

Update Number 12: January 6, 2010

Summary

For the week ending January 2, 2010:

- Influenza activity continues in Southern Nevada at levels well below the levels seen in late October and early November.
- 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)
- 30 influenza cases, including 2 hospitalizations were reported to the health district. No cases of influenza A (H1N1) have been detected by our pediatric viral surveillance sentinel site program since the second week of December. One influenza-related death was reported in a 29-year-old female with underlying health conditions.

Current Status

Circulation

Influenza activity continues in Southern Nevada at levels well below those seen in late October and early November. Nationally, for the third week of December, eight of ten geographic regions reported elevated influenza activity. Widespread geographic distribution of influenza activity was reported in 4 states, the same number as the previous week (Source: CDC Flu-View). National laboratory testing is showing a decrease (Figure 1.1 and Table 1.1) over previous weeks, and local testing has not identified a case of H1N1 since the week ending December 12, 2009. Sentinel provider reports of patients seeking care for influenza-like illness have decreased to roughly 1 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

Southern Nevada Influenza Surveillance Update

Data for the Week Ending January 2, 2010

United States. An indicator of the severity of disease, the proportion of hospitalized patients in Clark County requiring intensive care unit admission, has continued to decline over the past several weeks. One death was reported in Southern Nevada for the week ending January 2, 2010 in a 29-year-old female with underlying health conditions that placed her at greater risk for serious disease (Figure 3.5).

Circulating Strains

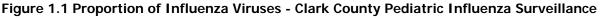
Local and national laboratory surveillance indicates that nearly all reported cases of influenza are the result of 2009 Influenza A (H1N1). Local pediatric laboratory surveillance has identified no seasonal influenza A H1 or H3 infections and only one influenza B infection out of 324 samples tested since 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).

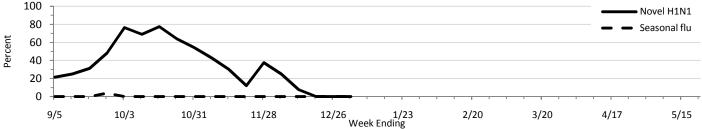
Antiviral Resistance

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 50 cases of oseltamivir-resistance have been identified in the United States. Thirty-four of these patients had documented exposure to oseltamivir through either treatment or chemoprophylaxis, two patients had no documented oseltamivir exposure, and fourteen 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.



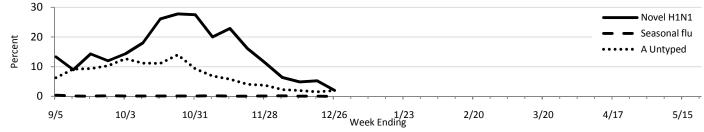


Note: The category of "seasonal flu" includes all influenza A types other than 2009 H1N1 and all influenza B. Source: EPIS

Table 1.1 Laboratory Testing - Clark County Pediatric Influenza Surveillance

		Week Ending										Season to Date	
	12	12/5		12/12		12/19		12/26		/2	From 8/30/09		
Testing Category	n	%	n	%	n	%	n	%	n	%	n	%	
Influenza Negative	6	75	12	92	8	100	7	100	2	100	176	54	
2009 H1N1 Positive	2	25	1	8	0	0	0	0	0	0	147	45	
Flu A H1 (seasonal) Positive	0	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	0	
Flu B Positive	0	0	0	0	0	0	0	0	0	0	1	0	
Specimens Tested	8		13		8		7		2		324		
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

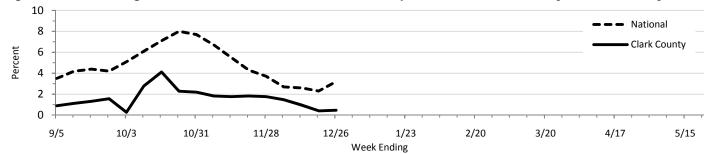
			Season to Date							
	12/5	12/5		12/12		12/19		6	From 8/30/09	
Testing Category	n	%	n	%	n	%	n	%	n	%
Influenza Negative	4,911	91	5,249	93	4,134	93	3,752	96	119,646	73
2009 H1N1 Positive	344	6	273	5	233	5	78	2	29,081	18
Flu A H1 (seasonal) Positive	0	0	2	0	0	0	0	0	27	0
Flu A H3 (seasonal) Positive	1	0	0	0	0	0	0	0	21	0
Flu A Positive, Untyped	126	2	114	2	70	2	76	2	14,204	9
Flu B Positive	7	0	2	0	3	0	0	0	129	0
Specimens Tested	5,389		5,640		4,440		3,906		163,108	

