

NORTHERN NEVADA
Public Health 2024-2025 Respiratory Virus Surveillance
CDC Week #13 Mar. 23, 2024 - Mar. 29, 2025

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Weekly Summary & Changes from Previous Week *

- Influenza-like-illness (ILI) Activity: 2.5% **(decrease from 2.6%)**
- Influenza Hospitalizations: 1.9 per 100,000 population **(decrease from 2.3)**
- Influenza Deaths: 30 reported from MMWR week 40 to current date
- COVID Cases: 12.4 per 100,000 **(increase from 9.5)**
- COVID Deaths: 15 reported from MMWR week 40 to current date
- Respiratory Syncytial Virus (RSV): 7.2 per 100,000 **(decrease from 8.7)**
- Syndromic Surveillance: No aberrations detected

*For definition and specifics on metrics summarized, please refer to corresponding sections.

Key Message(s)

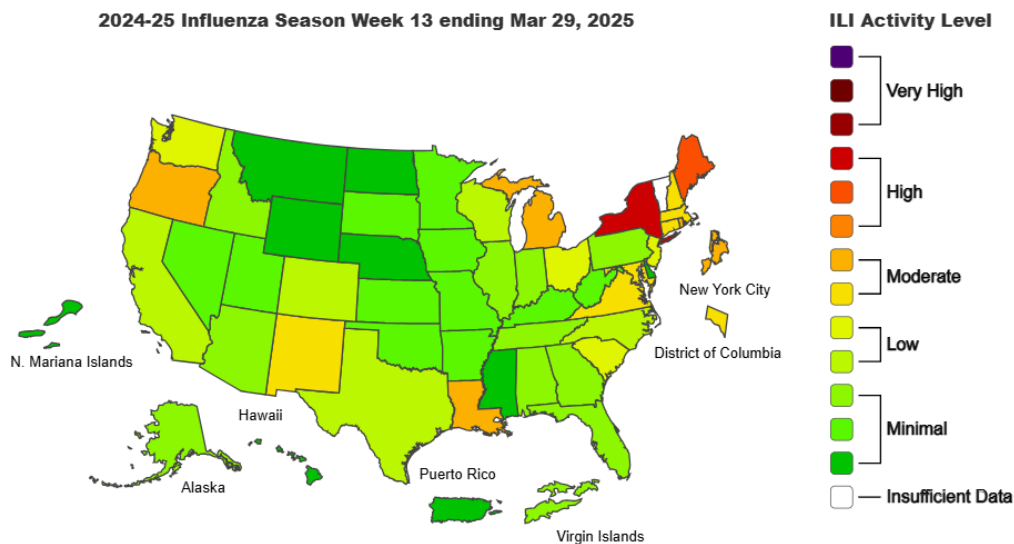
- Respiratory activity continues to decrease. While seasonal influenza activity continues to decline, CDC expects several more weeks of influenza activity.
- ILI activity in Washoe County, Nevada, and Region 9 were all below their respective baselines. National ILI is still above its baseline but has been consistently decreasing.
- Influenza activity is decreasing. Weekly hospitalizations rates are still higher compared to this same time last season. Cumulative hospitalization rates are higher than any other season since the 2017-2018 season.
- The most frequently identified influenza virus type reported by the Nevada State Public Health Laboratory, locally, was influenza B (Victoria).
- COVID-19 activity remains relatively low and stable.
- RSV activity is decreasing. Weekly case rates are still higher compared to this same time last season.
- Routine annual influenza vaccination is recommended for all persons aged 6 months or older, as long as there are no contraindications.
- There are prescription influenza antiviral drugs that can treat influenza illness. Those should be started as early as possible and are especially important for patients at higher risk for severe illness.

Influenza-like-illness (ILI)

Influenza-like-illness (ILI) is defined as fever ($\geq 100^{\circ}\text{F}$ [37.8°C]) and cough and/or sore throat. ILI data is submitted weekly by inpatient and outpatient health services who have completed the onboarding process to be a sentinel surveillance provider. ILI activity levels use the proportion of outpatient visits to healthcare providers for respiratory illness, not laboratory confirmed influenza. ILI activity may capture patient visits due to other respiratory pathogens that cause similar symptoms to influenza.

- Out of 14 sentinel providers, 14 reported data for this CDC week.
- U.S. percentage of patients presenting with ILI was 3.2% (**decrease from 3.3%**), which is **ABOVE** the national baseline of 3.0%.
- Region 9 percentage of patients presenting with ILI was 3.4% (**decrease from 3.7%**), which is **BELOW** the regional baseline of 3.8%.
- Nevada percentage of patients presenting with ILI was 2.4% (**decrease from 2.7%**), which is **BELOW** the state baseline of 2.8%.
- Washoe County percentage of patients presenting with ILI reported by sentinel providers for the current week was 2.5% (**decrease from 2.6%**).
- The highest proportion of patients presenting with ILI was among the 0-4-year age group at 10.6% (**no change in age group, increase from 9.4%**).
- The lowest proportion of patients presenting with ILI was among the 50-64-year age group at 1.1% (**change in age group from ≥ 65**).

