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INFLUENZA SURVEILLANCE UPDATE

INTRODUCTION

Washoe County Health District (WCHD) has participated in the national influenza surveillance conducted by the Centers for Disease Control and Prevention (CDC) since 1984. The objectives of surveillance and methods applied in the surveillance were described in details in a previously published Epi-News

(<http://www.washoecounty.us/repository/files/4/Vol-32-No-14-07-20-12-Overview-of-Influenza-Surveillance.pdf>).

The 2012-2013 influenza season began on September 30, 2012 and will end on May 18, 2013. During this season, Washoe County Health District (WCHD) has been fortunate to have nine additional outpatient offices and urgent care facilities as new sentinel sites. This brings the total to 15 sentinel sites covering four types of healthcare facilities including emergency departments, urgent care facilities, primary care offices, and one University Student Health Center in Washoe County. This coverage greatly exceeds the CDC goal of one sentinel provider per 250,000 population for influenza surveillance.

Influenza-like illness (ILI) is defined as fever [temperature of 100 °F (37.8 °C) or greater] and a cough and/or a sore throat in the absence of a known cause other than influenza. Table 1 summarizes the influenza surveillance systems used in the United States and Washoe County.

HIGHLIGHTS OF FINDINGS IN THE SEASON UP TO DATE

During the past 15 weeks in this season, a total of 131 laboratory-confirmed influenza cases were reported, a four-fold increase in comparison to the previous season. Of these, 97 (74%) were type A, 23 (18%) were type B, and 11 (8%) were of unknown type. A total of 19 confirmed influenza isolates to date by PCR include 16 A (H3), one A (2009 H1N1), and two influenza B.

Four (3.1%) of the 131 laboratory confirmed cases were hospitalized, which was similar to the hospitalization rate of 3.8% in the 2011-12 season. Of the four hospitalized cases, all were adults in the age group 70-90 years with multiple underlying chronic diseases. The median length of hospital stay was 5.5 days (range: 3-7 days). None of them were admitted to Intensive Care Unit (ICU) or used ventilators. No influenza associated fatalities were reported among hospitalized cases.

The percentage of outpatient visits for ILI reported by 15 sentinel healthcare providers have been described in Figure 1. The percentage of patient visits due to ILI appears to have had an initial peak in week 1 (ending on January 5, 2013) at 2.8%. This is below both the state and regional baseline levels. The trend of ILI during past five influenza seasons is described in Figure 2.

Table 1. Influenza Surveillance Systems in Washoe County and in the United States, 2012-2013

Method	Use	National	Washoe
Viral surveillance	Measures the positivity rate of influenza, type and subtype of influenza virus, gene sequencing, antiviral resistance testing, and antigenic characterization	Yes	Yes ¹
Outpatient ILI	Monitors weekly outpatient visits to health care providers (HCP) for ILI	Yes	Yes ²
Mortality	Rapid tracking of influenza-associated deaths	Yes	Yes ³
Hospitalization	Monitors laboratory confirmed influenza-associated hospitalizations in children and adults	Yes	Yes
Summary of geographic spread	Weekly influenza activity levels shown on the map by different states	Yes	NA
Reporting	Laboratory confirmed influenza is reportable to the health authority in Nevada	No	Yes
Syndromic Surveillance	Utilizes existing pre-diagnosis data for other purposes to monitor ILI	No*	Yes ⁴

¹ through State Lab for testing the type and subtype of influenza virus, submit selected isolates to CDC for further testing; ² six sentinel sites; ³ Washoe County's death certificate registry system; ⁴ Several systems including monitoring over-the-counter sales for cough and/or cold remedies (NRDM); REMSA calls for respiratory problems (FirstWatch); *Google FluTrend (not CDC product)

Figure 1. Proportion of Patients Seen with ILI by Sentinel Healthcare Providers, Washoe County, 2012-2013

