

SNHD Pediatric Early Warning Sentinel Surveillance (PEWSS) Report: February 13, 2013

All Reporting Sites, Through the Week Ending February 09, 2013

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 Linh Nguyen, PhD at the SNHD Office of Epidemiology at 702.759.1300.

General Update

During the week ending February 09, 2013, the following viruses were identified through PEWSS with a high volume of testing (Fig. 1): Influenza A, Influenza B, Adenovirus, Parainfluenza 3 and RSV.

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

Influenza A, Influenza B and RSV have been circulating at high levels.

Adenovirus and Parainfluenza 3 have been circulating at low levels.

Human Metapneumovirus and Parainfluenza 1 have been sporadically identified.

Parainfluenza 2 has not been identified.

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

PCR Testing Results	Week Ending										Past 5 Weeks Circulation Levels
	1/12		1/19		1/26		2/2		2/9		
	n	%	n	%	n	%	n	%	n	%	
All negative	10	34%	6	17%	4	12%	7	30%	6	25%	
Influenza A Positive	9	31%	12	34%	18	53%	7	30%	9	38%	High
Influenza B Positive	3	10%	3	9%	2	6%	5	22%	3	13%	High
Adenovirus Positive	1	3%	1	3%	1	3%	1	4%	1	4%	Low
Human Metapneumovirus Positive	0	0%	1	3%	0	0%	0	0%	0	0%	Sporadic
Parainfluenza 1 Positive	1	3%	0	0%	0	0%	0	0%	0	0%	Sporadic
Parainfluenza 2 Positive	0	0%	0	0%	0	0%	0	0%	0	0%	Not Detected
Parainfluenza 3 Positive	2	7%	1	3%	1	3%	1	4%	2	8%	Low
RSV Positive	5	17%	13	37%	9	26%	2	9%	3	13%	High
Co-infections	2	7%	2	6%	1	3%	0	0%	0	0%	
Specimens Tested	29	-	35	-	34	-	23	-	24	-	High Volume

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

Influenza A Typing (% of influenza A)	Week Ending										5-Week Totals	
	1/12		1/19		1/26		2/2		2/9		n	%
	n	%	n	%	n	%	n	%	n	%		
Influenza A 2009 H1N1	0	0%	2	17%	1	6%	1	14%	0	0%	4	7%
Influenza A H1	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Influenza A H3	9	100%	10	83%	17	94%	6	86%	9	100%	51	93%