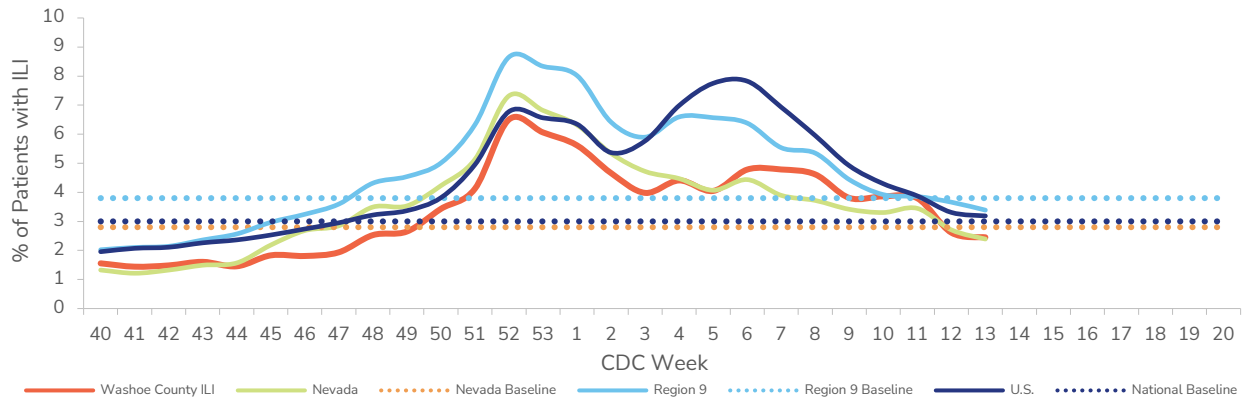
Figure 1. Outpatient Respiratory Illness Activity Map by State for Week 13, United States, 2024-2025 Season



Data Source <https://www.cdc.gov/fluview/surveillance/>

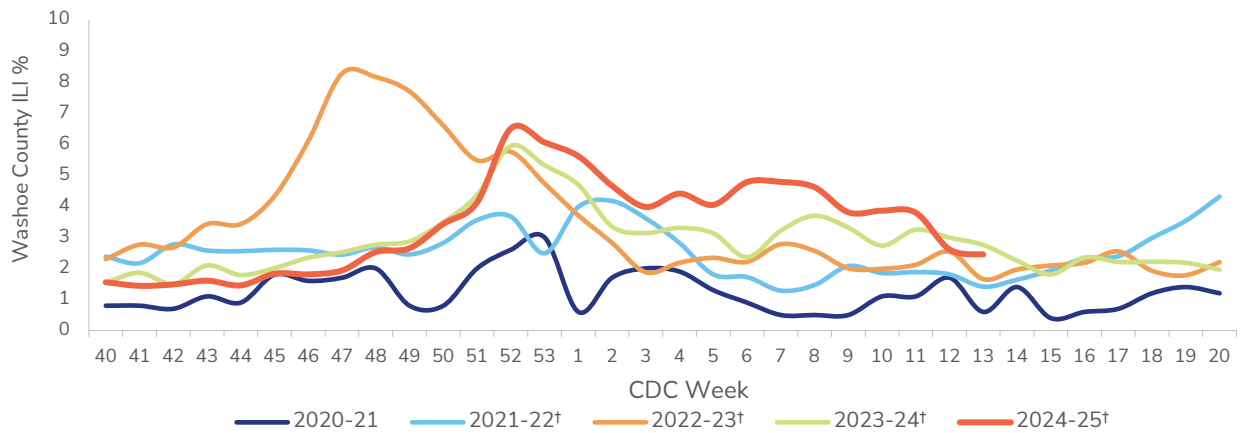
Data in this report are preliminary and may be updated in future reports as additional information is received throughout the respiratory virus season.

Figure 2. Comparison of ILI Activity at the Local, State, Regional, and National Level, Washoe County, 2024-2025 Season†



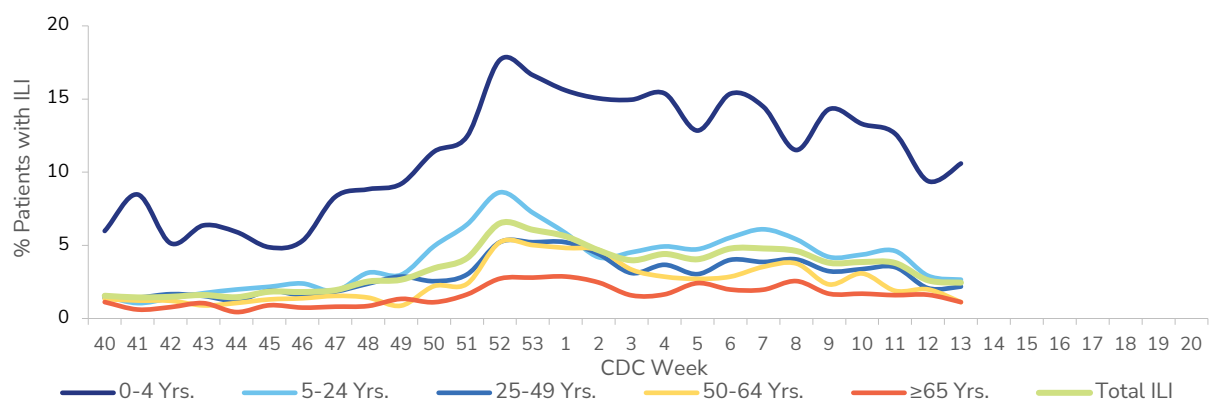
Data source for U.S., Region 9, and Nevada ILI activity and baselines: <https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>
 Region 9 & U.S. data are weighted, Nevada is unweighted. CDC methods: <https://www.cdc.gov/fluview/overview/index.html>
 † Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

Figure 3. ILI Activity Reported by Sentinel Providers, Washoe County, 2020-2024 Season†



† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

Figure 4. ILI Activity Reported by Sentinel Providers by Age Group, Washoe County, 2024-2025 Season†



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Nevada State Public Health Laboratory (NSPHL) Influenza Test Results

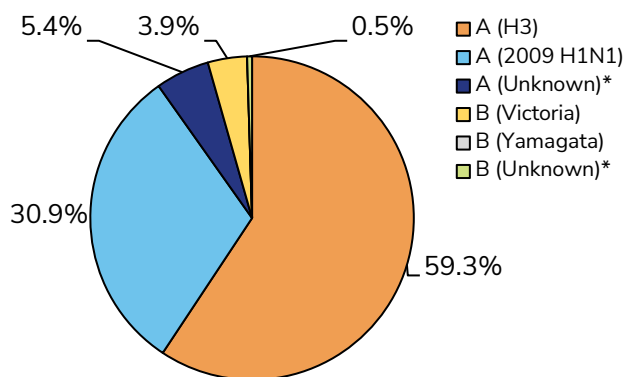
The NSPHL performs influenza subtyping of specimens submitted for surveillance purposes. Specimens are primarily submitted to the NSPHL by sentinel provider sites; however, all typed specimens are included in surveillance, even those not submitted by sentinel providers.

