NORTHERN NEVADA Public Health

2024-2025 Respiratory Virus Surveillance September 29, 2024 - May 17, 2025

2024-2025 Respiratory Surveillance Seasonal Summary Report

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Key Summary Statistics for the 2024-2025 Season *

Measure	High (MMWR week)	Low (MMWR week)	Average per Week
ILI			
Activity	6.5% (52)	1.4% (41)	3.1%
ED/UC Visits	9.8% (52)	0.5% (43)	3.3%
Influenza			
ED/UC Visits	6.7% (52)	0.2% (43)	2.1%
Hospitalizations	59 (52)	0 (20)	18.1
Deaths	4 (52)	0 (Multiple)	1.2
NSPHL Subtyping	A (H3) at 57%	B (Yamagata) at 0%	
COVID			
ED/UC Visits	1.01% (40)	0.2% (48)	0.5%
Cases	115 (40)	40 (48-49)	68.6
Hospitalizations	15 (41)	2 (Multiple)	5.9
Deaths	4 (41)	0 (Multiple)	0.5
RSV			
ED/UC Visits	1.3% (4)	0% (Multiple)	0.4%
Counts	260 (5)	1 (41-43)	77.5

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

2024-2025 Influenza Surveillance Season Summary *

- **Dates:** September 29, 2024, through May 17, 2025.
- **Influenza-like-illness (ILI)**
    - Activity was above the regional baseline from week 51 (December 15, 2024) through week 11 (March 15, 2025).
    - The 0-4-year-old age group represented the highest proportion of patients presenting with ILI through the entire season.
- **Influenza**
    - Washoe County **influenza specimens sequenced** were mostly influenza A (93.5%), and of those subtyped, most were A (H3) (56.7%). No influenza B Yamagata were detected.

- There was a total of 565 **influenza-associated hospitalizations**, the second-highest cumulative influenza hospitalization rate on record since at least 2016, surpassed only by the 2017-2018 season.
    - The peak of hospitalizations occurred between December 22, 2024, and December 28, 2024.
    - Of the hospitalized, most were infected with influenza A (97%), a majority were not vaccinated (77%), 17% were admitted into the ICU, and 8% expired.
    - Those ≥65-years-old had the highest cumulative hospitalization rate this season.
- There were 38 **influenza-related deaths** reported this season.
    - This is the highest count of deaths compared to the prior six seasons (as comparability to more historical seasons is not recommended due to definition changes).
    - Of those who died, 53% were not hospitalized, 82% were not vaccinated with a seasonal influenza vaccine, and 92% had at least one documented underlying medical condition that contributes to an increased risk for influenza-related complications.
    - All influenza deaths were among persons diagnosed with influenza A.
    - Ages of those who died ranged from 6 to 92-years of age, with an average of 67-years of age.

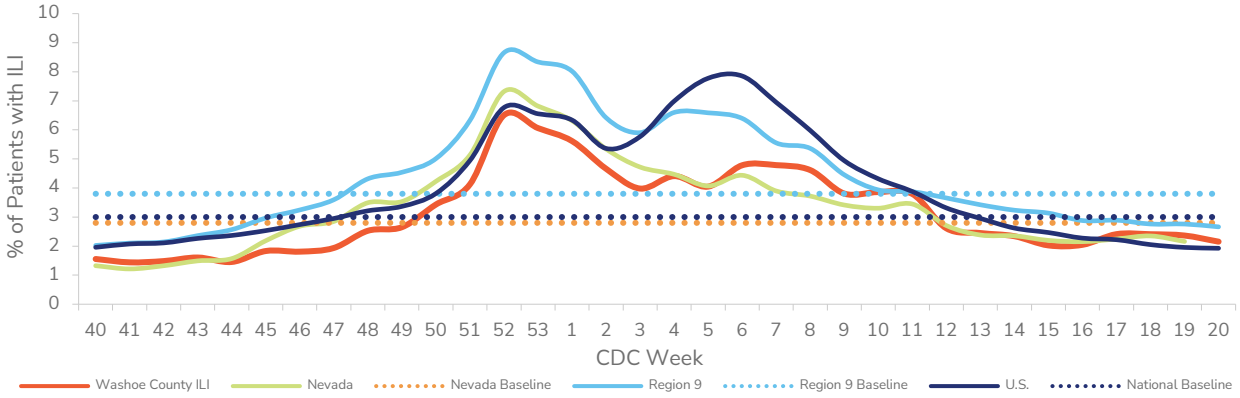
- **COVID-19**
    - The 2024-2025 season recorded the lowest average weekly **COVID-19** case counts, hospitalization rates, and cumulative death counts of any season to date.
- **RSV**
    - The total number of **respiratory syncytial virus (RSV)** cases reported was 2,559.
    - The 2024-2025 season recorded the second-highest cumulative RSV case count since at least 2000, surpassed only by the 2023-2024 season.
    - Those 0-4-year age group had the highest cumulative case rate this season.

