

Influenza Weekly Report

2017 Week 8 (February 19 – February 25, 2017) through 2018 Week 8 (February 18 – February 24, 2018)

Department of Health and Human Services
Office of Analytics



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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.

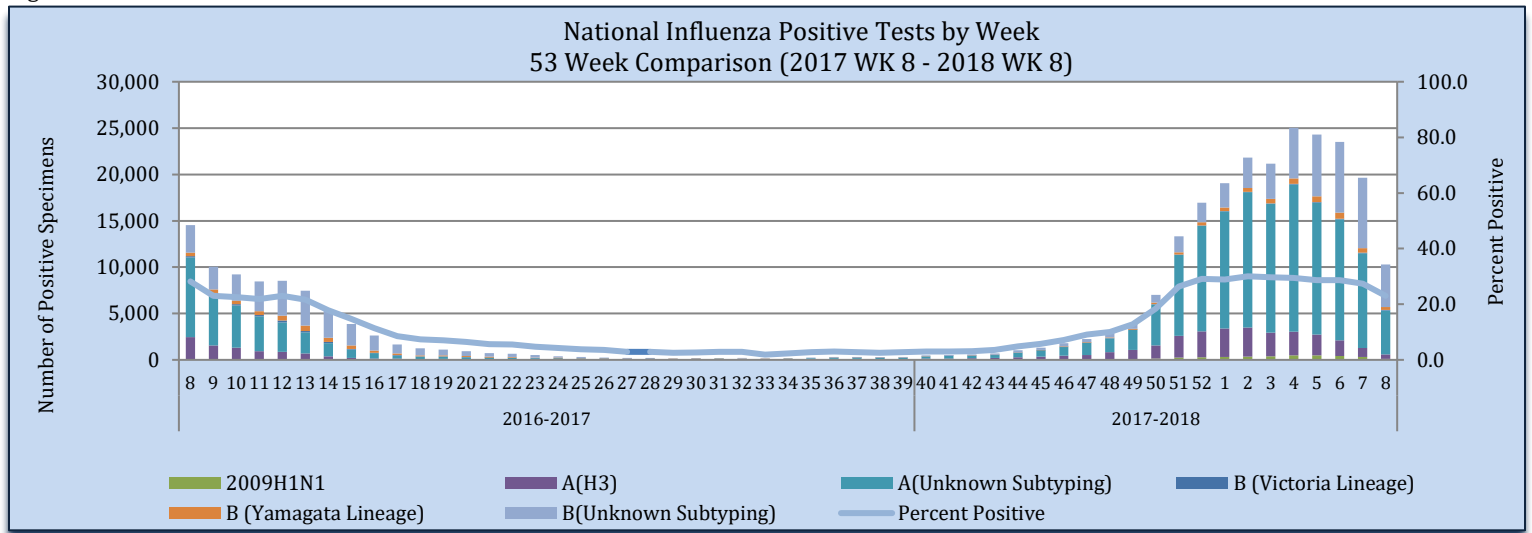
Purpose

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 8, there were 44,611 specimens collected and tested for influenza, of those 10,286 were positive (23.1%).

