

Joe Lombardo
Governor

Richard Whitley, MS
Director



Cody Phinney, MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

Date: February 21, 2025

To: Nevada State Board of Health

Through: Richard Whitley, MS, Director DHHS
Cody Phinney, MPH, Administrator, DPBH

From: Ihsan Azzam, PhD, MD, MPH, Chief Medical Officer

Re: Report to the Board of Health for March 07, 2025

Seasonal Influenza and Other Respiratory Infections

Seasonal influenza activity remains elevated and continues to increase in Nevada and across the nation, and the respiratory illness activity including influenza-like illnesses (ILI) in Nevada was high in the most recent Morbidity and Mortality Weekly Reports MMWR.

By some measures, this current year's flu season is the worst in fifteen years. The Centers for Disease Control and Prevention (CDC) has recorded so far at least 24 million influenza cases; 310,000 hospitalizations and an estimated 13,000 influenza-associated death, including at least 57 children.

As of the date of writing this report, ILI nationwide was still on the rise, with 45 states reporting high or very high influenza activity. At the national level, CDC data indicates emergency department (ED) visits are very high for diagnosed influenza and moderate for RSV, while COVID-19 visits remain relatively low.

Emergency departments across our state are reporting increased volumes of patients presenting with influenza-like illnesses, though hospitalization rates remain manageable at this time. Laboratory testing shows influenza positivity has increased to 31.6%, while COVID-19 test positivity has decreased to 4.9% and RSV positivity has decreased to 6.6%.

National wastewater surveillance data indicates very high levels for influenza A and COVID-19 with just moderate levels for RSV viral activity. CDC forecasting suggests COVID-19 ED visits will remain lower than previous winter seasons, while influenza-related ED visits are expected to remain high and may increase across most states in the coming weeks.

Avian influenza A (H5N1) – Update

As of the time of preparing this report, there were 68 confirmed human cases over the last year across 10 different states in the US with 41 involving dairy workers (please check Exposure Source Table below). Nearly all cases are from three states (California – 38 cases; Washington – 11 cases, and Colorado – 10 cases).

Regardless of the H5 genotype, most human infections in the United States (U.S.) have been mild, except for the fatal case in Louisiana in a person who had prolonged, unprotected exposure to infected backyard birds. In January 2025, one individual in Louisiana who got infected with the D1.1 strain died. He was over 65 years old and had several underlying health conditions. Additionally, last year, a 13-year-old in Canada developed serious symptoms from the D1.1 strain.

On February 10, 2025, the Central Nevada Health District (CNHD) confirmed the first human case of H5N1 in a dairy worker from Churchill County. The worker reported experiencing conjunctivitis, like most H5N1 human cases associated with exposure to infected dairy cows. However, this worker was exposed to a new H5N1 variant D1.1. He did not need to be hospitalized and was recovering. Proactively, the CNHD tested 20 additional symptomatic and asymptomatic farm workers, and all samples at the Nevada Public Health Laboratory (NSPHL) were negative. There is currently no evidence of person-to-person spread of H5N1 avian influenza from this dairy worker to others.

It's important to note that the USDA testing of milk samples from Northern Nevada dairies detected H5N1 in two dairy farms, with genome sequencing confirming the D1.1 genotype. A concerning development is the identification of the D701N mutation in the PB2 gene from four cows, which is a change linked to mammalian adaptation.

This development underscores the importance of recommended precautions in people with exposure to infected or potentially infected animals, including use of appropriate personal protective equipment. People with close or prolonged, unprotected exposures to infected cows, birds, or other animals (including livestock), or to environments contaminated by infected cows, birds, or other animals, are at greater risk of infection.

This virus variant (D1.1) is different from the (B3.13) that caused the dairy cow outbreaks and most human infections in the U.S. to date.

With the confluence of seasonal flu, RSV, and COVID-19, The Division of Public and behavioral Health (DPBH) is urging people to get their seasonal influenza shot which can reduce the possible risk of coinfection.

Avian influenza A (H5N1) - Surveillance and Reporting

Avian influenza A (H5N1) has been circulating widely among birds and mammals in the U.S. since 2022. In spring 2024, H5N1 was detected in dairy cattle for the first time. Since then, more than 900 affected dairy herds have been reported in at least 16 states. In December 2024, one dairy herd in Nye County, Nevada, tested positive for H5N1. And H5N1 continues to affect poultry flocks nationwide.

To date, more than 68 human cases of H5N1 have been reported in the U.S. About 60% of these individuals had exposure to dairy herds, and about 35% had exposure to poultry farms (a few had no known animal exposures). California has declared a state of emergency due to the spread of avian influenza, with the highest number of human cases reported. Despite this, the CDC Assessment of the immediate risk to the public remains low.

While public health risk remains low, healthcare providers and facilities should maintain awareness for cases among individuals with occupational exposure to affected animals as, influenza viruses constantly change, requiring continued surveillance and preparedness efforts, especially among populations at greatest risk such as agricultural workers in the poultry and dairy industries.

