



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

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**To:** **Dallas County Medical Providers**

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**[Health Advisory \(2\): Influenza Activity in Dallas County](#)**

Influenza activity [remains elevated](#) locally and nationally, and the season is anticipated to continue for at least several more weeks. In Dallas County, 9 confirmed influenza-associated deaths have been reported in adults to date. An additional 4 possible influenza-associated deaths are pending Medical Examiner's confirmation of cause of death, including 2 recently reported pediatric deaths. Influenza B/Victoria viruses remain the predominant circulating strain, followed by influenza A (H1N1)pdm09 viruses. In previous seasons, influenza B viruses have been more likely to cause severe illnesses in children than in older adults. The majority of the currently circulating influenza B/Victoria strains have been identified to be slightly genetically different from the strain in this season's vaccine. (*MMWR, Jan 10, 2020: [www.cdc.gov/mmwr/volumes/69/wr/mm6902e1.htm](http://www.cdc.gov/mmwr/volumes/69/wr/mm6902e1.htm)*) A CDC health advisory has been issued to emphasize recommendations for vaccination and early antiviral treatment of influenza. (*CDC Health Advisory, Jan 10, 2020: [emergency.cdc.gov/han/han00425.asp](http://emergency.cdc.gov/han/han00425.asp)*)

***Clinicians should continue to be aware of the following recommendations:***

- Encourage flu vaccination for all patients 6 months of age and older who have not yet received flu vaccine, with rare exception. ([www.cdc.gov/flu/prevent/whoshouldvax.htm](http://www.cdc.gov/flu/prevent/whoshouldvax.htm))
- 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](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 (RIDTs) have limited sensitivities; negative RIDT results do not exclude influenza infection in patients with compatible symptoms. ([http://www.cdc.gov/flu/professionals/diagnosis/clinician\\_guidance\\_ridt.htm](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 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](http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm))
- Consider additional evaluation and treatment for bacterial co-infections in influenza patients who present with severe disease, who fail to improve after 3-5 days of antiviral treatment, or who deteriorate after initial improvement. Pneumonia with group A *Streptococcus* and methicillin-resistant *Staphylococcus aureus* (MRSA) have been reported in severe illnesses. ([www.idsociety.org/practice-guideline/influenza/](http://www.idsociety.org/practice-guideline/influenza/))
- 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 of influenza to DCHHS to (214) 819-2004. [DCHHS weekly influenza surveillance reports](#) are available on the DCHHS website.