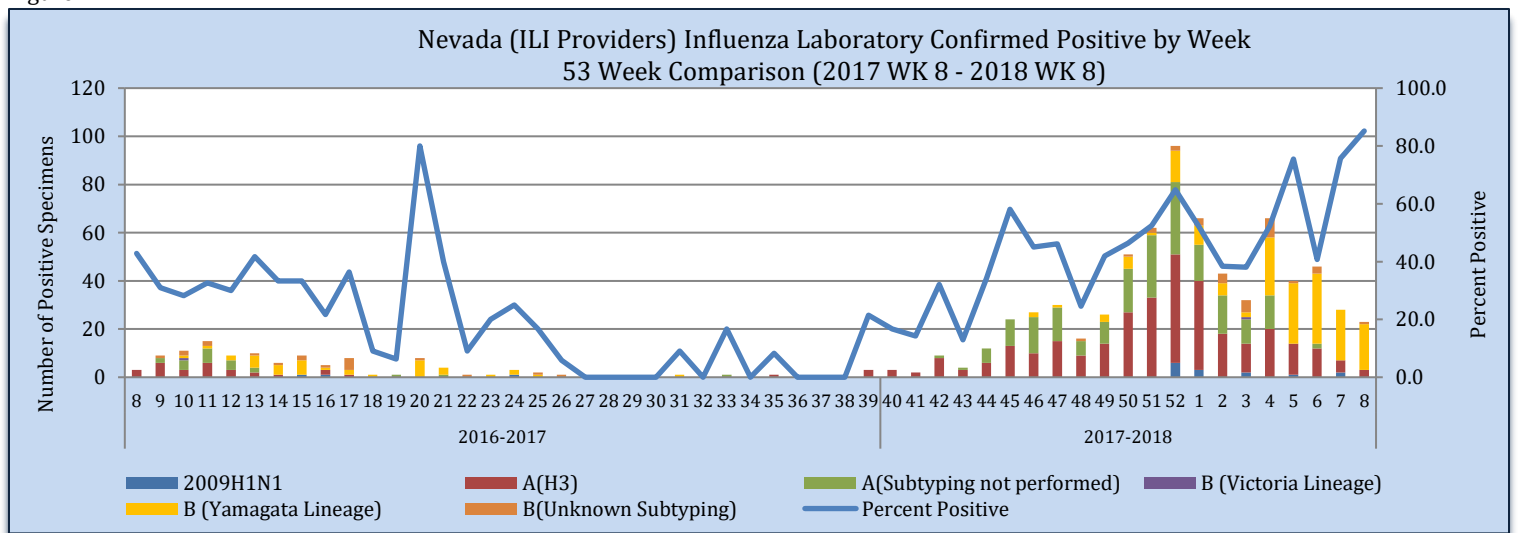
Figure 1



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. Laboratory data is obtained from CDC’s ILINet system. During week 8, where there were 27 specimens collected, in which 23 were positive. There is a two-week delay for laboratory surveillance. Data are subject to change as we receive additional reports.

Figure 2



Source of Data: CDC: ILINet.

Nevada State Public Health Laboratory (NSPHL) has tested 542 specimens for influenza from sentinel providers, of which there have been 469 positive (86.5%). Southern Nevada Public Health Laboratory (SNPHL) has tested 73 specimens this season of which there have been 6 positive. Nationally, there have been 949,562 specimens sent to the WHO and NERVSS laboratories of which 217,592 have been positive (22.9%). 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.

