



Dallas County Health and Human Services 2017–2018 Influenza Surveillance Report

Week 12 ending March 24, 2018

Epidemiologic Summary

- Influenza activity continued to decrease in Dallas County with 4.8% of tests returning positive during week 12. Nationally, 14.7% of specimens reported to CDC were positive for influenza.
- During week 12, the most frequently identified influenza virus type in Dallas County was influenza B (72%). All influenza B strains tested locally have been the Yamagata strain.
- Numbers of emergency department visits for influenza-like illness in Dallas County and influenza-associated hospitalizations remains low during week 12.
- Two influenza-associated pediatric deaths have been reported during the 2017-2018 season in Dallas County.
- RSV continues to circulate locally, although activity has declined.

Table 1. Summary of Influenza Surveillance from Dallas County Hospitals and Hospital Laboratories

Week Ending	02/17	02/24	03/03	03/10	03/17	03/24	9/10/17 – Present
CDC Week	7	8	9	10	11*	12*	
Total Influenza PCR Tests	1,800	1,479	1,222	958	916	886	29,287
Number of positive PCR tests	383	215	125	56	28	30	4,975
Percent of positive PCR tests	21.3	14.5	10.2	5.9	3.1	3.4	
Total Rapid Influenza Diagnostic Tests	4,055	3,136	2,255	1,656	1,264	854	56,957
Number of positive RIDTs	917	571	320	181	88	53	12,405
Percent of positive RIDTs	22.6	18.2	14.2	10.9	7.0	6.2	
Total Influenza Tests Performed	5,870	4,632	3,492	2,624	2,182	1,744	87,232
Total positive influenza tests ¹	1,301	786	445	237	116	83	17,388
Percent positive influenza tests	22.2	17.0	12.7	9.0	5.3	4.8	
Positive influenza A tests ²	457	256	145	86	44	23	11,100
Positive influenza B tests	844	530	300	151	72	60	6,288
Non-differentiated influenza tests ³	0	0	0	0	0	0	0

¹ Includes positive rapid antigen, PCR, DFA, or culture results

² Further subtyping is performed only by select hospital laboratories for specimens referred to DCHHS by institutions for PCR-testing

³ Non-differentiated refers to rapid test results which did not differentiate between influenza A and B

Table 2. Summary of Influenza Hospitalizations and Deaths from Dallas County Hospitals, Vital Statistics and Medical Examiner's Office

Week Ending	02/17	2/24	03/03	03/10	03/17	03/24	03/31	9/10/17 – Present
CDC Week	7	8	9	10	11	12*	13*	
Influenza hospitalizations ⁴	194	112	70	37	19	27	N/A	2,919
Influenza ICU admissions ⁴	32	24	12	9	2	5	N/A	556
Confirmed pediatric deaths ⁵	0	0	0	0	0	0	0	2
Confirmed adult deaths ⁶	3	2	3	0	0	0	0	77
Possible influenza-associated deaths ⁷	0	0	0	0	0	0	0	2

⁴ Reflects all influenza-associated hospitalizations reported from hospitals located within Dallas County by week of any positive influenza tests; Data source:14 Hospitals in Dallas County

⁵ Confirmed influenza-associated deaths of Dallas County residents <18 years of age

⁶ Confirmed influenza-associated deaths as defined by a positive laboratory test and any of the following: (1) death certificate denotation, (2) medical record documentation of compatible symptoms and clear progression from illness to death, or (3) determination by the County Medical Examiner's office (ME) of no alternate cause of death

⁷ Possible influenza-associated deaths are defined as cases with laboratory-confirmed influenza, but pending final autopsy results for determination of primary cause of death

*Indicates preliminary results which are subject to change with late-arriving data from surveillance sites designated for DCHHS' seasonal influenza program

Figure 1. Influenza Positive Tests Reported to DCHHS by Hospital Laboratories: 2017—2018 Seasons