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

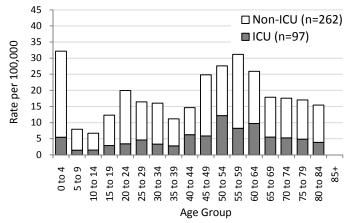
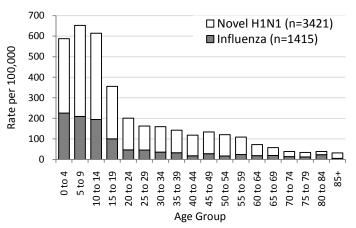
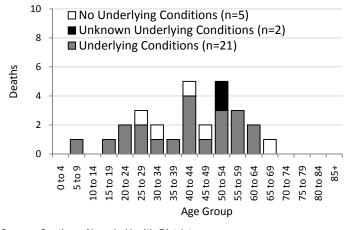


Figure 3.2 Clark County Reported Influenza Case Rates by Age, Season to Date



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

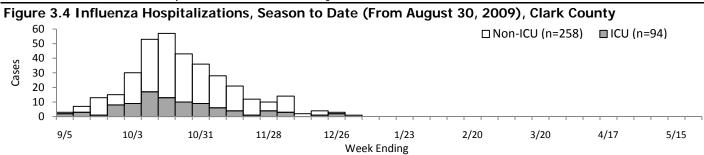
Source: Southern Nevada Health District

Textbox 3.1 Details of Influenza-Related Deaths, Clark County, Week Ending January 02, 2010

1 death:

29F with underlying conditions





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.

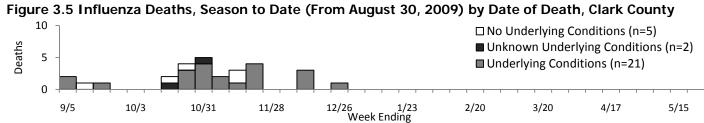


Table 3.1 Counts Influenza Cases by Type, Hospitalizations by Type, and Deaths, Most Recent Week and Season to Date (From August 30, 2009)

Season to Da	Season To Date (From August 30, 2009)													
	Reported Week Ending January 02, 2010											_		
	Cas	es 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	0	0	0	0	0	0	0	330	529	859	0	39	8	47
5 to 9	1	2	3	0	0	0	0	289	612	901	1	9	2	11
10 to 14	1	2	3	0	0	0	0	261	562	823	0	7	2	9
15 to 19	1	1	2	0	0	0	0	138	352	490	1	13	4	17
20 to 24	2	2	4	0	0	0	0	67	225	292	2	24	5	29
25 to 29	2	2	4	1	0	0	0	70	178	248	3	18	7	25
30 to 34	0	1	1	0	0	0	0	53	186	239	2	19	5	24
35 to 39	0	1	1	0	0	0	0	46	158	204	1	12	4	16
40 to 44	0	0	0	0	0	0	0	25	144	169	5	12	9	21
45 to 49	0	4	4	0	0	0	0	38	145	183	2	26	8	34
50 to 54	0	2	2	0	0	0	0	21	127	148	5	19	15	34
55 to 59	0	2	2	0	1	1	2	26	93	119	3	25	9	34
60 to 64	1	0	1	0	0	0	0	17	50	67	2	15	9	24
65 to 69	1	0	1	0	0	0	0	14	28	42	1	9	4	13
70 to 74	0	1	1	0	0	0	0	8	14	22	0	7	3	10
75 to 79	0	0	0	0	0	0	0	5	9	14	0	5	2	7
80 to 84	1	0	1	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	10	20	30	1	1	1	2	1,415	3,421	4,836	28	262	97	359

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