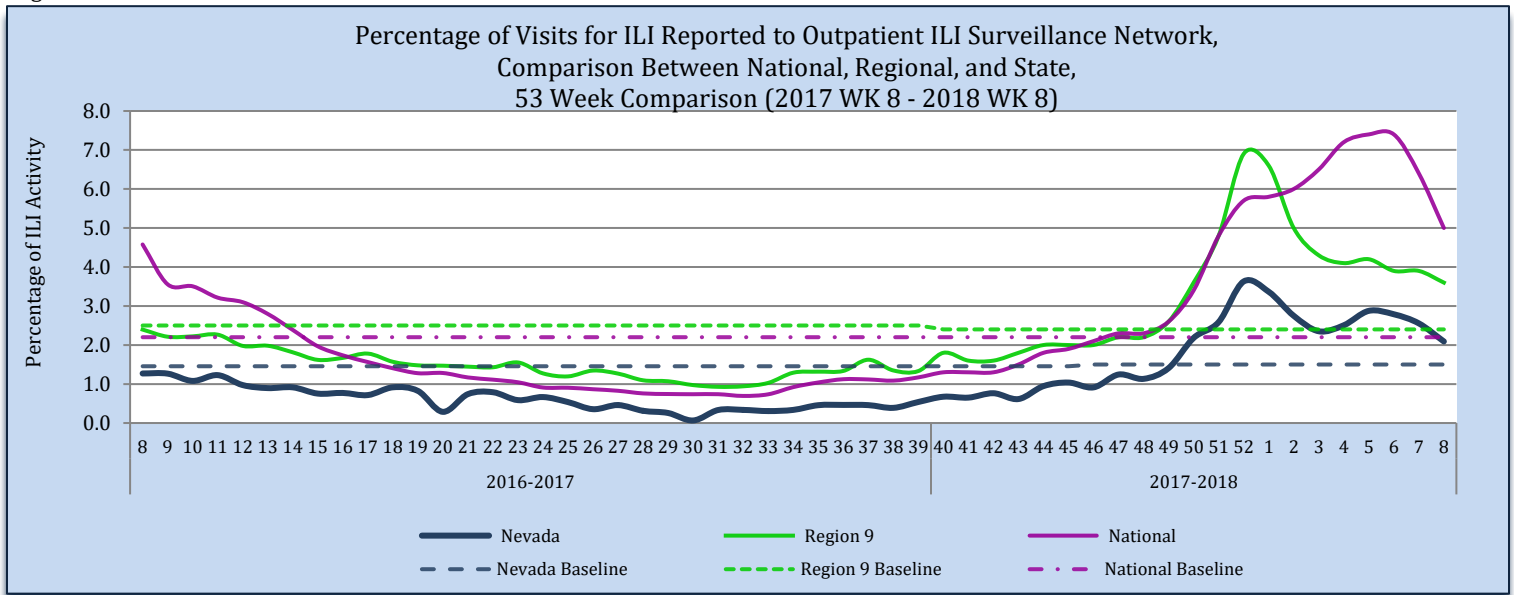
Table 1

Influenza Specimens Tested State and Nationally through Sentinel Providers											
	NSPHL	SNPHL	All Other Laboratories	State of Nevada (Week 8)		State of Nevada (Season)		National (Week 8)		National (Season)	
				#	%	#	%	#	%	#	%
Specimens Tested	542	73	867	27	-	1,482	-	44,611		949,562	
Influenza Positives	469	6	235	23	85.2	710	47.9	10,286	23.1	217,592	22.9
Influenza A:	314	3	203	3	13.0	520	73.2	5,335	51.9	162,932	74.9
A (2009 H1N1)	17	0	1	0	0	18	3.5	115	2.2	3,825	2.3
A (H3)	297	3	8	3	100	308	59.2	467	8.8	27,096	16.6
A (Sub-typing not performed)	0	0	194	0	0	194	37.3	4,753	89.1	132,011	81.0
Influenza B:	155	3	32	20	87.0	190	26.8	4,951	48.1	54,660	25.1
B (Victoria Lineage)	1	0	0	0	0	1	0.5	36	0.7	552	1.0
B (Yamagata Lineage)	154	0	4	19	95.0	158	83.2	322	6.5	5,189	9.5
B (Sub-typing not performed)	0	3	28	1	5.0	31	16.3	4,593	92.8	48,919	89.5

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 8 is 2.1% which is above the state baseline of 1.5%. Region 9 ILI percentage for week 8 is 3.6% which is the above the region baseline of 2.4%. Region 9 includes the following states/territory: Arizona, California, Guam, Hawaii, and Nevada. The national ILI percentage for week 8 is 5.0% which is above the national baseline 2.2%.