Beginning on January 21, 2025, data in this section reflects specimens collected from non-hospitalized individuals (see [Surveillance Changes](#) at the end of this report for more information).† For typing and subtyping information on hospitalized cases, refer to the [Influenza Hospitalizations](#) section of this report.

- The highest proportion of NSPHL specimens were B (Victoria) at 66.7% (n=2) of specimens (**change from A (2009 H1N1)**), followed by A (2009 H1N1) at 33.3% (n=1).
- The highest proportion of NSPHL specimens to date have been A (H3) at 59.3% of specimens, followed by A (2009 H1N1) at 30.9%.

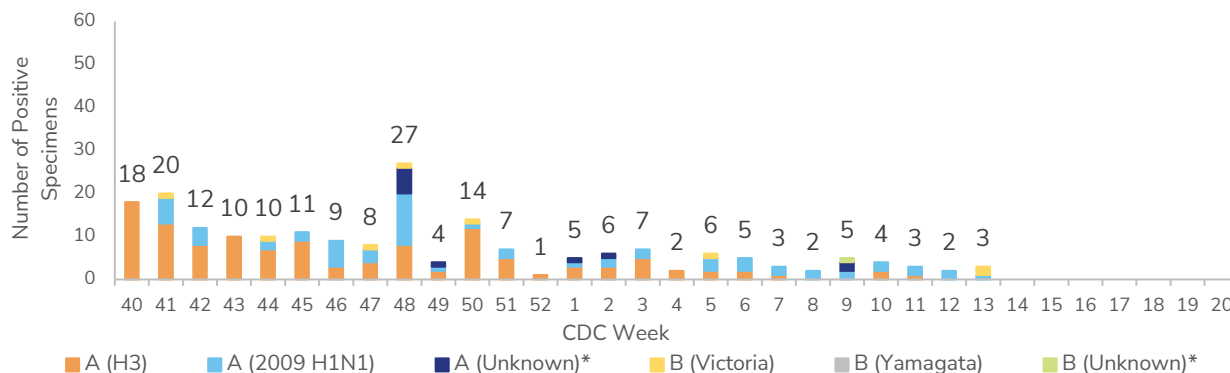
Table 1 & Figure 5. Specimens Submitted to NSPHL for Subtyping to Date, Washoe County, 2024-2025 Season†

Influenza Subtype	# of Specimens	% of Total Specimens
A (H3)	121	59.3%
A (2009 H1N1)	63	30.9%
A (Unknown)*	11	5.4%
B (Victoria)	8	3.9%
B (Yamagata)	0	0.0%
B (Unknown)*	1	0.5%
Total	204	100%



*Unknown includes both rapid and untyped PCR results.
 † Specimens reflect non-hospitalized individuals after Jan 21, 2025.

Figure 6. Positive Specimens Submitted to NSPHL, Subtyping to Date by Week, Washoe County, 2024-2025 Season†



*Unknown includes both rapid and untyped PCR results.
 † Specimens reflect non-hospitalized individuals after Jan 21, 2025.

Data in this report are preliminary and may be updated in future reports as additional information is received throughout the respiratory virus season.

Influenza Hospitalizations

Medical records are reviewed for cases with evidence of a positive influenza test who were hospitalized for greater than or equal to 24 hours. Information on the number of hospitalized cases, the number of hospitalized cases vaccinated, number of intensive care unit (ICU) admissions, and number of deaths among hospitalized cases are reported. Rates are per 100,000 population.

- The highest proportion of specimens among hospitalized cases was A (Unknown) at 90.0% of specimens **(no change in type)**.
- The highest proportion of specimens among hospitalized cases to date has been A (Unknown) at 90.0% of specimens **(no change in type)**.
- The influenza weekly hospitalization rate per 100,000 population in Washoe County was 1.9 **(decrease from 2.3)**.
- The influenza cumulative hospitalization rate per 100,000 population in Washoe County was 104.6 **(increase from 102.7)**.
- The age group with the highest weekly influenza hospitalization rate per 100,000 population in Washoe County was the ≥65-year age group at 9.2 **(no change in age group, increase from 6.9)**.
- The age group with the highest cumulative influenza hospitalization rate per 100,000 population in Washoe County was the ≥65-year age group at 302.1 **(no change in age group, increase from 292.9)**.

Table 2. Number of Hospitalized Cases with Lab-Confirmed Influenza by Vaccination, ICU, and Death Status, Washoe County, 2024-2025 Season

	Current Week (Week 13) March 23, 2025 - March 29, 2025								Cumulative for 2024-2025 Influenza Season September 29, 2024 - March 29, 2025							
	Hosp.		Vax [§]		ICU		Death		Hosp.		Vax [§]		ICU		Death	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Total # of cases reported	10	N/A	7	70	3	30	1	10	538	N/A	122	23	88	16	16	3
Influenza A (H3)	0	0	0	0	0	0	0	0	19	4	4	3	4	5	0	0
Influenza A (2009 H1N1)	0	0	0	0	0	0	0	0	23	4	5	4	7	8	1	6
Influenza A (Unknown)*	9	90	6	86	3	100	1	100	484	90	110	90	75	85	15	94
Influenza B (Victoria)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Influenza B (Yamagata)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Influenza B (Unknown)*	1	10	1	14	0	0	0	0	12	2	3	2	2	2	0	0
Influenza Unknown Type	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

*Unknown includes both rapid and unsubtype PCR results.

§Vaccination status determined among hospitalized cases only. Patient is considered vaccinated if they received a flu vaccine ≥ 2 weeks prior to illness onset.

