

Southern Nevada Influenza Surveillance Update

Data for the Week Ending January 30, 2010

Update Number 16: February 3, 2010

Note

Starting this week, the Southern Nevada Health District will begin publishing the influenza surveillance report on a monthly basis, with the next report being released on March 3, 2010. This change is a result of the low levels of influenza circulating in Southern Nevada at this time. Should there be a significant increase in disease circulation or severity, the report will revert to the weekly publication schedule.

Summary

For the week ending January 30, 2010:

- Influenza activity in Southern Nevada remains at the low levels seen at the beginning of influenza surveillance season in September.
- There is currently no evidence of increased severity of disease in Southern Nevada.
- National laboratory surveillance indicates that nearly all reported cases of influenza are the result of 2009 Influenza A (H1N1)
- 21 influenza cases, including 2 hospitalizations were reported to the health district. Only one case of influenza A (H1N1) has been detected by our pediatric viral surveillance sentinel site program since the second week of December. No influenza deaths were reported.

Current Status

Circulation

Influenza activity continues in Southern Nevada at levels well below the season-to-date peak seen in October and November. Nationally, for the second week of 2010, only one of ten geographic regions reported elevated influenza activity. Widespread geographic distribution of influenza activity was not reported by any state, the same as the previous week (Source: CDC FluView). National laboratory testing is showing a decrease since the season-todate peak in October in the number of specimens submitted and the positivity rate (Figure 1.1 and Table 1.1) Local laboratory-based surveillance has identified only one case of H1N1 since mid-December. Sentinel provider reports of patients seeking care for influenza-like illness have decreased to less than one percent since the peak in mid-October. (Figure 2.1). The number of persons hospitalized for influenza is well below the peak levels seen so far this season (Figure 3.4 and Table 3.1).

Severity

There is currently no evidence of increased severity of disease in Southern Nevada or in the United States. No deaths were reported in Clark County for the week ending January 29, 2010.

Circulating Strains

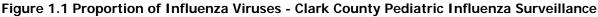
Local and national laboratory surveillance indicates that nearly all reported cases of influenza are the result of 2009 Influenza A (H1N1). Local pediatric laboratory surveillance has identified no seasonal influenza A H1 or H3 infections and only one influenza B infection out of 348 samples tested since the beginning of influenza season (Figure 1.1 and Table 1.1). This is consistent with national surveillance (Figure 1.2 and Table 1.2).

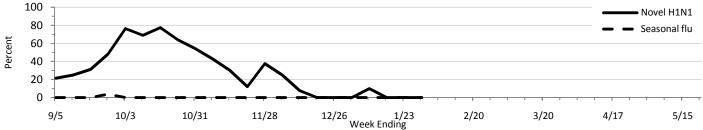
Antiviral Resistance

The circulating strain of 2009 Influenza A (H1N1) continues to display sensitivity to oseltamivir and zanamivir and resistance to adamantanes. Although sporadic cases of oseltamivir-resistance have been identified in the United States, nearly all patients had documented treatment or prophylaxis with oseltamivir, and occasional development of oseltamivir resistance during treatment or prophylaxis is not unexpected. Since April of 2009, a total of 54 cases of oseltamivir-resistance have been identified in the United States. Forty-two of these patients had documented exposure to oseltamivir through either treatment or chemoprophylaxis, three patients had no documented oseltamivir exposure, and eight are under investigation to determine exposure to oseltamivir. (Source: CDC - http://www.cdc.gov/flu/ weekly/).

Section One: Laboratory Surveillance

Enhanced pediatric influenza surveillance (EPIS) is conducted through four Clark County, NV medical practices. Each practice submits up to 10 specimens each week from pediatric patients presenting with respiratory disease and the specimens are tested for influenza and typed by RT-PCR. National surveillance is conducted through laboratories participating in the Center for Disease Control and Prevention (CDC) National Respiratory and Enteric Virus Surveillance System (NREVSS) program.