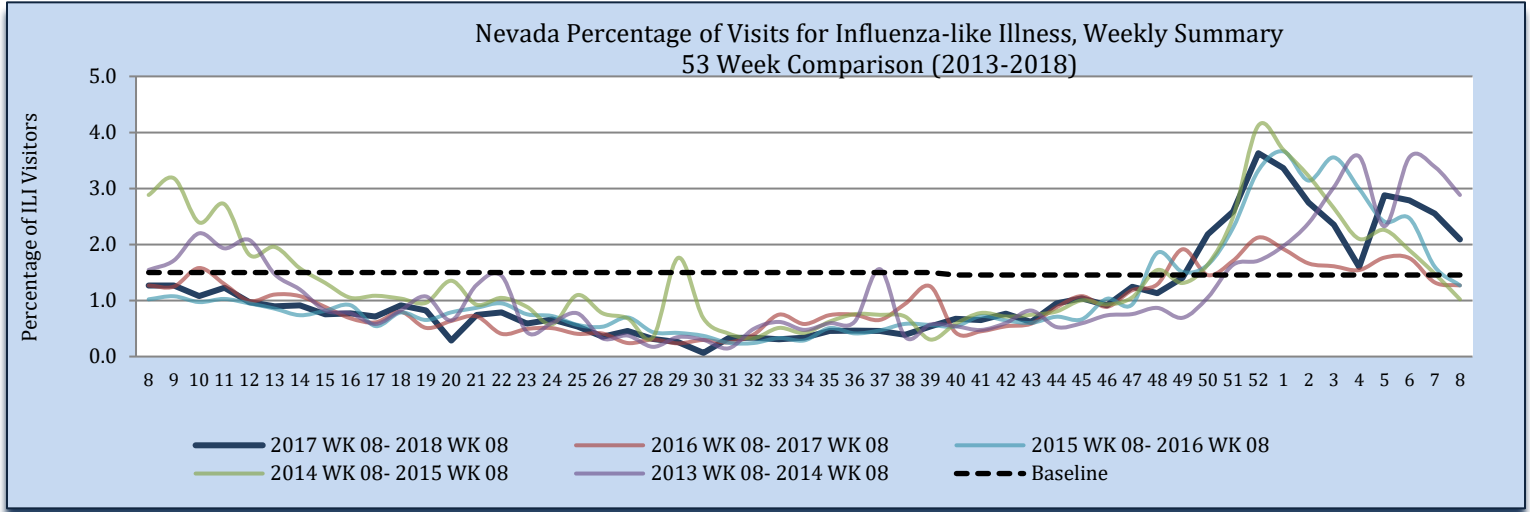
Figure 3



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

During week 8, 2.1% of visits to sentinel providers were due to ILI; this is greater than the 2016-2017 influenza season (1.3%). There were 17,509 patients seen by sentinel providers during week 8, of which 366 patients presented with ILI; week 8 of 2017, there were 240 patients seen with ILI (18,892 total patients seen). Data availability depends on sentinel provider reporting.

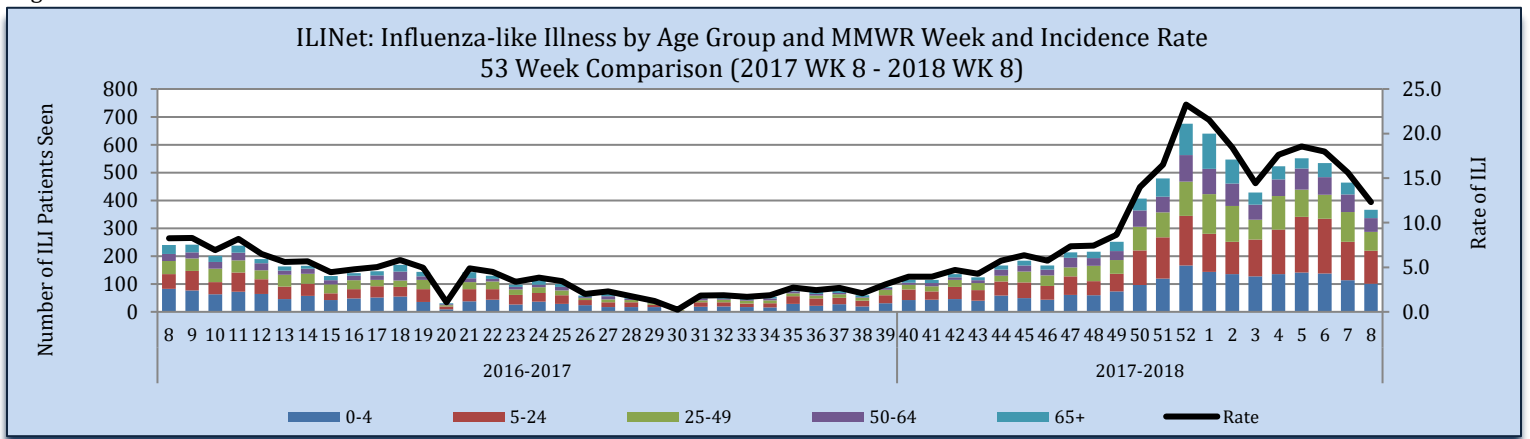
Figure 4



Source of Data: CDC: ILINet.