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

Influenza-like-Illness (ILI)

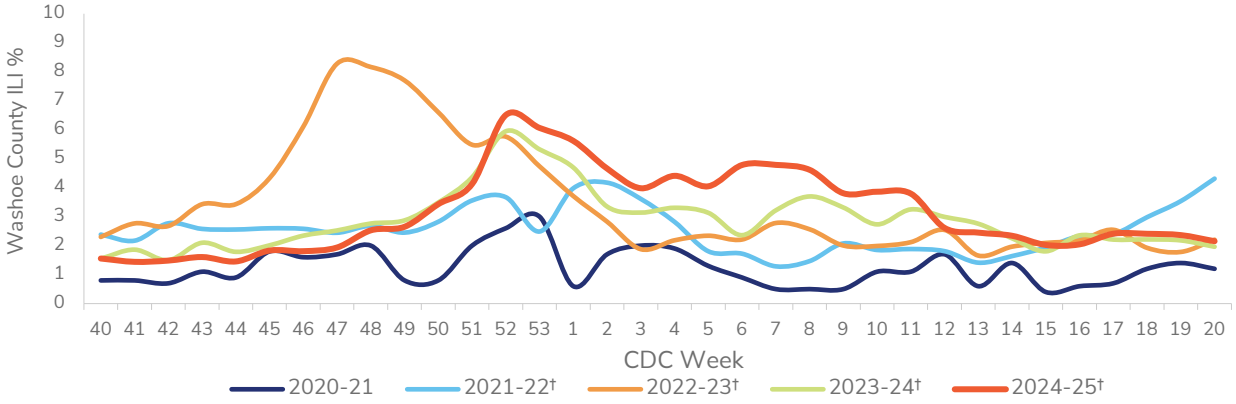
Influenza-like-illness (ILI) is defined as fever (≥ 100°F [37.8°C]) and cough and/or sore throat. ILI data is submitted weekly by inpatient and outpatient health services who have completed the onboarding process to be a sentinel surveillance provider. ILI activity levels use the proportion of outpatient 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.

Figure 1. Comparison of ILI Activity at the Local, State, Regional, and National Level, Washoe County, 2024-2025 Season†



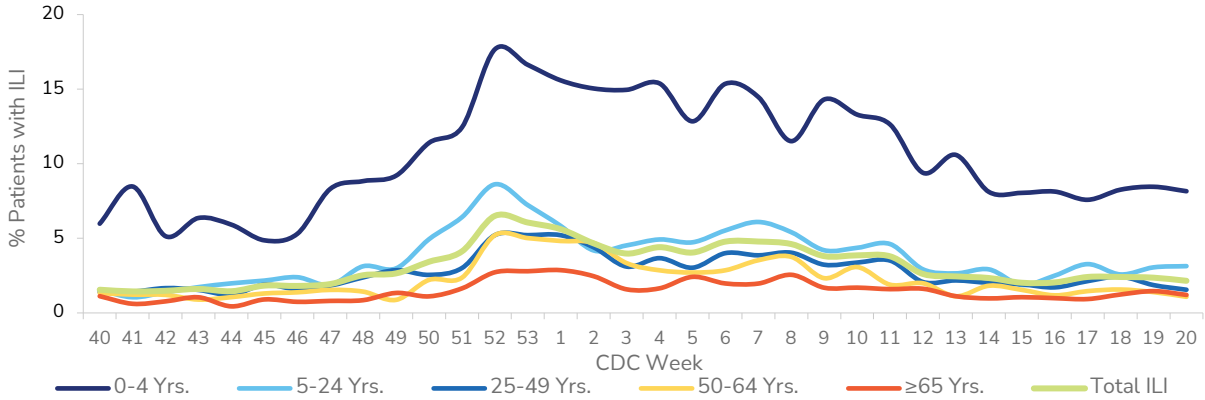
Data source for U.S., Region 9, and Nevada ILI activity and baselines: https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html
Region 9 & U.S. data are weighted; Nevada is unweighted. CDC methods: https://www.cdc.gov/fluview/overview/index.html
† Does not have a week 53, so the week 53 value is an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

Figure 2. ILI Activity Reported by Sentinel Providers, 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 3. ILI Activity Reported by Sentinel Providers by Age Group, Washoe County, 2024-2025 Season†



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

Data in this report are preliminary and may be updated in future reports.