Figure 7. Influenza Positive Tests Among Hospitalized Cases by Week Reported, Washoe County, 2024-2025 Season

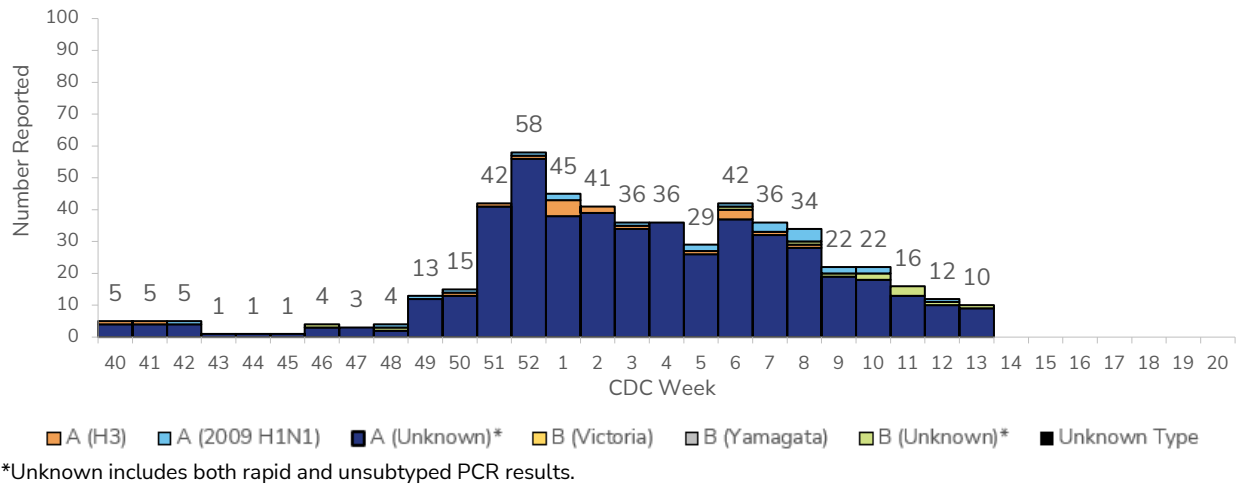
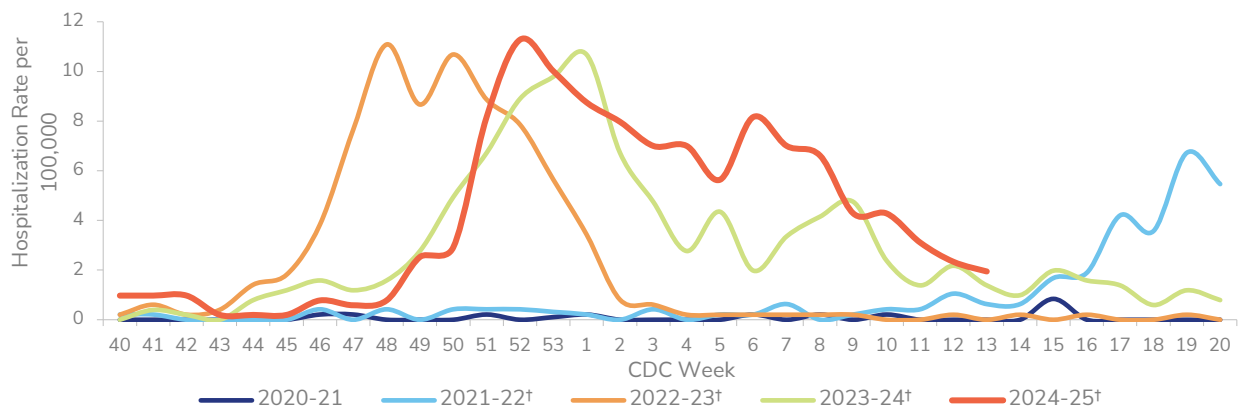
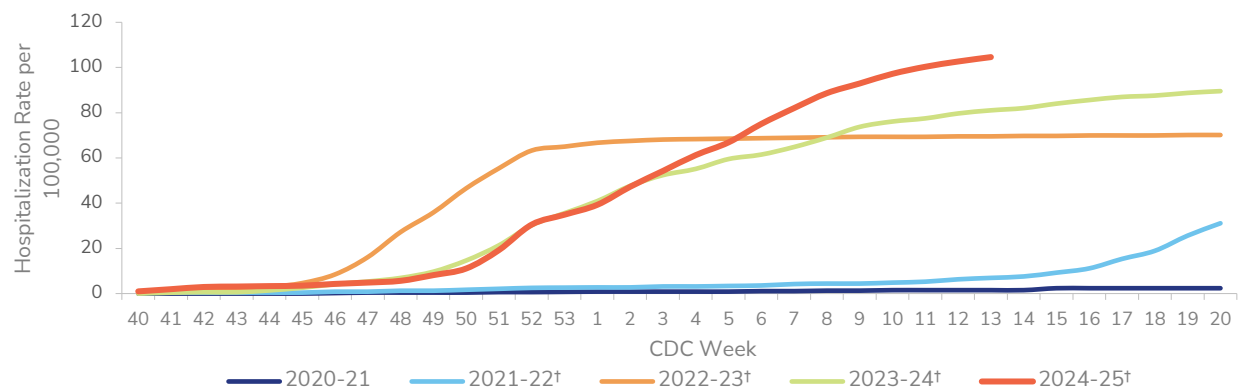


Figure 8. Influenza Weekly Hospitalization Rate per 100,000 Population, Washoe County, 2020-2024 Seasons†



† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

Figure 9. Influenza Cumulative Hospitalization Rate per 100,000 Population, Washoe County, 2020-2024 Seasons†



† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

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Figure 10. Influenza Weekly Hospitalization Rate per 100,000 Population by Age Group, Washoe County, 2024-2025 Season