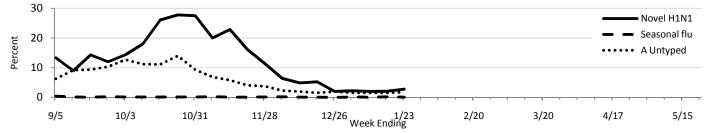


Note: The category of "seasonal flu" includes all influenza A types other than 2009 H1N1 and all influenza B. Source: EPIS

Table 1.1 Laboratory Testing - Clark County Pediatric Influenza Surveillance

		Week Ending										Season to Date	
	1	1/2		1/9		1/16		1/23		30	From 8/30/09		
Testing Category	n	%	n	%	n	%	n	%	n	%	n	%	
Influenza Negative	3	100	9	90	8	100	5	100	0	-	199	57	
2009 H1N1 Positive	0	0	1	10	0	0	0	0	0	-	148	43	
Flu A H1 (seasonal) Positive	0	0	0	0	0	0	0	0	0	-	0	0	
Flu A H3 (seasonal) Positive	0	0	0	0	0	0	0	0	0	-	0	0	
Flu B Positive	0	0	0	0	0	0	0	0	0	-	1	0	
Specimens Tested	3		10		8		5		0		348		
Source: EPIS											-		

Figure 1.2. Proportion of Influenza Viruses - National Laboratory Influenza Surveillance



Note: The category of "seasonal flu" includes all influenza A types other than 2009 H1N1 and all influenza B. Source: CDC/NRVESS

Table 1.2 Laboratory Testing Results - National Influenza Surveillance

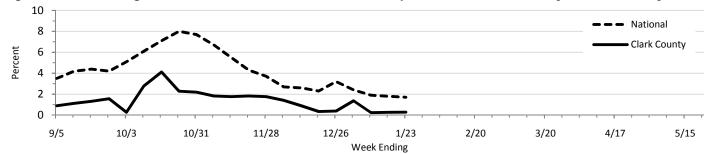
			Season to Date							
	1/2	1/2		1/9		1/16		3	From 8/30/09	
Testing Category	n	%	n	%	n	%	n	%	n	%
Influenza Negative	4,019	96	3,747	96	3,091	96	3,424	95	133,927	75
2009 H1N1 Positive	92	2	78	2	65	2	98	3	29,414	17
Flu A H1 (seasonal) Positive	0	0	0	0	1	0	0	0	28	0
Flu A H3 (seasonal) Positive	0	0	0	0	0	0	0	0	21	0
Flu A Positive, Untyped	65	2	59	2	50	2	64	2	14,442	8
Flu B Positive	4	0	2	0	4	0	2	0	141	0
Specimens Tested	4,180		3,886		3,211		3,588		177,973	

Note: National data lags local data by one week, thus national data for the most recent week are unavailable. Source: CDC/NRVESS

Section Two: Sentinel Physician Influenza-Like Illness Surveillance

Data from physicians enrolled in the Center for Disease Control and Prevention's Outpatient Influenza-like Illness Surveillance Network (ILINet) indicate the percentage of all patients in a given week presenting with influenza-like illness (ILI), which is defined as a fever and either a cough or sore throat.

Figure 2.1 Percentage of Visits for Influenza-Like Illness Reported to ILINet, Locally and Nationally



Note: ILI data collection for the previous week is not complete when this report is generated, and results will lag other parts of this report by one week. Source: CDC/ILINet

Section Three: Clark County Reportable Disease Surveillance

Per Nevada Administrative Code 441A.575, healthcare providers and laboratories must report all laboratory-confirmed cases of influenza to the health authority. Reported hospitalizations are further investigated for the presence of underlying risk factors and for the severity of illness, including intensive care unit (ICU) admission.

Figure 3.1 Clark County Reported Influenza Hospitalization Rates by Age, Season to Date

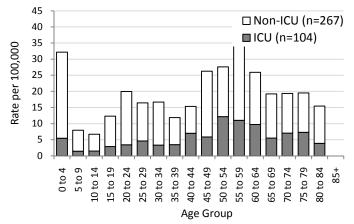
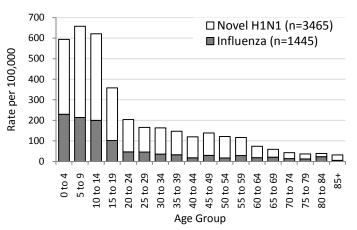
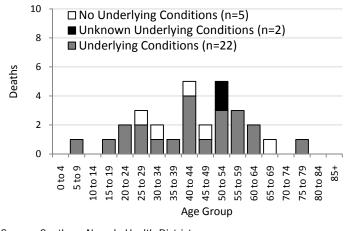