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).ǂ For typing and subtyping information on hospitalized cases, refer to the *Influenza Hospitalizations* section of this report.**

Table 1 & Figure 4. Specimens Submitted to NSPHL for Subtyping to Date, Washoe County, 2024-2025 Seasonǂ

Influenza Subtype	# of Specimens	% of Total Specimens
A (H3)	122	56.7%
A (2009 H1N1)	69	32.1%
A (Unknown)*	10	4.7%
B (Victoria)	13	6.0%
B (Yamagata)	0	0.0%
B (Unknown)*	1	0.5%
Total	**215**	**100%**

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

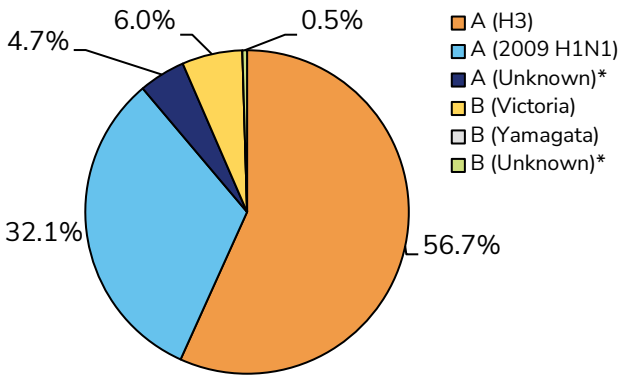
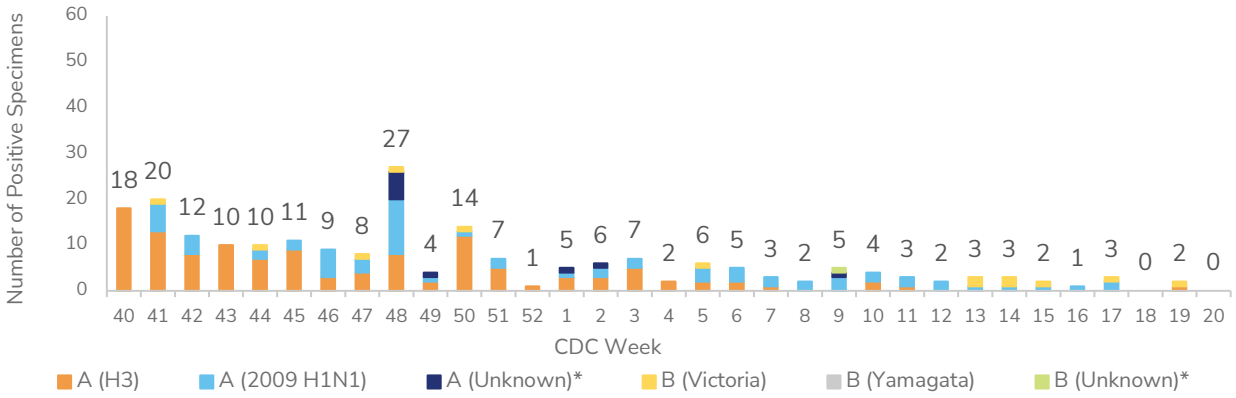


Figure 5. Positive Specimens Submitted to NSPHL, Subtyping to Date by Week, Washoe County, 2024-2025 Seasonǂ

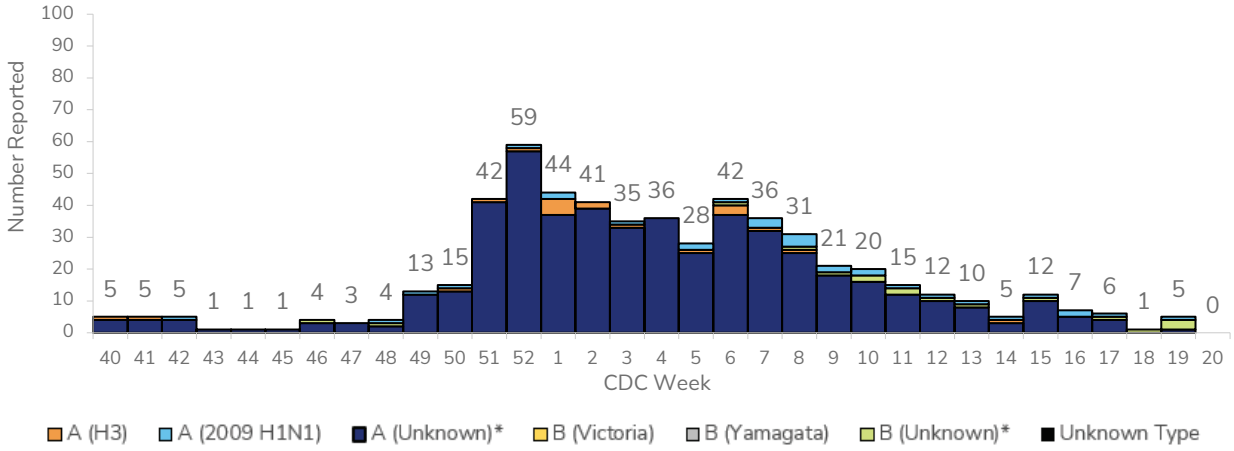


*Unknown includes both rapid and unsubtyped PCR results. ǂ Specimens reflect non-hospitalized individuals after Jan 21, 2025.