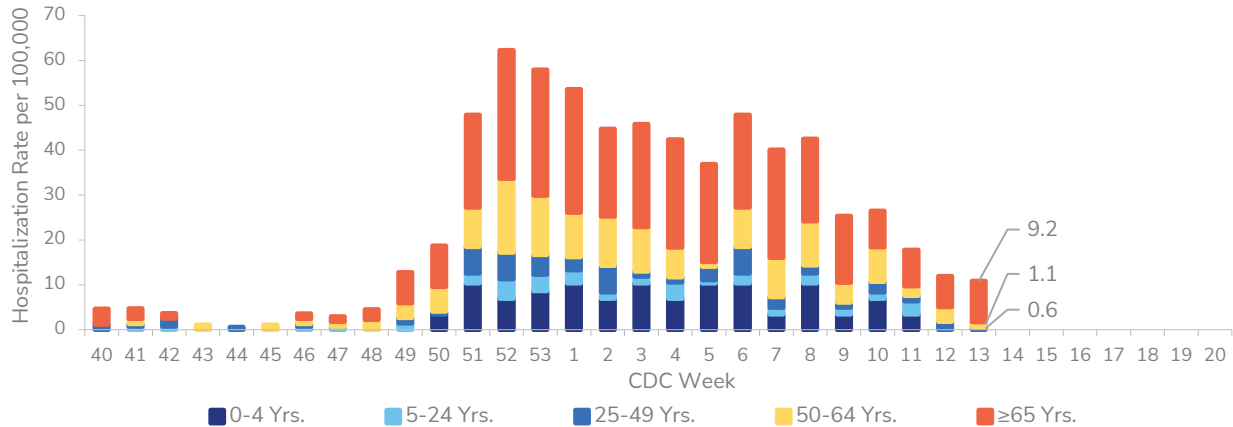
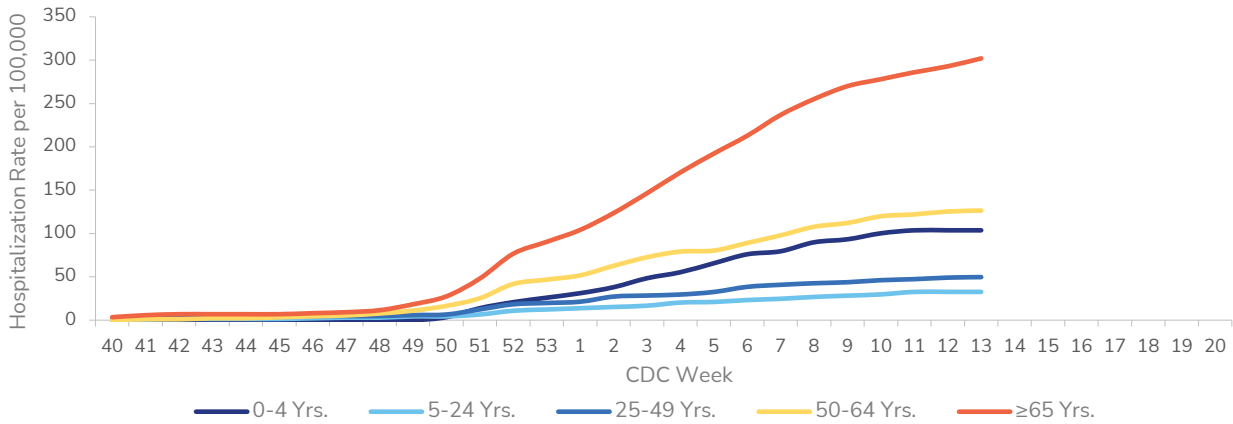


Figure 11. Influenza Cumulative Hospitalization Rate per 100,000 Population by Age Group, Washoe County, 2024-2025 Season



Influenza Deaths

For surveillance purposes, an influenza-associated death is defined as a death resulting from a clinically compatible illness that was confirmed to be influenza by an appropriate laboratory or rapid diagnostic test with no period of complete recovery between the illness and death. Only pediatric deaths are considered reportable. Hospitalization is not required to be considered an influenza-associated death; therefore, counts presented here may be higher than those presented among hospitalized cases.

- To date, 30 influenza-associated deaths have been reported.

Table 3. Cumulative Number of Influenza-Associated Deaths by Age Group & Hospitalization Status, Washoe County, 2024-2025 Season

Age Group	Deaths (Hospitalized)	Deaths (All)
0-4 Yrs.	0	0
5-24 Yrs.	0	2
25-49 Yrs.	1	1
50-64 Yrs.	4	11
≥65 Yrs.	10	16
Total	15	30

COVID-19 Cases, Hospitalizations, & Deaths

COVID-19 is the disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus. Symptoms of COVID-19 include fever, chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose, cough, shortness of breath, difficulty breathing, olfactory and taste disorder, confusion or change in mental status, persistent pain or pressure in the chest, pale, gray, or blue colored skin, lips, or nail beds, and inability to wake or stay awake. Severe respiratory illness may also present with pneumonia or acute respiratory distress syndrome.

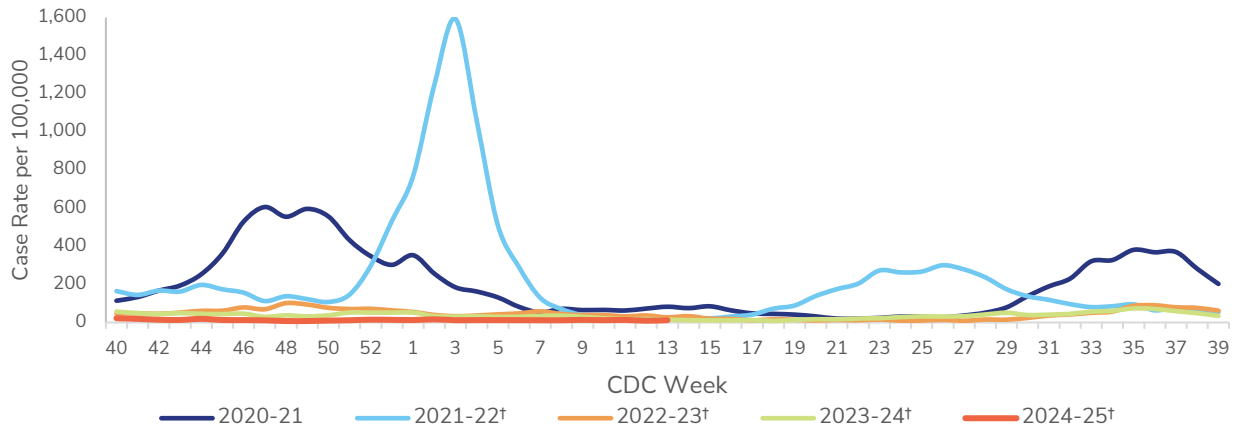
Only laboratory conducted tests are reported to NNPH, no at-home tests are counted in these data. Medical records are reviewed for cases with evidence of a positive SARS-CoV-2 test within 14 days prior to hospitalization who were hospitalized for greater than or equal to 24 hours. Deaths due to COVID-19 are those for which the investigation confirmed SARS-CoV-2 infection and determined that COVID-19 was the cause of death or contributed to the cause of death, AND/OR the death certificate lists a specific COVID-19 ICD-10 code.

