

Southern Nevada Weekly Influenza Surveillance Snapshot CDC Week 46, November 12 - 18, 2017

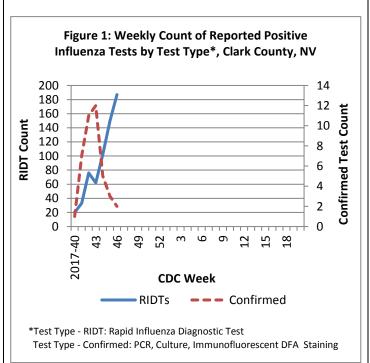
Summary: Influenza surveillance for Clark County, Nevada includes data collected from local hospital emergency rooms, healthcare providers and laboratories. While seasonal influenza (flu) viruses can be detected year-round, flu viruses are most common during the fall and winter. During week 46, influenza activity increased in the United States. In Clark County, as of November 18, 2017, the total number of confirmed cases of influenza during the 2017-2018 season was 94. The percentage of emergency room (ER) visits for Influenza-like Illness (ILI) increased from 1.8% in week 45 to 2.1% in week 46. Approximately 37% of ER visits for ILI were children of 0-4 years of age. Influenza A was the dominant type circulating locally. One influenza-associated pediatric death occurred this season. Southern Nevada Health District will continue to update the public on the progression of the season and encourage the population to get vaccinated.

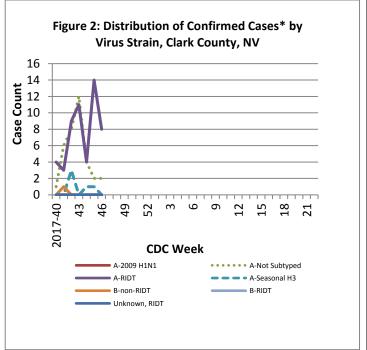
Table 1: Influenza Report by Age Group, Clark County, NV (CDC Week 40, 2017 to Week 46, 2017)

Age Group	Deaths	Hospitalizations	Confirmed Cases*
0-4	1	1	1
05-24	0	4	8
25-49	0	11	15
50-64	0	12	16
65+	0	51	54
Total	1	79	94

Table 2: Influenza Report by Virus Strain, Clark County, NV (CDC week 40, 2017 to Week 46, 2017)

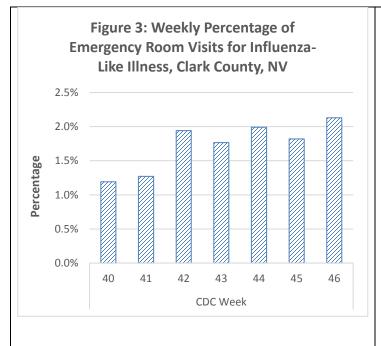
Influenza Type	Deaths	Hospitalizations	Confirmed Cases*
Influenza A (2009 H1N1)	0	0	0
Influenza A (not sub- typed)	0	23	35
Influenza A (RIDT)	0	53	53
Influenza A (seasonal H3)	1	3	5
Influenza B (non-RIDT)	0	0	1
Influenza B (RIDT)	0	0	0
Influenza (unknown type, RIDT)	0	0	0
Total	1	79	94

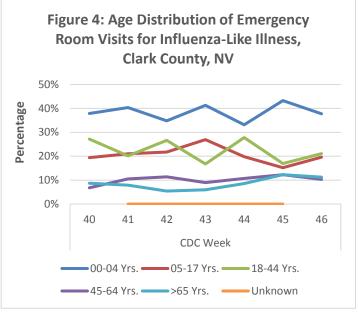


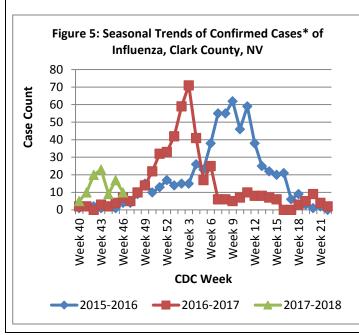




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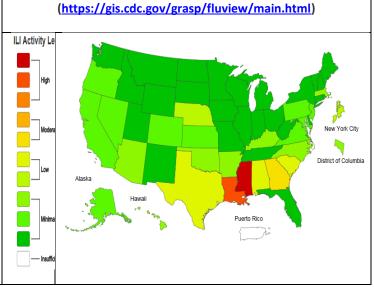


Figure 6: National ILI Activity Level- 2017-18 Influenza Season

CDC Week 46 ending November 18, 2017

For additional information regarding SNHD influenza surveillance, please visit us at http://southernnevadahealthdistrict.org/stats-reports/influenza-surveillance.php.

^{*}Confirmed Cases= Laboratory confirmed by PCR, culture, immnofluorescent DFA antigen staining, IHC staining, rapid influenza diagnostic tests (RIDTs) with hospitalizations for 24 hours or longer, or RIDTs with death.