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.

Figure 6. Influenza Positive Tests Among Hospitalized Cases by Week Reported, Washoe County, 2024-2025 Season



*Unknown includes both rapid and unsubtyped PCR results.

Figure 7. Influenza Weekly Hospitalization Rate per 100,000 Population, Washoe County, 2020-2024 Seasons†

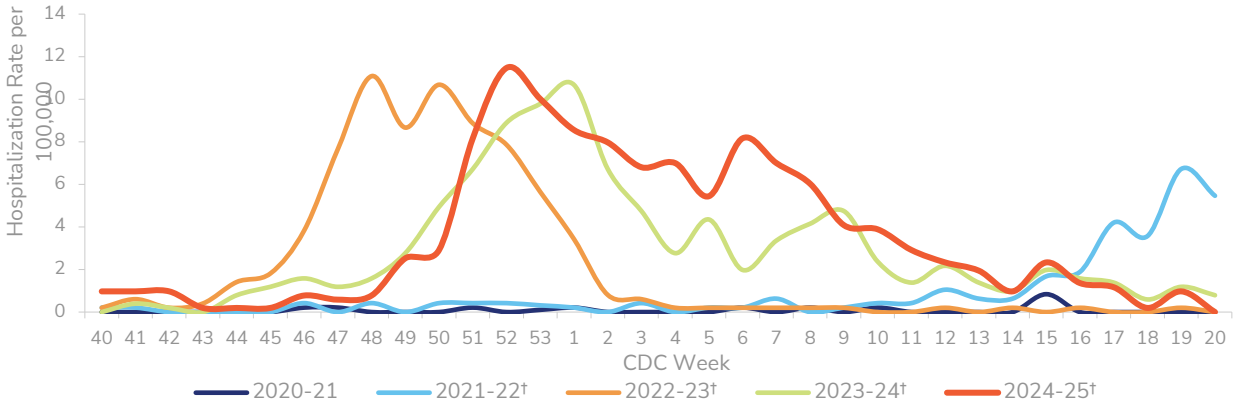


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Figure 8. Influenza Cumulative Hospitalization Rate per 100,000 Population, Washoe County, 2020-2024 Seasons†

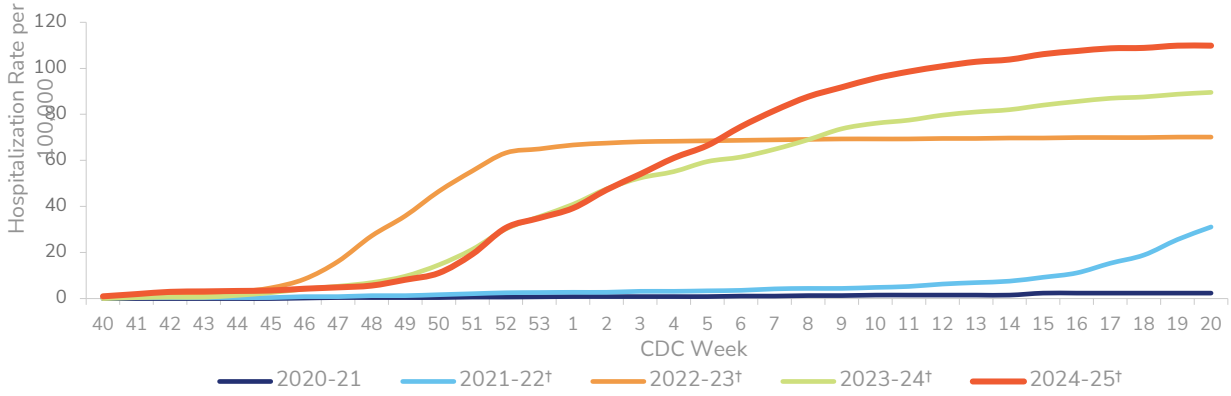

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Figure 9. Influenza Weekly Hospitalization Rate per 100,000 Population by Age Group, Washoe County, 2024-2025 Season