- 64 cases of COVID-19 were reported for the current week (**increase from 49**).
- The rate of COVID-19 was 12.4 cases per 100,000 (**increase from 9.5**).
- The age group with the highest weekly COVID-19 rate per 100,000 population in Washoe County was the 0-4-year age group at 31.1 (**change in age group from ≥65**).

Table 4. Number and Rate per 100,000 of COVID-19 Cases by Current Week, Washoe County, 2024-2025 Season

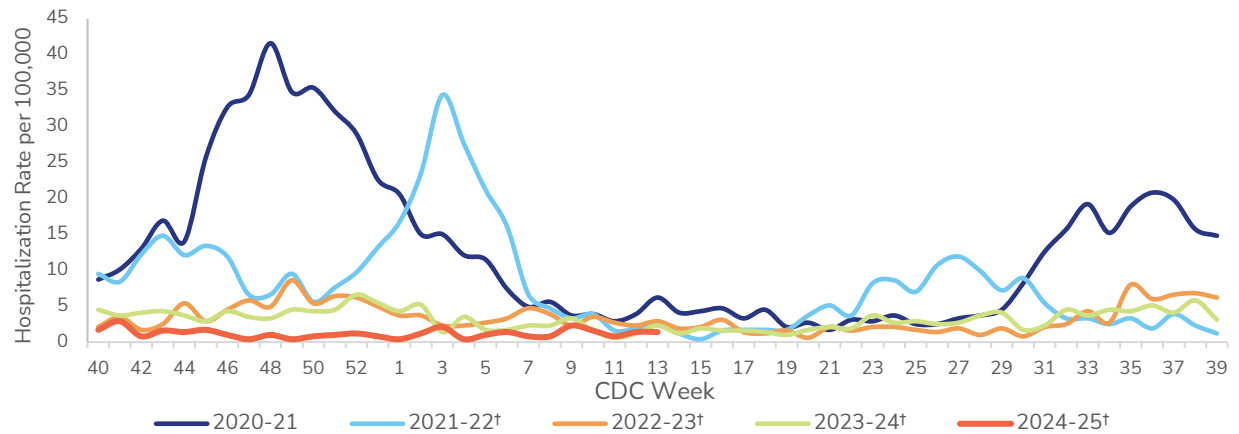
Age Group	Current Week (Week 13) March 23, 2025 - March 29, 2025	
	Count	Rate per 100,000
0-4 Yrs.	9	31.1
5-24 Yrs.	4	2.9
25-49 Yrs.	21	12.4
50-64 Yrs.	8	8.8
≥65 Yrs.	22	25.2
Total	64	12.4

Figure 12. COVID-19 Weekly Case Rate per 100,000 Population, Washoe County, 2020-2024 Seasons†



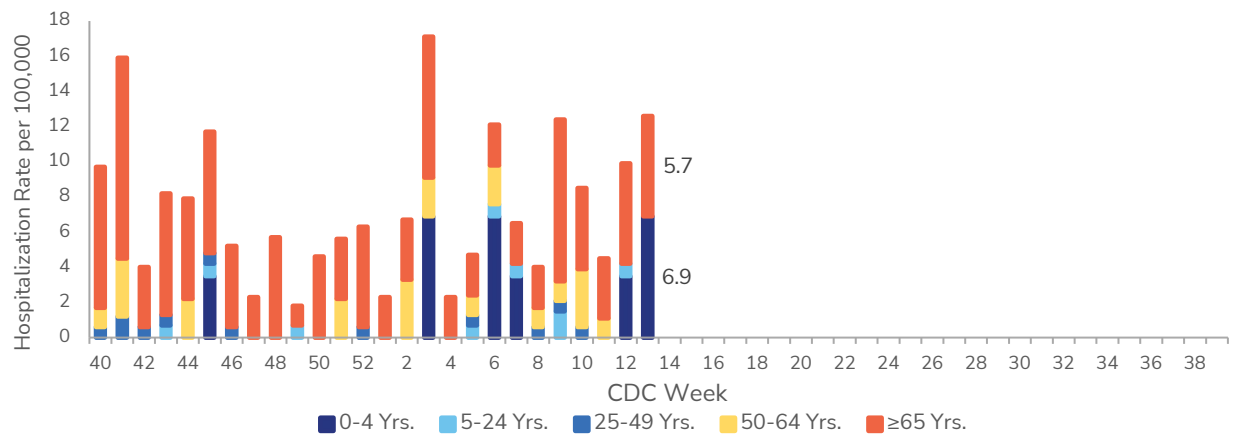
† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

Figure 13. COVID-19 Weekly Hospitalization Rate per 100,000 Population, Washoe County, 2020-2024 Seasons†



† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.

Figure 14. COVID-19 Weekly Hospitalization Rate per 100,000 Population by Age Group, Washoe County, 2024-2025 Season



Data in this report are preliminary and may be updated in future reports as additional information is received throughout the respiratory virus season.

