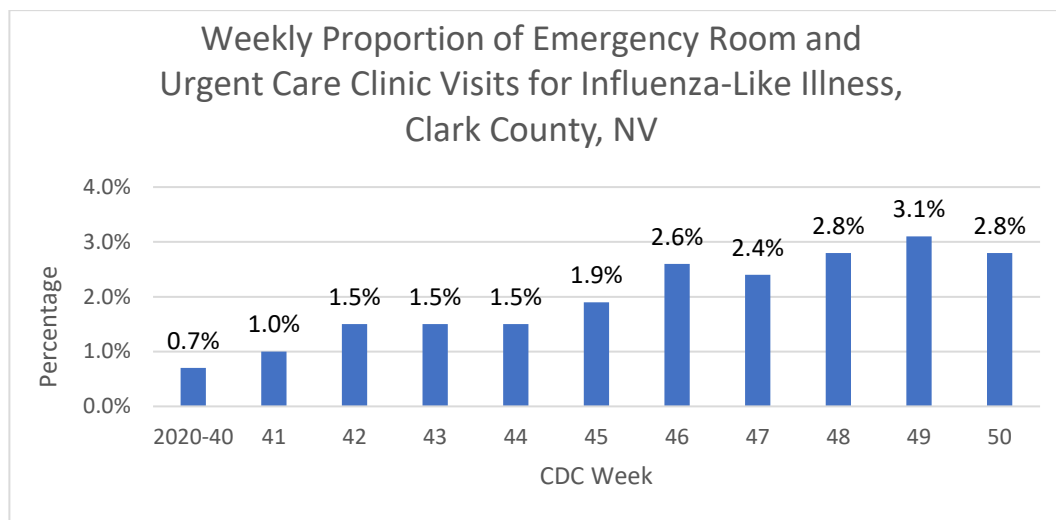




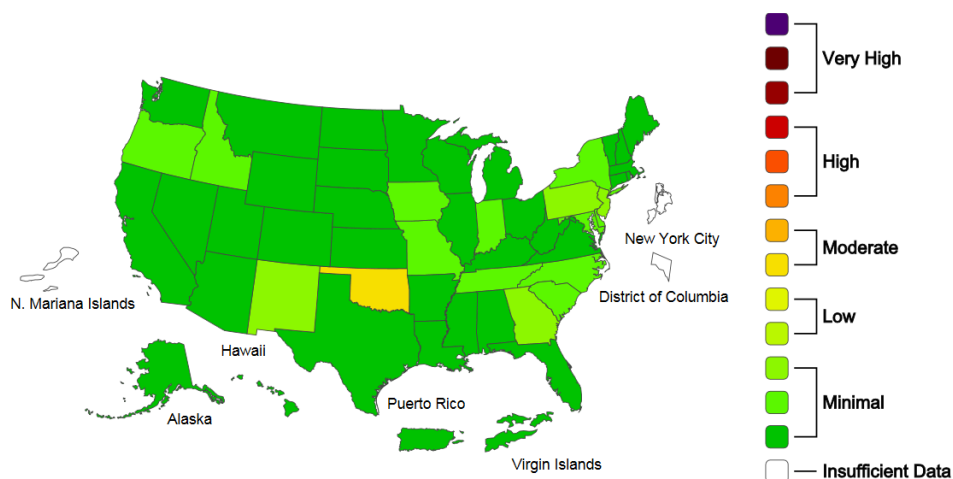
**Southern Nevada Weekly Influenza  
Surveillance Snapshot  
CDC Week 50, December 6, 2020 to December 12, 2020**

**Summary:** The Southern Nevada Health District (SNHD) Office of Epidemiology and Disease Surveillance (OEDS) began surveillance for the 2020–2021 influenza season on September 27, 2020 and will continue through May 22, 2021. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. As of December 12, 2020, five hospitalized cases (an increase of one case from week 49) and zero deaths associated with influenza had been reported to SNHD for Clark County. During week 50, the percentage of emergency room (ER) and urgent care clinic visits for influenza-like illness (ILI) in Clark County was 2.8% which was lower than week 49 (3.1%). Nationwide, seasonal influenza activity in the United States remains lower than usual for this time of the year. According to the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), 1.6% of reported patient visits were due to ILI, which was similar to the previous week (1.6%). The US ILI activity remains below the national baseline of 2.6%. Among 54 states/jurisdictions, the ILI activity level in the state of Nevada is minimal. ILI surveillance may be impacted by Covid-19 pandemic and should be interpreted with caution.

**Weekly Percentage of Emergency Room and Urgent Care Clinic Visits for ILI, Clark County, NV**



**National ILI Activity Level – 2020-2021 Influenza Season CDC Week 50 ending December 12, 2020**



## **Types of Influenza Viruses:**

There are four types of influenza viruses: A, B, C and D.

- **Influenza A** viruses are divided into subtypes based on two proteins on the surface of the virus: hemagglutinin (H) and neuraminidase (N). There are 18 different hemagglutinin subtypes and 11 different neuraminidase subtypes (H1 through H18 and N1 through N11, respectively). While there are potentially 198 different influenza A subtype combinations, only 131 subtypes have been detected in nature. Current subtypes of influenza A viruses that routinely circulate in people include: A(H1N1) and A(H3N2). Influenza A subtypes can be further broken down into different genetic “clades” and “sub-clades” (which are sometimes called groups and sub-groups).
- **Influenza B** viruses are not divided into subtypes, but instead are further classified into two lineages: B/Yamagata and B/Victoria. Like influenza A viruses, influenza B viruses can then be further classified into specific clades and sub-clades.
- **Influenza C** viruses generally cause mild illness and are not thought to cause human flu epidemics.
- **Influenza D** viruses primarily affect cattle and are not known to infect or cause illness in people.

## **Influenza Vaccine Viruses**

One influenza A(H1N1), one influenza A(H3N2), and one or two influenza B viruses (depending on the vaccine) are included in each season’s influenza vaccines. Getting a flu vaccine can protect against flu viruses that are like the viruses used to make vaccine.

Seasonal flu vaccines do not protect against influenza C or D viruses. In addition, flu vaccines will NOT protect against infection and illness caused by other viruses that also can cause influenza-like symptoms. There are many other viruses besides influenza that can result in influenza-like illness (ILI) that spread during flu season.

## **Key Points:**

1. Flu activity is unusually low at this time but may increase in the coming months.
2. An annual flu vaccine is the best way to protect against flu and its potentially serious complications.
3. If you haven’t gotten your flu vaccine yet, [get vaccinated now](#).

If you have any questions on influenza or influenza surveillance, please contact OEDS at (702) 759-1300.