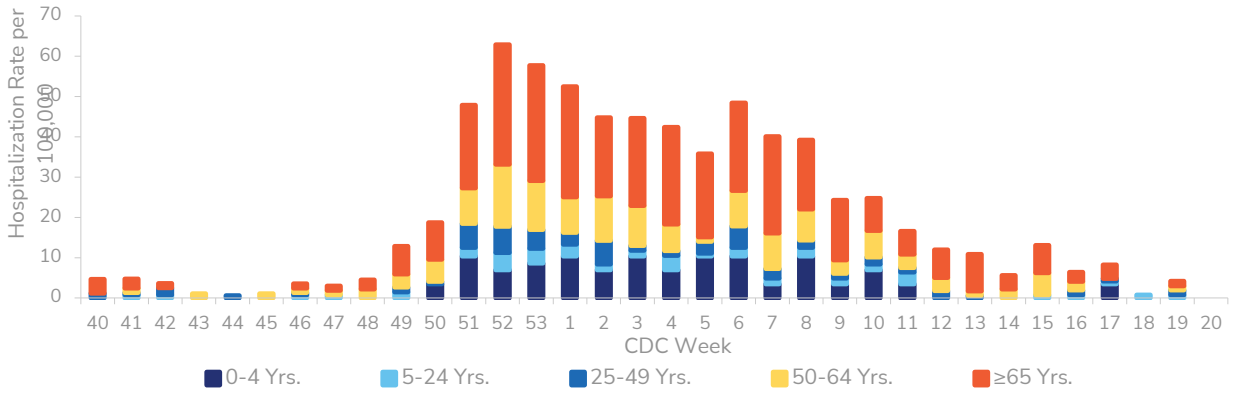

Figure 10. Influenza Cumulative Hospitalization Rate per 100,000 Population by Age Group, Washoe County, 2024-2025 Season

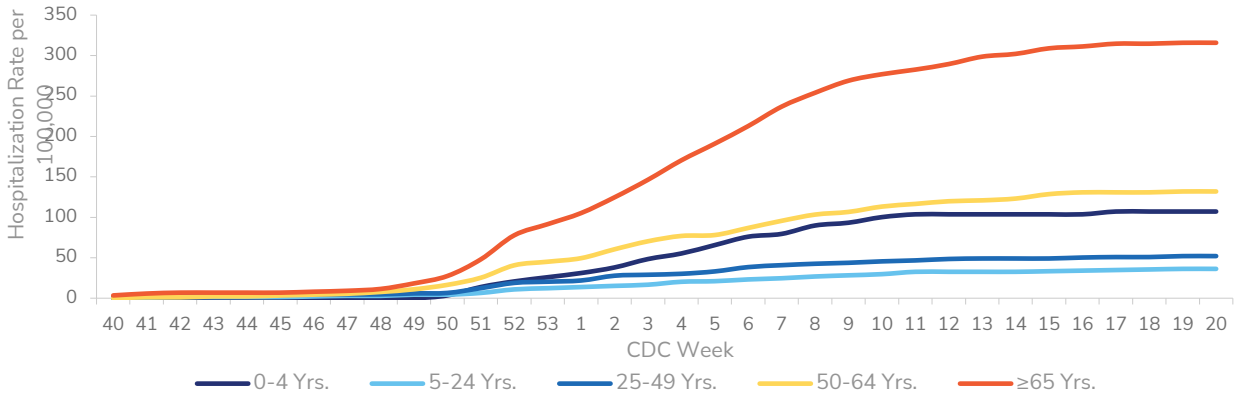

Table 2. Number of Hospitalized Cases with Lab-Confirmed Influenza by Vaccination, ICU, and Death Status, Washoe County, 2024-2025 Season

	Cumulative for 2024-2025 Influenza Season September 29, 2024 - May 17, 2025							
	Hosp.		Vax§		ICU		Death	
	#	%	#	%	#	%	#	%
Total # of cases reported	**565**	**N/A**	**130**	**23**	**94**	**17**	**43**	**8**
Influenza A (H3)	20	4	4	3	4	4	0	0
Influenza A (2009 H1N1)	31	5	6	5	10	11	3	7
Influenza A (Unknown)*	497	88	117	90	77	82	40	93
Influenza B (Victoria)	0	0	0	0	0	0	0	0
Influenza B (Yamagata)	0	0	0	0	0	0	0	0
Influenza B (Unknown)*	17	3	3	2	3	3	0	0
Influenza Unknown Type	0	0	0	0	0	0	0	0

*Unknown includes both rapid and unsubtyped 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.

Data in this report are preliminary and may be updated in future reports.

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.

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	2
50-64 Yrs.	4	12
≥65 Yrs.	13	22
Total	**18**	**38**

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.

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

	Cumulative for 2024-2025 Influenza Season September 29, 2024 - May 17, 2025	
Age Group	**Count**	**Rate per 100,000**
0-4 Yrs.	199	687.8
5-24 Yrs.	291	211.0
25-49 Yrs.	632	373.7
50-64 Yrs.	392	431.1
≥65 Yrs.	738	844.4
Total	**2252**	**437.9**

Data in this report are preliminary and may be updated in future reports.