Table 5. Cumulative Number of COVID-19 Deaths by Age Group, Washoe County, 2024-2025 Season

Age Group	Deaths (All)
0-4 Yrs.	0
5-24 Yrs.	0
25-49 Yrs.	0
50-64 Yrs.	0
≥65 Yrs.	15
Total	15

Respiratory Syncytial Virus

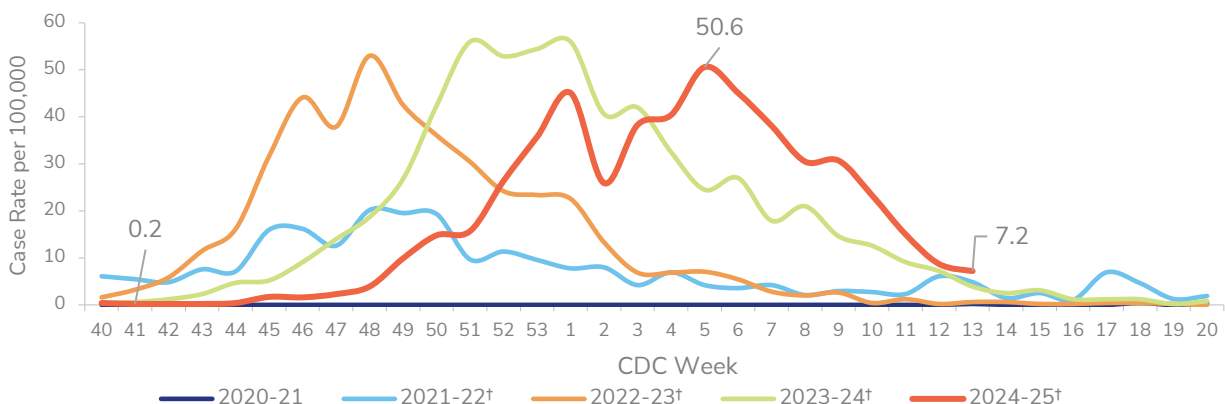
Respiratory Syncytial Virus (RSV) is a common respiratory virus that can present with flu-like signs and symptoms (e.g., fever, coughing, runny nose). RSV, while usually presented with mild symptoms, can be serious, especially for infants and older adults. It is the most common cause of bronchiolitis and pneumonia in children younger than 1 year of age. RSV is a reportable condition in Nevada.

- 37 cases of RSV were reported for the current week **(decrease from 45)**.
- The rate of RSV was 7.2 cases per 100,000 **(decrease from 8.7)**.
- The age group with the highest weekly RSV rate per 100,000 population in Washoe County was the 0-4-year age group at 58.8 **(no change in age group, increase from 48.4)**.
- The age group with the highest cumulative RSV rate per 100,000 population in Washoe County was the 0-4-year age group at 4181.9 **(no change in age group, increase from 4123.2)**.

Table 6. Number and Rate per 100,000 of RSV Cases by Current Week and Cumulative for the Season, Washoe County, 2024-2025 Season

Age Group	Current Week (Week 13) March 23, 2025 - March 29, 2025		Cumulative for 2024-2025 Influenza Season September 29, 2024 - March 29, 2025	
	Count	Rate per 100,000	Cumulative Count	Cumulative Rate per 100,000
0-4 Yrs.	17	58.8	1210	4181.9
5-24 Yrs.	5	3.6	519	376.3
25-49 Yrs.	3	1.8	278	164.4
50-64 Yrs.	5	5.5	187	205.6
≥65 Yrs.	7	8.0	258	295.2
Total	37	7.2	2452	476.8

Figure 15. RSV Case Rate per 100,000 Population by Week Reported, Washoe County, 2020-2024 Seasons†



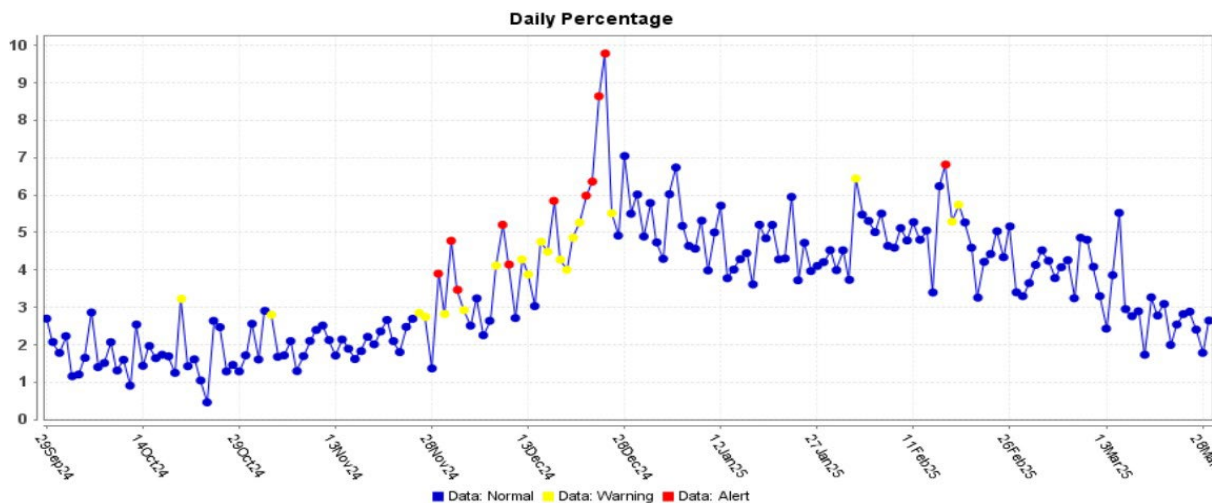
† Does not have a week 53, so the week 53 value is an average of week 52 and week 1.
Only the current week, highest and lowest rate weeks are shown with data labels.

