView.

Appendix

Activity level in figure 3 is based on the following information.

Activity Level	ILI Activity*/Outbreaks		Laboratory Data
No Activity	Low	And	
Sporadic	Not Increased	And	Isolated lab-confirmed cases †
			Or
	Not Increased	And	Lab confirmed outbreak in one institution ‡
Local	Increased ILI in 1 region**. ILI activity in other regions is not increased	And	Recent (within the past 3 weeks) lab evidence of influenza in region with increased ILI
			Or
	2 or more institutional outbreaks (ILI or lab confirmed) in 1 region; ILI activity in other regions is not increased	And	Recent (within the past 3 weeks) lab evidence of influenza in region with the outbreaks; virus activity is no greater than sporadic in other regions
Regional	Recent (within the past 3 weeks) lab evidence of influenza in region with the outbreaks; virus activity is no greater than sporadic in other regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
			Or
	Institutional outbreaks (ILI or lab confirmed) in ≥2 and less than half of the regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the affected regions
Widespread	Increased ILI and/or institutional outbreaks (ILI or lab confirmed) in at least half of the regions	And	Recent (within the past 3 weeks) lab confirmed influenza in the state

*ILI activity can be assessed using a variety of data sources including ILINet providers, school/workplace absenteeism and other syndromic surveillance systems that monitor influenza-like illness.

† Lab confirmed case = case confirmed by rapid diagnostic test, antigen detection, culture, or PCR.

‡ Institution includes nursing home, hospital, prison, school, etc.

**Region: population under surveillance in a defined geographical subdivision of a state. Nevada has 5 regions.

Technical Notes

- 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.
- NEDDS 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>.
2. Nevada State Demographer's Office. 2003-2014 ASRHO Estimates and Projections. Division of Public and Behavioral Health edition. Vintage 2012.
3. OPHIE. DPBH. NBS. 2010-2014. Accessed March 2014.
4. Office of Vital Records (OVR). DPBH. Web Enabled Vital Records Registry System (WEVRRS) [unpublished data]. 2012-2014. Accessed March 2014.
5. Southern Nevada Health District (SNHD). NETSS/Trisano. 2010-2014. Accessed March 2014.

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