Figure 11. COVID-19 Weekly Case Rate per 100,000 Population, Washoe County, 2020-2024 Seasons†

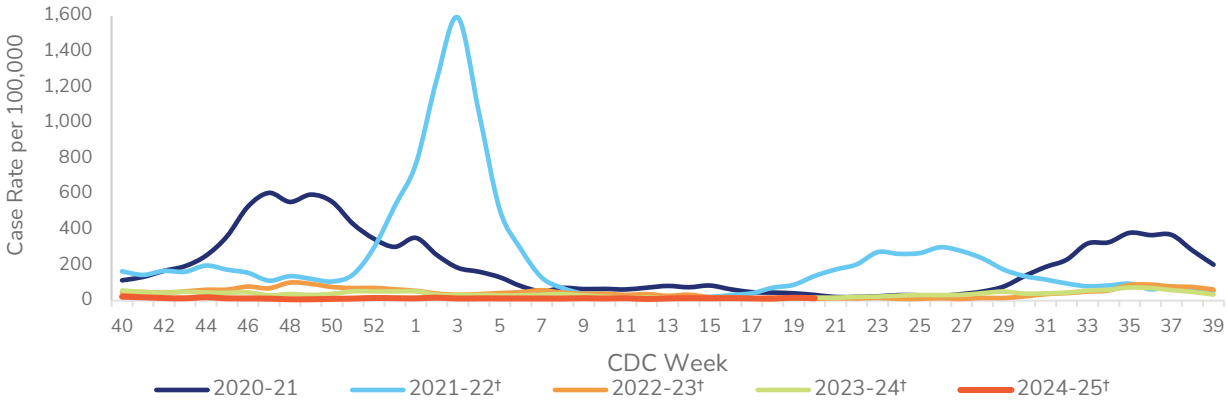

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Figure 12. COVID-19 Weekly Hospitalization Rate per 100,000 Population, Washoe County, 2020-2024 Seasons†

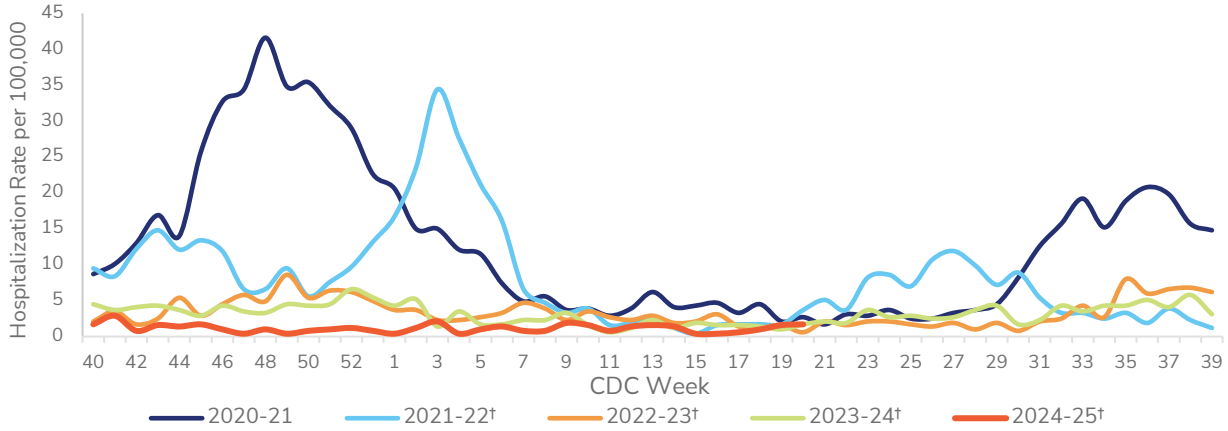

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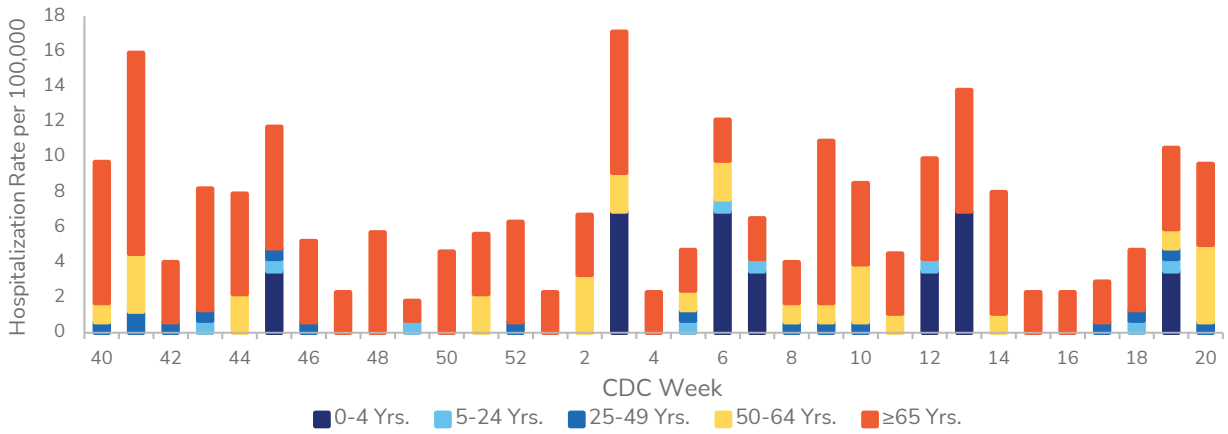
Figure 13. COVID-19 Weekly Hospitalization Rate per 100,000 Population by Age Group, Washoe County, 2024-2025 Season