Figure 1 - Weekly Number of Specimens Tested

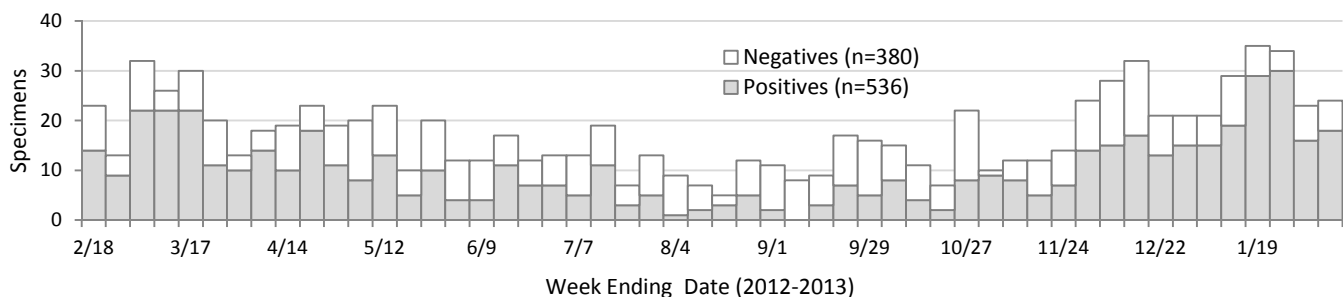
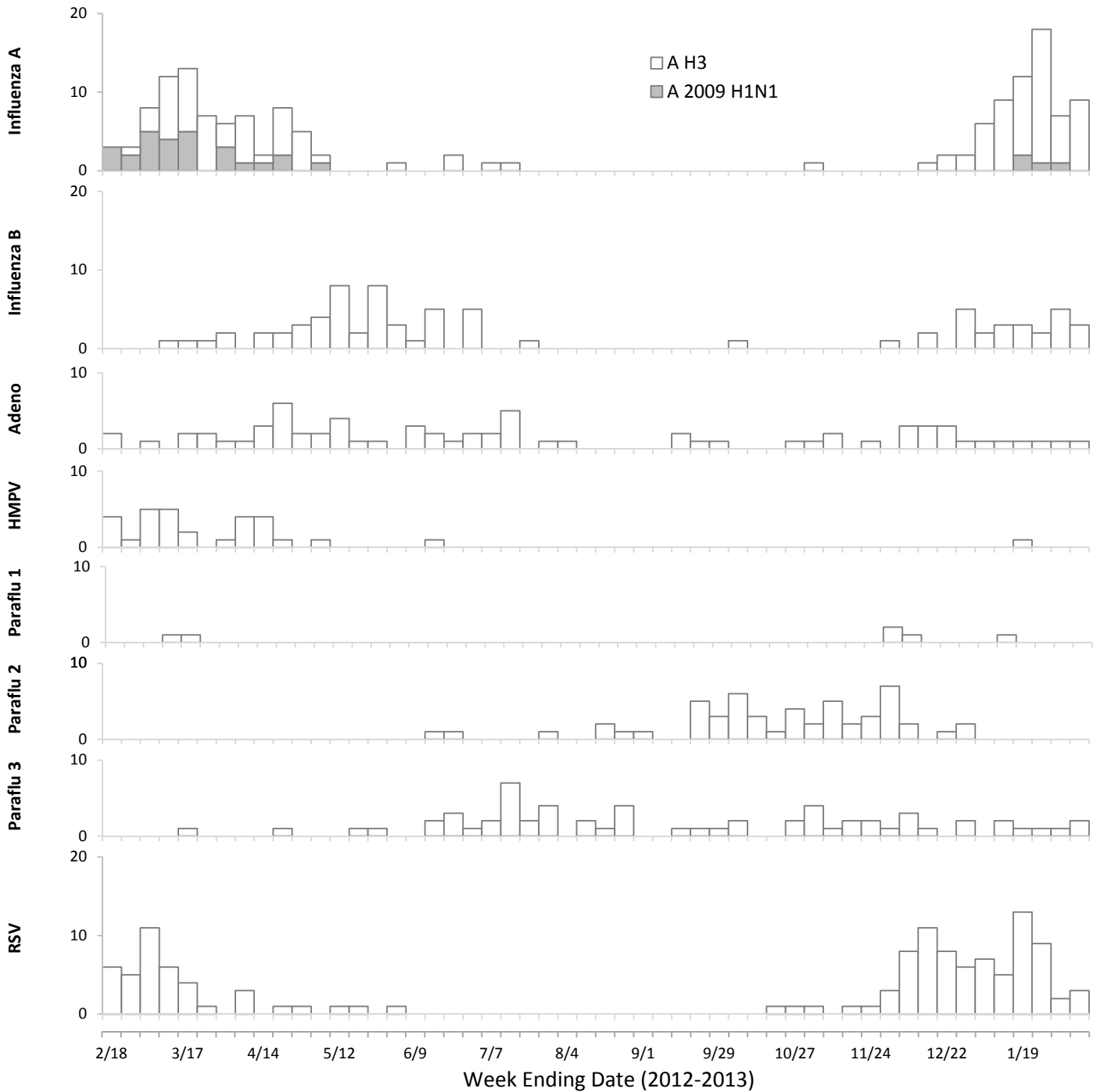


Figure 2. Weekly Positive Counts for Organisms Tested



Other News and Information

Clinical benefit is greatest when influenza antiviral treatment is administered as soon as possible after illness onset, ideally within 48 hours of symptom onset. However, antiviral treatment started after 48 hours of illness onset might still be beneficial in hospitalized patients, or in patients with severe, complicated, or progressive illness.

Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza. A history of influenza vaccination does not rule out the possibility of influenza virus infection in an ill patient with clinical signs and symptoms compatible with influenza. Additional CDC influenza antiviral recommendations for the 2012-2013 season are located at <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>