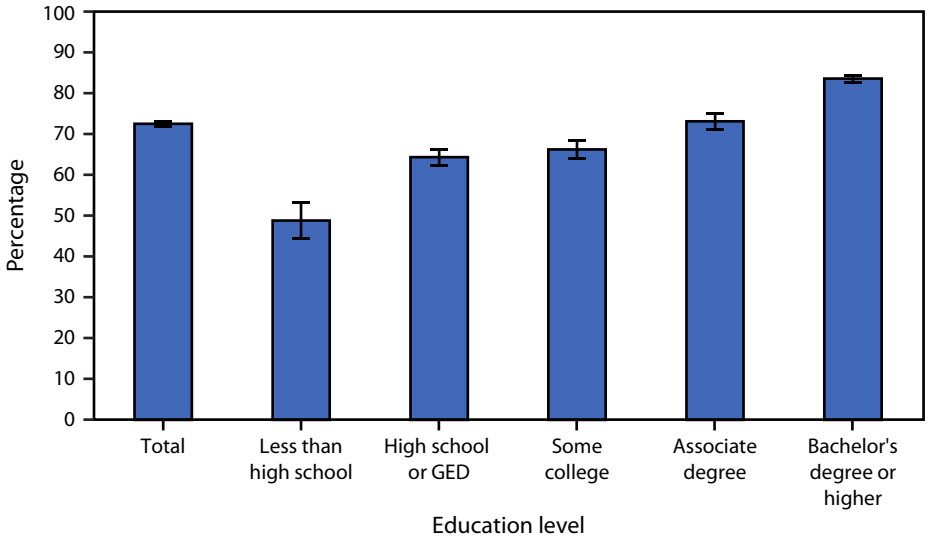
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage* of Currently Employed Adults Aged ≥18 Years Who Have Paid Sick Leave,† by Education Level — National Health Interview Survey, 2021§



Abbreviation: GED = general educational development certificate.
* With 95% CIs indicated by error bars.
† Based on responses to a question that asked, "When you last worked is paid sick leave available if you needed/need it?"
§ Estimates were based on household interviews of a sample of adults aged ≥18 years who were working last week, were not working last week because they were temporarily absent, or who performed seasonal or contract work. Self-employed respondents or respondents performing unpaid work at family businesses were not included.

In 2021, 72.5% of employed adults had paid sick leave. The percentage with sick leave was highest among workers with a bachelor's degree or higher (83.6%), followed by workers with an associate degree (73.2%). The percentage of sick leave was similar for workers with some college (66.3%) and those with a high school diploma or GED (64.4%). The lowest percentage of sick leave occurred among workers with less than a high school education (48.8%).

Source: National Center for Health Statistics, National Health Interview Survey, 2021. https://www.cdc.gov/nchs/nhis.htm

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Unprecedented Outbreak of West Nile Virus — Maricopa County, Arizona, 2021

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West Nile virus (WNV) is a mosquitoborne disease primarily transmitted through bites of infected *Culex* species mosquitos (*1*). In the United States, WNV is the leading domestically acquired arboviral disease; it can cause severe illness affecting the brain and spinal cord with an associated case fatality rate of 10% (*2*,*3*). On September 2, 2021, Maricopa County Environmental Services Department, Vector Control Division (MCESD-VCD) notified the Maricopa County Department of Public Health (MCDPH) and the Arizona Department of Health Services (ADHS) that the WNV vector index (VI), a measure of infected Culex mosquitoes, was substantially elevated. By that date, at least 100 WNV cases had already been reported among Maricopa County residents to MCDPH by health care providers and laboratories. Within 2 weeks, the VI reached its highest ever recorded level (53.61), with an associated tenfold increase in the number of human disease cases. During 2021, a total of 1,487 human WNV cases were identified; 956 (64.3%) patients had neuroinvasive disease, and 101 (6.8%) died. MCESD-VCD conducted daily remediation efforts to mitigate elevated VI and address mosquito-related complaints from residents (i.e., large numbers of outdoor mosquitoes from an unknown source and unmaintained swimming pools potentially breeding mosquitoes). MCDPH increased outreach to the community and providers through messaging, education events, and media. This was the largest documented focal WNV outbreak in a single county in the United States (*4*). Despite outreach efforts to communities and health care partners, clinicians and patients reported a lack of awareness of the WNV outbreak, highlighting the need for public health agencies to increase prevention messaging to broaden public awareness and to ensure that health care providers are aware of recommended testing methods for clinically compatible illnesses.

Investigation and Results

WNV, an arthropod-borne arbovirus, is primarily transmitted through bites of infected Culex mosquitoes and is the leading cause of domestically acquired arbovirus infections in the United States (*1*). Transmission is also possible through blood transfusions; since 2005, the Food and Drug Administration has recommended WNV nucleic acid testing of minipools consisting of combined individual blood donation samples, with an automatic switch to individual donation testing upon detection of a positive result (*5*). Persons with a WNV-positive

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reverse transcription–polymerase chain reaction (RT-PCR) or immunoglobulin M (IgM) blood or cerebrospinal fluid (CSF) test result are reported to public health. Health care providers are required to report patients within 5 working days of detection, diagnosis, or treatment of a suspected or confirmed WNV infection; laboratories are required to report positive WNV test results within the same period. WNV case reports are stored within the Arizona Medical Electronic Disease Surveillance Intelligence System.*,† MCDPH investigates reports of positive WNV laboratory test results, classifies them according to national case definitions (*6*), and regularly communicates with health care providers via a mass notification system (SurvAlert) regarding community health threats. MCDPH responds to WNV outbreaks in partnership with MCESD-VCD, with support from ADHS.

No vaccine or specific therapy exists for WNV; thus, treatment is supportive. The case fatality rate in persons with neuroinvasive disease is 10% (*2*,*3*). The frequency and location of outbreaks vary annually and are challenging to predict (*1*). In Arizona, WNV was first detected in 2003 (12 cases); the majority of cases occurred among Maricopa County residents (*2*). The largest outbreak previously recorded in Maricopa County occurred in 2004 (355 cases).

MCESD-VCD conducts vector surveillance and abatement§ based on resident complaints of mosquito abundance and routine mosquito trap deployments in specific locations throughout the county.¶ When mosquitoes are found in traps, MCESD-VCD organizes them into groups (pools) of up to 50 female *Culex* spp. mosquitoes to be tested as one sample. Each pool is then tested for WNV using RT-PCR; a positive mosquito pool is one in which the sample is WNV-positive. From this testing, MCESD-VCD calculates a VI (the estimated proportion of infected mosquitoes of a particular species in a specific area collected during weekly mosquito surveillance). The highest VI previously recorded in Maricopa County was 19.4 in 2019 (*7*). When the VI exceeds 3.0 (based on analysis of data from previous seasons), MCESD-VCD notifies MCDPH that an increase in human WNV cases is anticipated within 2–3 weeks. Laboratory processing and notification of VI to MCDPH lags throughout the season (approximately 1–2 weeks). ADHS coordinates confirmatory human WNV testing with the Arizona State Public Health Laboratory and CDC, monitors WNV surveillance data statewide, provides resources, and issues health alert notifications (HANs).

On May 4, 2021, MCESD-VCD notified MCDPH of the first 2021 WNV-positive mosquito pool. MCESD-VCD

* https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/communicable-disease-reporting/reportable-diseases-list.pdf
† https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/communicable-disease-reporting/lab-reporting-requirements.pdf

§ https://codes.findlaw.com/az/title-36-public-health-and-safety/az-rev-st-sect-36-601.html.
¶ https://www.maricopa.gov/632/Vector-Control

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