Data in this report are preliminary and may be updated in future reports.

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.	16
Total	**16**

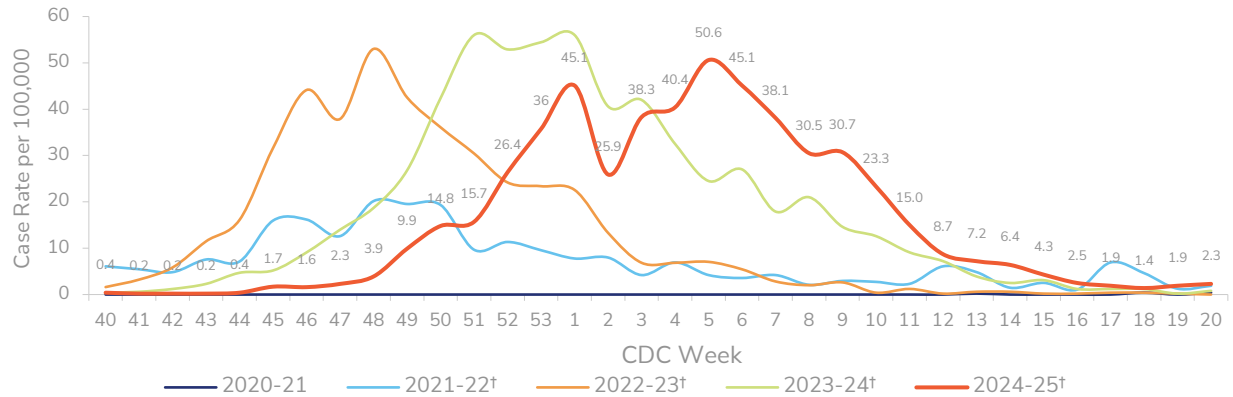
Respiratory Syncytial Virus

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.

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

	Cumulative for 2024-2025 Influenza Season September 29, 2024 - May 17, 2025	
Age Group	**Cumulative Count**	**Cumulative Rate per 100,000**
0-4 Yrs.	1231	4254.5
5-24 Yrs.	538	390.1
25-49 Yrs.	299	176.8
50-64 Yrs.	208	228.7
≥65 Yrs.	283	323.8
Total	**2559**	**497.6**

Figure 14. 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.

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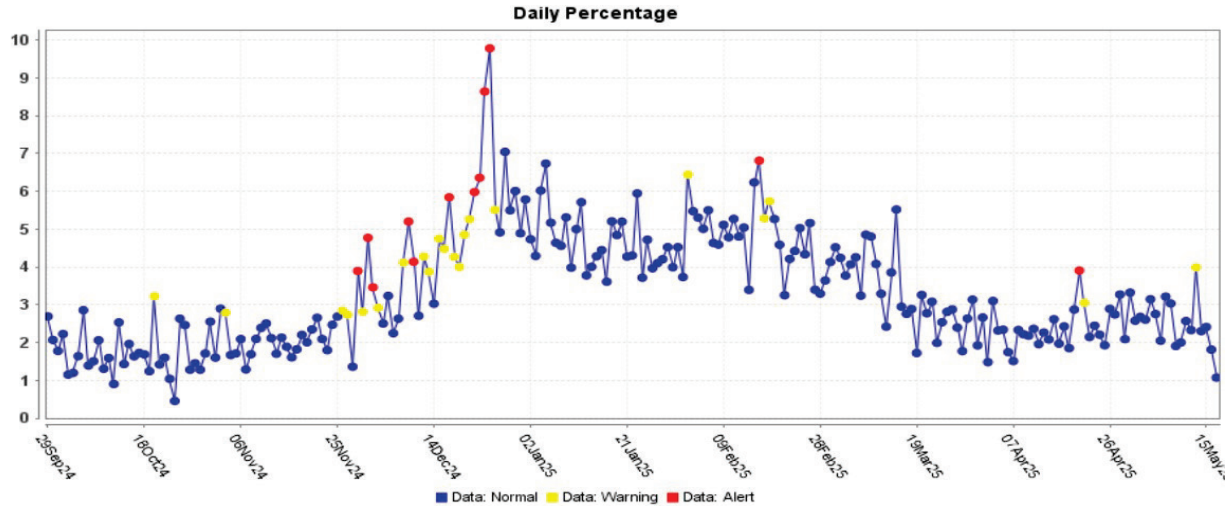
Syndromic Surveillance