Even though no human-to-human transmission has been detected, healthcare providers are urged to take the following actions to aid public health in ensuring rapid identification and response in suspected H5N1 cases in Nevada. Providers should consider Influenza A (H5N1) virus infection in patients who present with acute respiratory illness and/or conjunctivitis if they have had relevant exposure within the ten days preceding symptom onset. Providers should thoroughly document relevant exposures in the patient's medical record, including

- Contact with potentially infected sick or dead birds, livestock, or other animals (e.g., handling, slaughtering, defeathering, butchering, culling).
- Consuming or preparing unpasteurized/raw milk or dairy products.
- Direct contact with water or materials contaminated with fluids or excrement from potentially infected animals.
- Prolonged exposure to potentially infected birds or other animals in confined spaces.
- Contact with a confirmed, probable, or suspect human case.

The emergence of influenza A/H5N1 in the U.S. presents ongoing monitoring challenges, with cases showing varied clinical presentations and one fatality reported in Louisiana. While current public risk remains low, healthcare facilities face several operational concerns, including variable testing turnaround times, absence of FDA-approved point-of-care tests, potential limitations in oseltamivir supplies, and lack of commercially available H5N1 vaccines.

Currently the DPBH requires that all hospitalized patients with an unsub-typed positive influenza A test have specimens subtyped for influenza A(H5) within 24 hours of influenza A confirmation at either the NSPHL or a clinical laboratory. Specimens confirmed as H1 or H3 are not required to undergo H5 subtyping. However, if H5N1 infection is suspected, healthcare providers should immediately establish two-way communication with the appropriate local health authority. The local health authority will coordinate with the designated public health laboratory to ensure the specimen can be received and tested within 24 hours of collection.

Exposure Associated with Commercial Agriculture and Related Operations					
State	Dairy Herds (Cattle)	Poultry Farms and Culling Operations	Other Animal Exposure	Exposure Source Unknown	State Total
California	36	0	0	2	38
Colorado	1	9	0	0	10
Iowa	0	1	0	0	1
Louisiana	0	0	1	0	1
Michigan	2	0	0	0	2
Missouri	0	0	0	1	1
Nevada	1	0	0	0	1
Oregon	0	1	0	0	1
Texas	1	0	0	0	1
Washington	0	11	0	0	11
Wisconsin	0	1	0	0	1
Source Total	41	23	1	3	68

Healthcare Associated Legionella Infection Outbreak

In mid-November 2025, the Office of State Epidemiology (OSE) was notified by Southern Nevada Health District (SNHD) regarding the investigation of a case of Legionellosis in an adult male who was hospitalized for several weeks prior to his positive Legionella test. The isolate was confirmed by Southern Nevada Public Health Laboratory (SNPHL) as Pneumophila serogroup 1. The case was also diagnosed with lymphoma at the time of admittance and subsequently passed away.

SNHD Environmental Health Services conducted testing at the home of the diseased individual and results did yield high level positives. The DPBH Bureau of Health Care Quality Control (HCQC) requested and received the hospitals water management plan as well as the most recent six months of Legionella testing. Additionally, SNHD identified two previously reported cases of confirmed Legionella that also had 10+ days stays at this same facility. The two cases were hospitalized in August and July respectively.

The facility Water Management Program was well written; however, the facility did not appear to be following the required corrective action steps in response to positive *Legionella* testing.

HCQC and OSE coordinated with the facility and SNHD and provided remediation guidance and conducted more testing. No additional legionella infections have been linked to that facility.

Measles Outbreak in Texas and New Mexico

Since late January 2025 Texas is experiencing a rapidly growing measles outbreak, and as of the date of preparing this report 90 cases have been identified. 94% of the cases were unvaccinated, or their vaccination status is unknown, and sixteen patients have been hospitalized. The outbreak already spilled into to a neighboring County in New Mexico, where nine cases were identified so far.

This outbreak is primarily affecting unvaccinated school-age children, as almost 80% of the cases in Texas and 50% in New Mexico are younger than 17 years of age. Gaines County, the epicenter of this outbreak in Texas has one of the lowest vaccination rates at 82% among kindergartners, with less than 50% coverage in some schools.

Public health officials in Texas have established drive-through vaccination clinics and emphasized that the highly contagious measles virus can remain airborne for up to two hours after an infected person leaves an area.

Healthcare facilities and providers in Nevada were advised to maintain heightened awareness and obtain detailed travel histories when evaluating patients with exposure history; symptoms and sign consistent with measles.

DPBH Accreditation – Update

The DPBH application for accreditation with the Public Health Accreditation Board (PHAB) was submitted December 27, 2024. This represents the culmination of an enormous effort by a broad array of staff including writing and reviewing 232 distinct documents, initiating new processes and procedures including dashboards and assessments, and installing 115 signs. Now the Board will assess our application and provide feedback on needed improvements. PHAB will also schedule a site visit for this summer.

The DPBH became one of only a few states in the nation that have received Advanced Recognition as an Age-Friendly Public Health System (AFPHS) from the Trust for America’s Health and the John A. Hartford Foundation. Becoming an AFPHS will better support all Nevadans throughout their lifespan with a focus on healthy aging and help realize the DPBH mission to “protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.” For more information on the Age-Friendly Public Health System program, visit afphs.org.

The Office of State Epidemiology Informatics team was accepted into Council for States and Territorial Epidemiologists (CSTE’s) Data Science Team Training Program to focus on their project “Improving Electronic Case Report (ECR) Data Quality in Nevada.” This was a competitive application process with over 100 applicants, of which only 20 teams were selected. This 12-month training program will allow our team to upgrade their skills in data science through didactic instruction and online courses, working on priority projects, peer to peer learning, training stipend for professional development, and coaching from national subject matter experts.