Syndromic Surveillance

Emergency Department (ED) Visits and Urgent Care (UC) Visits

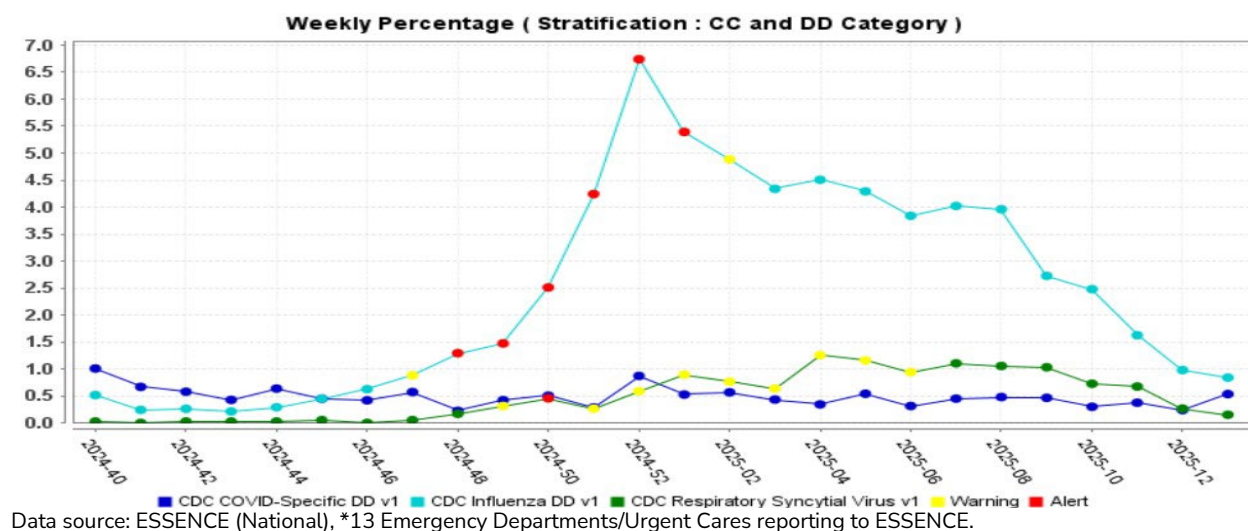
Percentage of patients seen for ILI (i.e., influenza or fever and a cough and/or a sore throat) in EDs and UCs is presented in Figure 16. The overlay depicts ILI syndrome in blue while alerts appear as yellow and/or red dots, indicating an unusually high percentage of ILI visits according to ESSENCE algorithms. Percentage of patients seen for Influenza, COVID-19, and RSV in EDs and UCs is presented in Figure 17. Conditions are defined by discharge diagnosis code (e.g., ICD-10 codes).

Figure 16. Percentage of ED and UC* Visits for ILI for Weeks 40-13, Washoe County, 2024-2025 Season



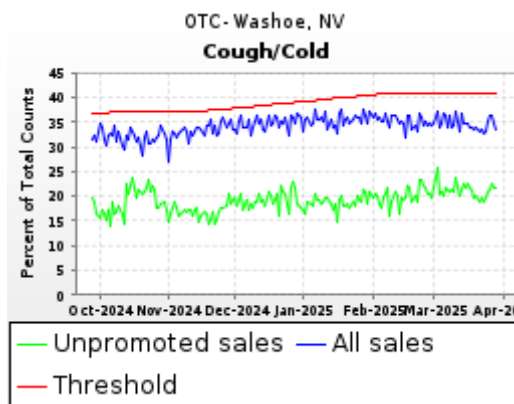
Data source: ESSENCE (National), *13 Emergency Departments/Urgent Cares reporting to ESSENCE.

Figure 17. Percentage of ED and UC* Visits for Influenza, COVID-19, and RSV for Weeks 40-13, Washoe County, 2024-2025 Season



Over the Counter (OTC) Sales for Cough and/or Cold Remedies

Figure 18. OTC Sales for Cough and/or Cold Remedies for Weeks 40-13, Washoe County, 2024-2025 Season



Surveillance Changes 2024-2025 Season

- Rates per 100,000 for hospitalizations and RSV are now calculated and presented in place of raw numbers. Both are now the rates depicted in the *Weekly Summary & Changes from Previous Week*.
- Weekly rates per 100,000 for all influenza hospitalizations in Washoe County are given along with age group.
- A figure was added to show percentage of ED and UC Visits for Influenza, COVID-19, and RSV using discharge diagnoses reported by syndromic surveillance ESSENCE data.

- Starting with the 2023-2024 influenza season, Nevada implemented the use of ESSENCE data for ILI data reporting to CDC's ILINet. The number of reporters using ESSENCE for ILI reporting for Washoe County went from 11 to 12 (of 14 total reporters).
- Influenza A (H1) is no longer reported in the NSPHL section as not routinely tested for by NSPHL.
- The pneumonia, influenza, and/or COVID-19 (PIC) death percentages are no longer collected and calculated locally and are not compared to CDC's weekly percentages and "epidemic threshold."
- The RSV section has been updated to now include a table showing weekly and cumulative counts and rates by age groups. The RSV figure now depicts comparative rates by season rather than counts and highlights the lowest, highest, and current week's rates of the current season.
- The COVID section has been created to include laboratory-confirmed case data for SARS-CoV-2 based on labs reported to NNPH. This is a reportable condition in Nevada.
- **On January 21, 2025, the Nevada Department of Health and Human Services issued a technical bulletin in response to a CDC Health Alert Network (HAN) Health Advisory recommending, in part, that all hospitalized patients with an untyped positive influenza A test should have specimens subtyped at a public health laboratory, such as the Nevada State Public Health Laboratory (NSPHL). Due to the potential impact on increasing the proportion of influenza A testing results produced by NSPHL, data included in the NSPHL Influenza Test Results section of this report after January 21, 2025, reflect specimens collected from non-hospitalized individuals. For typing and subtyping information on hospitalized cases, readers should seek the Influenza Hospitalization section of the report. More details can be found here and here.**