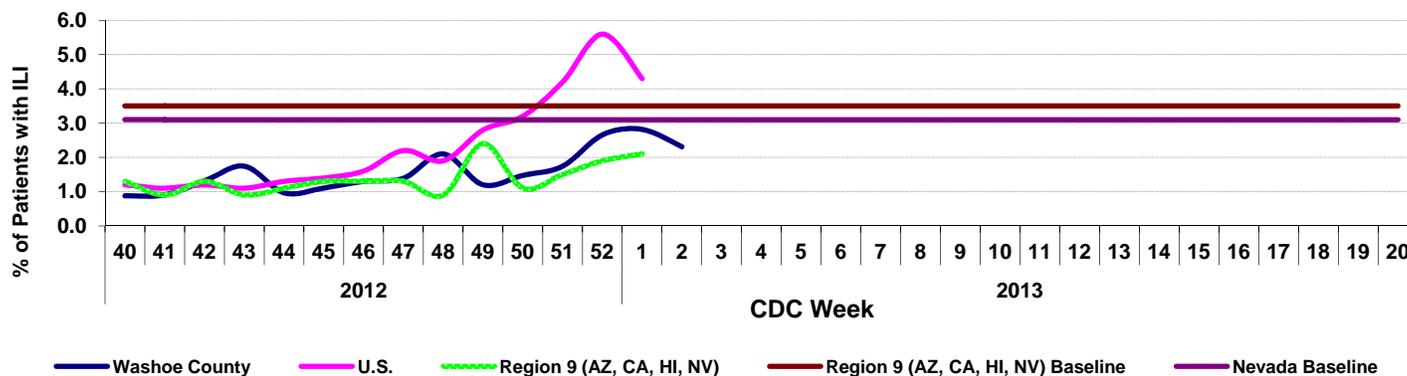
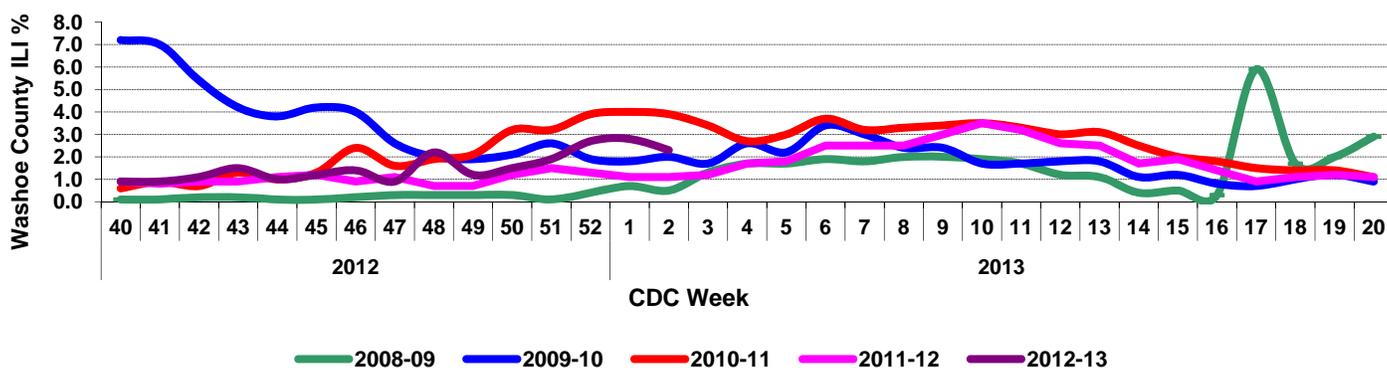


Figure 2. Proportion of Patients Seen with ILI by Sentinel Healthcare Providers, Washoe County, 2008-2013



RECOMMENDATIONS FOR HEALTH CARE PROVIDERS

- ◆ **REPORTING** - Report laboratory confirmed influenza cases to the WCHD by fax **775-328-3764** or call at **775-328-2447**. Influenza is a reportable condition per Nevada law NAC 441A. To sign up for the WCHD’s Weekly Influenza Surveillance Report, please send an email to EpiCenter@washoecounty.us. This will enable you to receive timely information regarding local influenza-like illness activity.
- ◆ **VACCINATION** - Vaccinate all persons aged ≥6 months according to the Advisory committee on Immunization Practices (ACIP) recommendation. The newly published study by CDC on January 11, 2013 reported that interim vaccine effectiveness estimates indicate the 2012-13 influenza vaccine has moderate effectiveness (62%) against circulating influenza viruses.
- ◆ **DEATH CERTIFICATE** - Be specific in filling out the death certificate form. Immediate causes of death and underlying causes of death provide valuable information to the influenza surveillance system allowing the capture of pneumonia and influenza associated deaths.
- ◆ **DIAGNOSTIC TESTS AND TREATMENT GUIDELINE** - Although confirmation of influenza virus infection by laboratory testing may not be necessary for individual clinical decisions relative to care and treatment, it is important to know what type and strain is circulating in the community.

Having laboratory confirmation is also helpful in an outbreak investigation. Antiviral medication should be used as recommended for treatment in patients regardless of their vaccination status. Check CDC’s website at <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm> for a recently updated summary sheet on influenza antiviral medications and diagnostic testing. It is highly recommended that you print out this eight page summary as a desktop reference. Alternatively, you may wish to download CDC’s free influenza apps for your iPhone, iPad, or other portable devices.

- ◆ **EDUCATION** - Educate your patients about the transmission of influenza and emphasize the importance of personal hygiene including hand washing, cough etiquette, and social distancing to prevent the spread of the disease.

WCHD is grateful for the following healthcare providers’ participation in the sentinel influenza surveillance. They are:

- 1) Family Medicine Associates;
- 2) Northern Nevada Medical Center;
- 3) Renown Regional Medical Center;
- 4) Renown South Meadows Medical Center;
- 5) St. Mary’s Regional Medical Center;
- 6) UNR Student Health Center.
- 7) St. Mary’s Primary Care Offices (S. Virginia, Galena, Robb, Pyramid)
- 8) Wal-Mart Clinic (Pyramid, Kietzke)
- 9) St. Mary’s Urgent Care (Galena, Robb, Pyramid)