Influenza-like Illness is reported by age groups. During week 8, patients ages 5-24 were the greatest number of patients seen with ILI, at 118 patients seen. The rate for week 8 is 12.3 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 2018 is 2,969,849.

Figure 5



Source of Data: CDC: ILINet.

Influenza Positive Surveillance (NBS and NETSS)

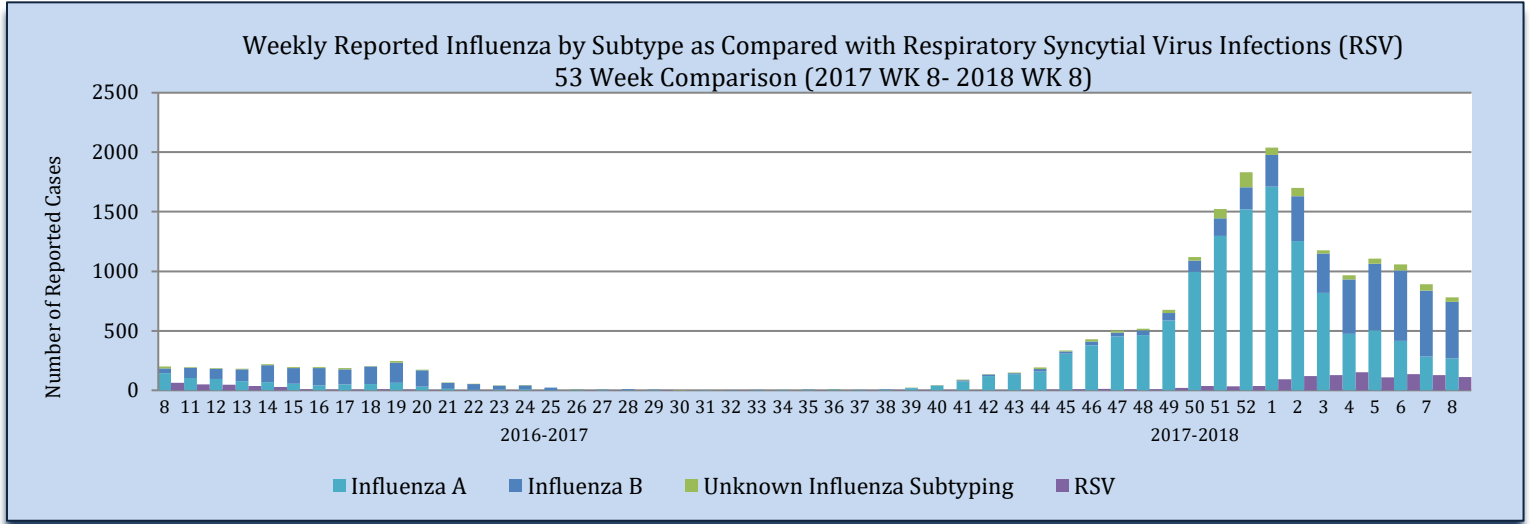
Positive cases of influenza are reported to the state health authority for surveillance purposes. Table 2 and Figure 7 reflect all positive influenza cases reported to the state. Types of influenza testing include commercial rapid diagnostic test (rapid), viral culture, fluorescent antibody, enzyme immunoassay, RT-PCR (PCR), and Immunohistochemistry. The two most common test types in Nevada are Rapid and PCR tests. During week 8, there were 781 influenza cases reported to the state, 269 influenza A, 474 influenza B and 38 unknown subtyping.