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

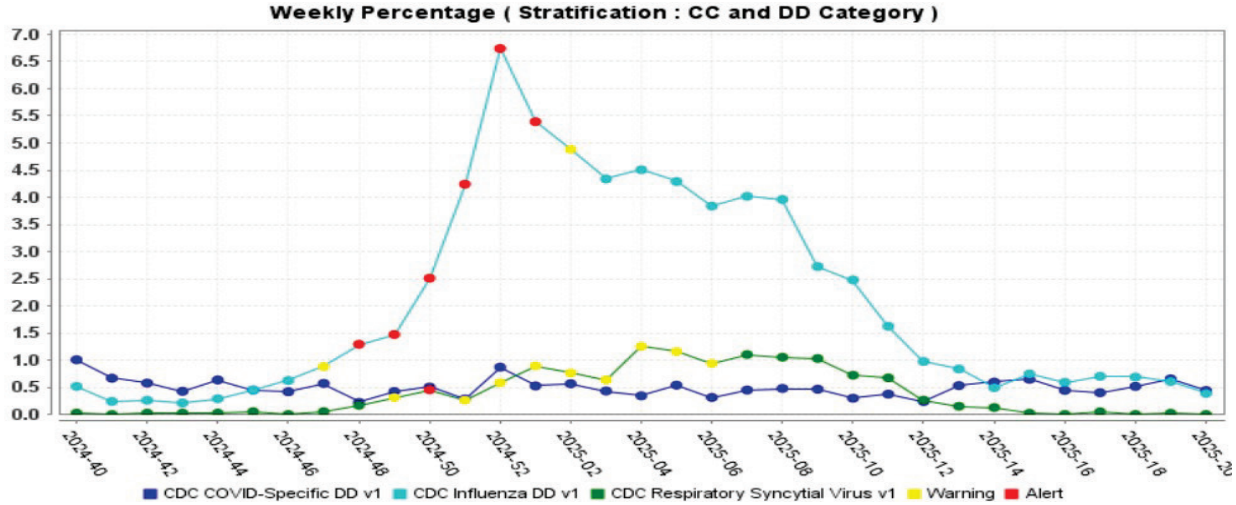
Percentage of patients seen for ILI (i.e., influenza or fever and a cough and/or a sore throat) in EDs and UCs is presented in Figure 17. The overlay depicts ILI syndrome in blue while alerts appear as yellow and/or red dots, indicating an unusually high percentage of ILI visits according to ESSENCE algorithms. Percentage of patients seen for Influenza, COVID-19, and RSV in EDs and UCs is presented in Figure 18. Conditions are defined by discharge diagnosis code (e.g., ICD-10 codes).

Figure 15. Percentage of ED and UC* Visits for ILI for Weeks 40-20, Washoe County, 2024-2025 Season



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

Figure 16. Percentage of ED and UC* Visits for Influenza, COVID-19, and RSV for Weeks 40-20, Washoe County, 2024-2025 Season

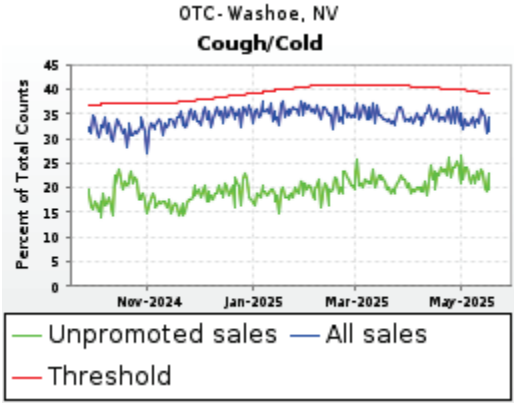


Data source: ESSENCE (National), *13 Emergency Departments/Urgent Cares reporting to ESSENCE.
CC: Chief Complaint. DD: Discharge Diagnosis.

Data in this report are preliminary and may be updated in future reports.

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

Figure 17. OTC Sales for Cough and/or Cold Remedies for Weeks 40-20, Washoe County, 2024-2025 Season



Data source: National Retail Data Monitor Data coverage in Washoe County

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 unsubtyped 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.