Figure 3.2 Clark County Reported Influenza Case Rates by Age, Season to Date



Source: Southern Nevada Health District

Figure 3.3 Clark County Reported Influenza Deaths by Age, Season to Date



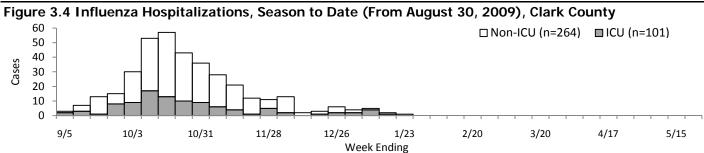
Source: Southern Nevada Health District

Southern Nevada Health District

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Textbox 3.1 Details of Influenza-Related Deaths, Clark County, Week Ending January 30, 2010

No deaths were reported this week.



Note: Data are presented by "event date", the earliest known date for a case. Although this is ideally a disease onset date, a standardized, hierarchical process is used to assign this date when the onset date is unavailable. Hospitalization that occurred before Aug. 30 but were reported Aug. 30 or after are not included in this figure, as data are displayed by the date of hospitalization.

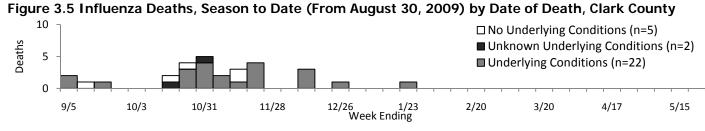


Table 3.1 Counts Influenza Cases by Type, Hospitalizations by Type, and Deaths, Most Recent Week and Season to Date (From August 30, 2009)

Season to Date (From August 30, 2009)															
	Reported Week Ending January 30, 2010								Season To Date (From August 30, 2009)						
	Cas	ses Repor	ted		Hospitalizations			Cases Reported				Hospitalizations			
Age Group	Influenza	Novel N1H1 Influenza	Total	Deaths	Non-ICU Admissions	ICU Admissions	Total Admissions	Influenza	Novel N1H1 Influenza	Total	Deaths	Non-ICU Admissions	ICU Admissions	Total Admissions	
0 to 4	2	0	2	0	0	0	0	335	533	868	0	39	8	47	
5 to 9	2	1	3	0	0	0	0	296	613	909	1	9	2	11	
10 to 14	1	0	1	0	0	0	0	268	564	832	0	7	2	9	
15 to 19	0	0	0	0	0	0	0	140	354	494	1	13	4	17	
20 to 24	0	2	2	0	0	0	0	67	229	296	2	24	5	29	
25 to 29	0	3	3	0	0	0	0	70	182	252	3	18	7	25	
30 to 34	0	2	2	0	0	0	0	53	192	245	2	20	5	25	
35 to 39	0	1	1	0	0	0	0	47	164	211	1	12	5	17	
40 to 44	0	0	0	0	0	0	0	25	147	172	5	12	10	22	
45 to 49	1	0	1	0	0	0	0	40	149	189	2	28	8	36	
50 to 54	0	1	1	0	0	1	1	21	128	149	5	19	15	34	
55 to 59	1	2	3	0	0	0	0	31	96	127	3	26	12	38	
60 to 64	0	0	0	0	0	0	0	17	51	68	2	15	9	24	
65 to 69	1	0	1	0	1	0	1	15	28	43	1	10	4	14	
70 to 74	0	0	0	0	0	0	0	8	16	24	0	7	4	11	
75 to 79	0	1	1	0	0	0	0	5	10	15	1	5	3	8	
80 to 84	0	0	0	0	0	0	0	6	4	10	0	3	1	4	
85+	0	0	0	0	0	0	0	1	5	6	0	0	0	0	
Total	8	13	21	0	1	1	2	1,445	3,465	4,910	29	267	104	371	

Note: Case and hospitalization data for the most recent week are limited to those cases reported in the one-week period ending on the date listed, and are based solely on the date in which the case was reported to SNHD. Cases listed as "Novel H1N1 Influenza" are confirmed by RT-PCR. Cases listed as "Influenza" include all patients who tested positive by a rapid influenza test and have either had no confirmatory testing or confirmatory testing indicating the presence of seasonal influenza. Case categories are mutually exclusive, as are hospitalization categories. Deaths listed are by the date or which the patient died. Cumulative totals may not add up to the current week total plus the cumulative total from the previous week, as cases from previous weeks can be reclassified from Influenza to Novel H1N1 based on new lab results, and duplicates are identified and removed.

Southern Nevada Health District