



DALLAS COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ACUTE COMMUNICABLE DISEASE EPIDEMIOLOGY DIVISION

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From: DCHHS Acute Communicable Disease Epidemiology
To: Dallas County Medical Providers
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Health Advisory: Influenza Activity in Dallas County

Influenza activity has been increasing later this season than typical in Dallas County when compared with past seasons. Greater than 13% of influenza tests in area hospitals have already been reported positive over the past two consecutive weeks. In Dallas County 1 confirmed influenza-associated death has been reported in adults to date. The number of influenza-associated emergency department visits and intensive-care hospitalizations has increased. Influenza A (H3N2) viruses have been reported most frequently nationally and locally this season.

With increasing influenza activity in our community, healthcare providers should continue to be aware of the following recommendations: (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6653685/pdf/nihms-1040649.pdf>)

- Clinicians should encourage all patients 6 months of age and older who have not yet received an influenza vaccine this season to be vaccinated against influenza.
- Clinicians should encourage all persons with influenza-like illness who are at **high risk** for influenza complications to seek medical care promptly to determine if treatment with influenza antiviral medications is warranted. (http://www.cdc.gov/flu/about/disease/high_risk.htm)
- Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza. Rapid influenza diagnostic tests (antigen detection) have limited sensitivities; negative rapid influenza diagnostic test (RIDT) results do not exclude influenza infection in patients with compatible symptoms. (http://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm)
- Antiviral therapy is recommended as soon as possible, regardless of negative RIDT results, for any patient with suspected influenza who is hospitalized, has severe, complicated, or progressive illness, or is at high risk for influenza complications. *Treatment can also be considered on the basis of clinical judgment for any previously healthy, symptomatic outpatient who is not considered "high risk" with suspected influenza, if treatment can be initiated within 48 hours of illness.* (www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm)
- Consider antibiotic therapy in influenza patients with suspected bacterial co-infections. Pneumonia with methicillin-resistant *Staphylococcus aureus* (MRSA) and group A *Streptococcus* have been reported in cases of severe illnesses.
- Remind parents of children with suspected influenza to adhere to school illness policies.

Please report all influenza-related deaths in adults and children, admissions to hospital intensive care units, and possible institutional outbreaks (e.g. school or long-term care facility settings) of influenza to DCHHS to (214) 819-2004 or Influenza@dallascounty.org. DCHHS weekly influenza surveillance reports are available on the DCHHS website at: <https://www.dallascounty.org/departments/dchhs/influenza-surveillance-report.php>.