

SNHD Pediatric Early Warning Sentinel Surveillance (PEWSS) Report: February 01, 2012

All Reporting Sites, Through the Week Ending January 28, 2012

The PEWSS reports are disseminated weekly by email, fax, and online at <http://www.southernnevadahealthdistrict.org/stats-reports/influenza.php>. For questions about PEWSS, please contact the SNHD Office of Epidemiology at 702.759.1300.

General Update

During the week ending January 28, 2012, the following viruses were identified through PEWSS with a high volume of testing (Fig. 1): Influenza A, Adenovirus, Human Metapneumovirus and RSV.

Over the past five weeks (Tables 1 & 2), the following were identified in the community through PEWSS:

Human Metapneumovirus and RSV have been circulating at high levels.

Adenovirus has been circulating at low levels.

Influenza A has been sporadically identified.

Influenza B, Parainfluenza 1, Parainfluenza 2 and Parainfluenza 3 have not been identified.

Table 1 - Testing Results, Current Week and Previous Four Weeks

PCR Testing Results	Week Ending										Interpretation For Past 5 Weeks
	12/31		1/7		1/14		1/21		1/28		
	n	%	n	%	n	%	n	%	n	%	
All negative	3	50%	6	50%	10	53%	10	38%	6	29%	Sporadic Not Detected Low High Not Detected Not Detected Not Detected High
Influenza A Positive	0	0%	0	0%	0	0%	3	12%	3	14%	
Influenza B Positive	0	0%	0	0%	0	0%	0	0%	0	0%	
Adenovirus Positive	0	0%	2	17%	1	5%	1	4%	1	5%	
Human Metapneumovirus Positive	0	0%	3	25%	4	21%	5	19%	4	19%	
Parainfluenza 1 Positive	0	0%	0	0%	0	0%	0	0%	0	0%	
Parainfluenza 2 Positive	0	0%	0	0%	0	0%	0	0%	0	0%	
Parainfluenza 3 Positive	0	0%	0	0%	0	0%	0	0%	0	0%	
RSV Positive	3	50%	1	8%	4	21%	7	27%	9	43%	
Coinfections	0	0%	0	0%	0	0%	0	0%	2	10%	
Specimens Tested	6	-	12	-	19	-	26	-	21	-	High Volume

Table 2 - Influenza A Typing, Current Week and Previous Four Weeks

Influenza A Typing (% of influenza A)	Week Ending										5-Week Totals	
	12/31		1/7		1/14		1/21		1/28		n	%
	n	%	n	%	n	%	n	%	n	%		
Influenza A 2009 H1N1	0	-	0	-	0	-	0	0%	1	33%	1	17%
Influenza A H1	0	-	0	-	0	-	0	0%	0	0%	0	0%
Influenza A H3	0	-	0	-	0	-	3	100%	2	67%	5	83%