Table 2

Reporting Jurisdiction	Reported Influenza Cases by County Jurisdiction and Influenza Type							
	Current Week (Week 8)				Cumulative Influenza Season			
	A	B	Unknown	Total	A	B	Unknown	Total
Carson City Health and Human Services	50	76	4	130	1,255	513	71	1,839
Rural Community Health Services	55	97	0	152	1,033	652	30	1,715
Southern Nevada Health District	90	157	14	261	6,879	1,732	256	8,867
Washoe County Health District	74	144	20	238	3,097	1,379	368	4,844
State of Nevada	269	474	38	781	12,264	4,276	725	17,265

Source: to Office of Analytics: NBS and SNHD: NETSS.

Figure 6



Source of Data: to Office of Analytics: NBS and SNHD: NETSS.

Hospitalizations

There were 33 hospitalizations associated with influenza reported to the state health authority for week 8.

Table 3

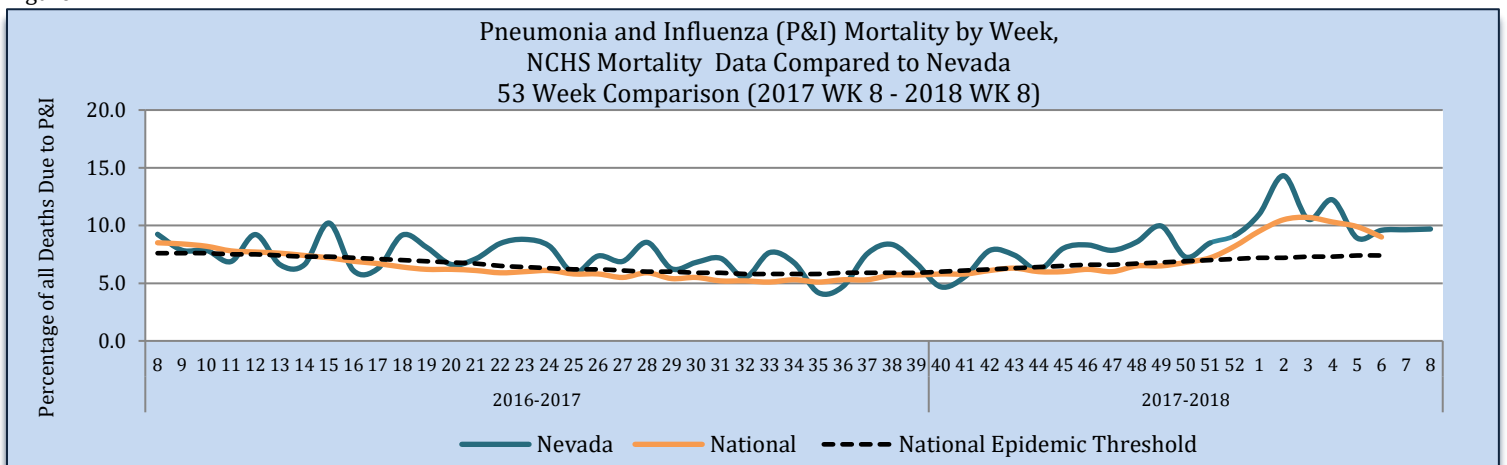
Reporting Jurisdiction	Influenza Hospitalizations			
	Current Week (Week 8)		Cumulative Influenza Season	
	#	%	#	%
Carson City Health and Human Services	6	18.2	136	9.4
Rural Community Health Services	1	3.0	39	2.7
Southern Nevada Health District	15	45.5	804	55.8
Washoe County Health District	11	33.3	462	32.1
State of Nevada	33	100	1,441	100%

Source: Reported to Office of Analytics 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 March 6th, there were 38 P&I deaths and 392 total deaths for week 8 in Nevada. Please note that the CDC does not have updated P&I counts for week 7 or week 8.

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 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

1. CDC. FluView: A Weekly Influenza Surveillance Report. <http://www.cdc.gov/flu/weekly/pastreports.htm>.
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4. Office of Vital Records (OVR). DPBH. Web Enabled Vital Records Registry System (WEVRRS) [unpublished data]. 2017-2018. Accessed March 2018.
5. Southern Nevada Health District (SNHD). NETSS/Trisano. 2016-2018. Accessed March 2018.

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