Figure 1 - Weekly Number of Specimens Tested

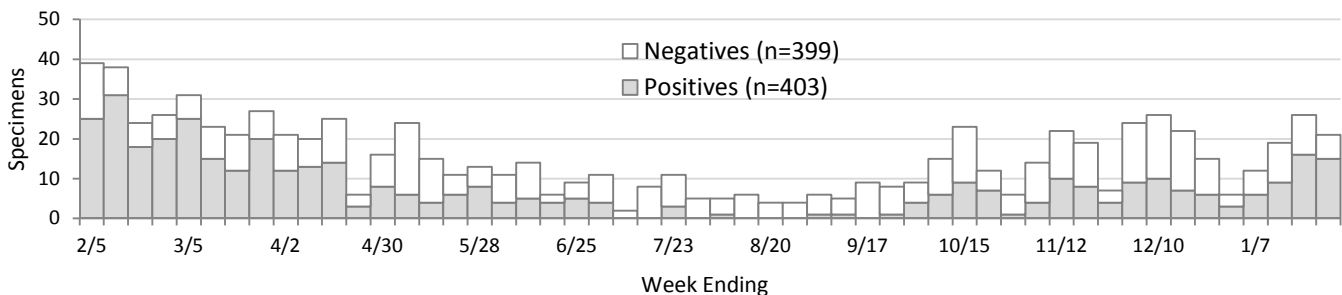
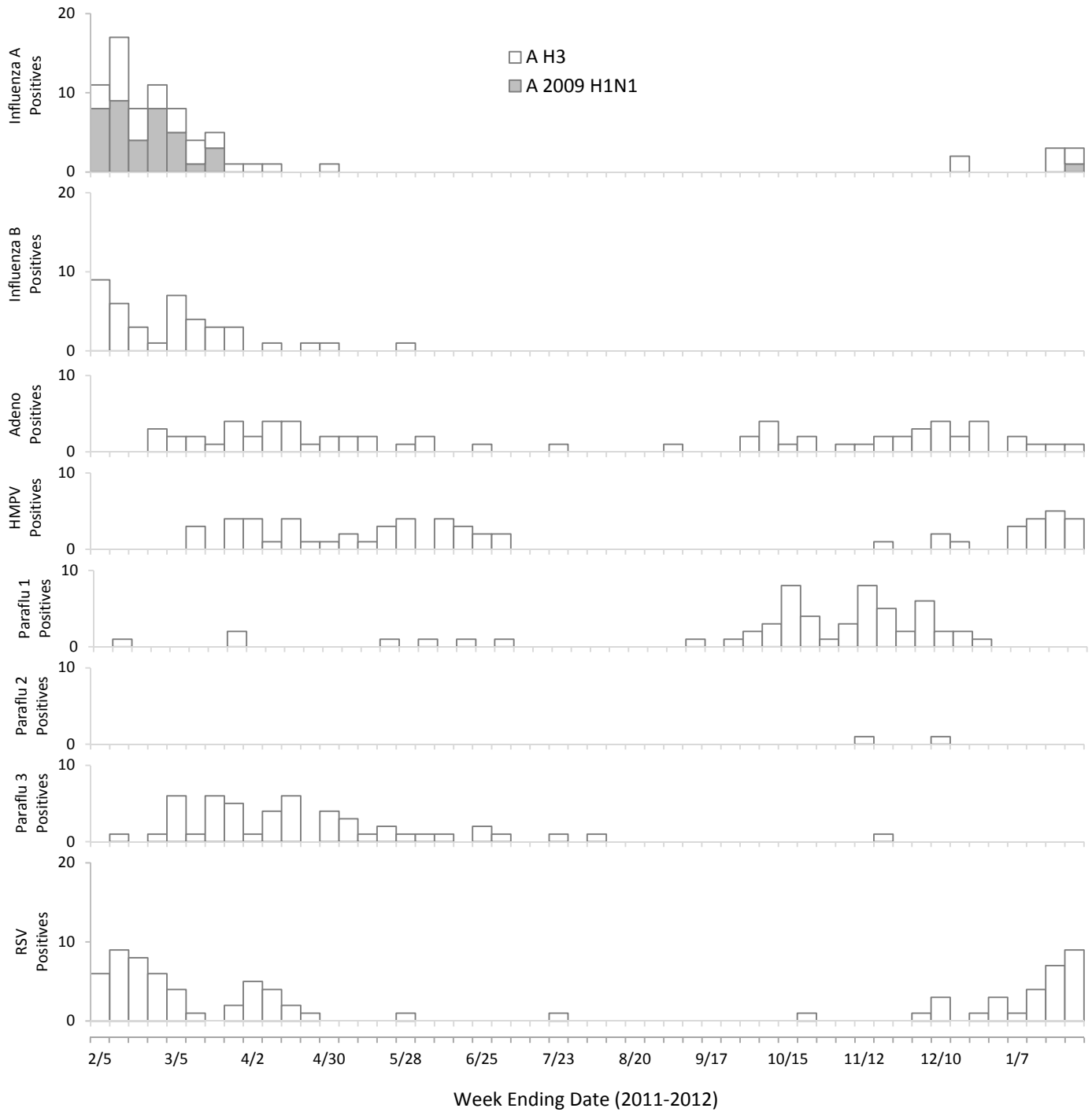


Figure 2. Weekly Positive Counts for Organisms Tested



Other News and Information

Respiratory syncytial virus (RSV) and human metapneumovirus (hMPV) have been circulating in the community at high levels this surveillance season (Table 1). Both pathogens are important causes of respiratory illness in children, the elderly, and immune-compromised individuals. In temperate climates, RSV and hMPV infections generally occur during fall, winter, and early spring, with their peak circulations often coinciding, or peak hMPV following RSV activity (Fig. 2). Clinical manifestations of RSV are also similar to those of hMPV. No specific treatment or vaccines are currently recommended for these viruses, and infections are generally managed with supportive care.