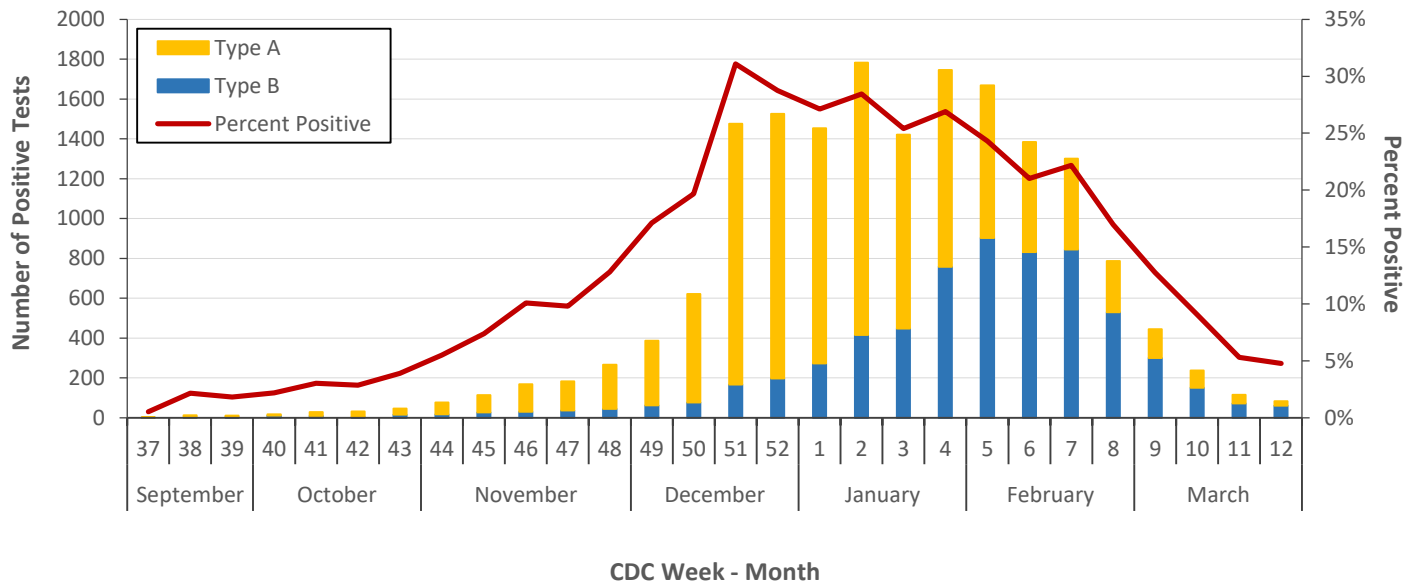
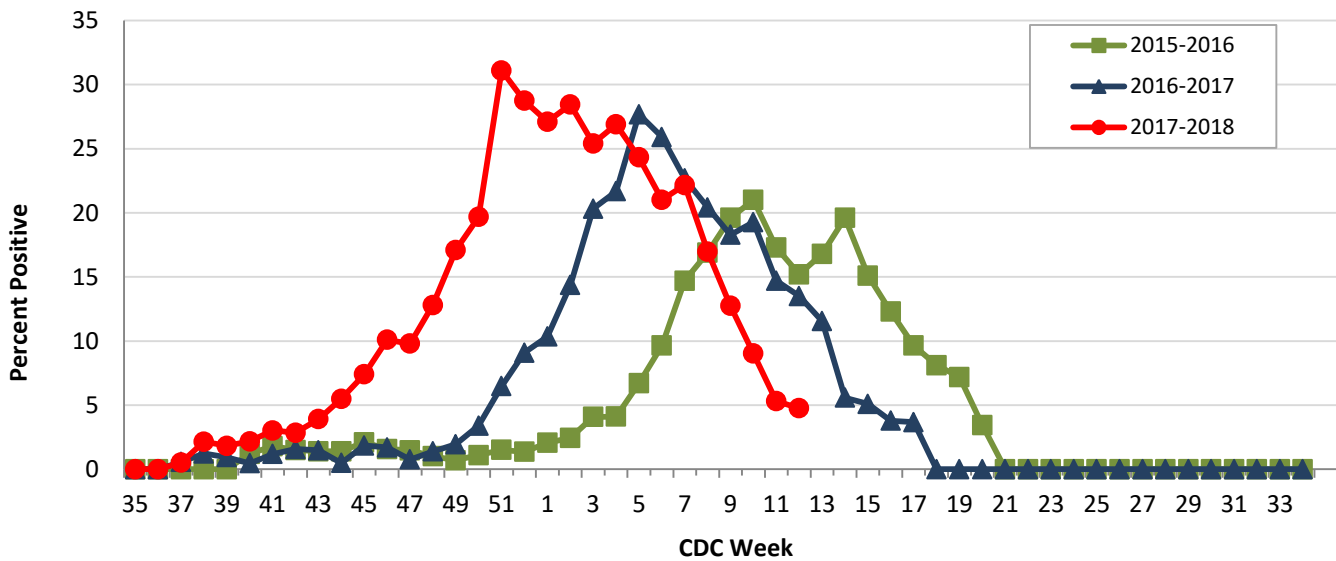


Figure 2. Influenza Positive Tests Reported to DCHHS by Hospital Laboratories: 2015—2018 Seasons



Note: For Figure 2 and all subsequent trend overlays there is no week 53 for the 2015-2016, 2016-17, or 2017-2018 influenza seasons.

Table 3. Influenza Typing and Subtyping from Cumulative Dallas County, Texas, and U.S. Laboratory Surveillance Data: 2017—2018 Season

	Dallas ¹ (n=433)	Texas ² (n= 1,514)	U.S. ³ (n= 47,176)
Influenza A	367 (84.8%)	1,094 (72.3%)	35,415 (75.1%)
H1N1 2009 subtype	140 (38.9%)	279 (25.9%)	4,796 (13.8%)
H3N2 subtype	220 (61.1%)	800 (74.1%)	30,048 (86.2%)
Not subtyped	7	15	571
Influenza B	68 (15.7%)	416 (27.5%)	11,761 (24.9%)
Yamagata strain	68 (100%)	299 (*90.6%)	7,697 (65.4%)

¹ DCHHS LRN laboratory PCR testing of designated Dallas County surveillance site isolates; counts may not sum to total as samples can test positive for multiple subtypes

² DSHS 2017–2018 Texas Influenza Surveillance Information Activity Report available at <https://www.dshs.state.tx.us/idcu/disease/influenza/surveillance/>

³ CDC FluView Weekly Influenza Surveillance Report available at <http://www.cdc.gov/flu/weekly/>

* Of all the Influenza B positives, only 330 specimens had lineage testing performed

Figure 3. Influenza Hospitalizations by Week of Admission, Dallas County: 2013–2018 Seasons

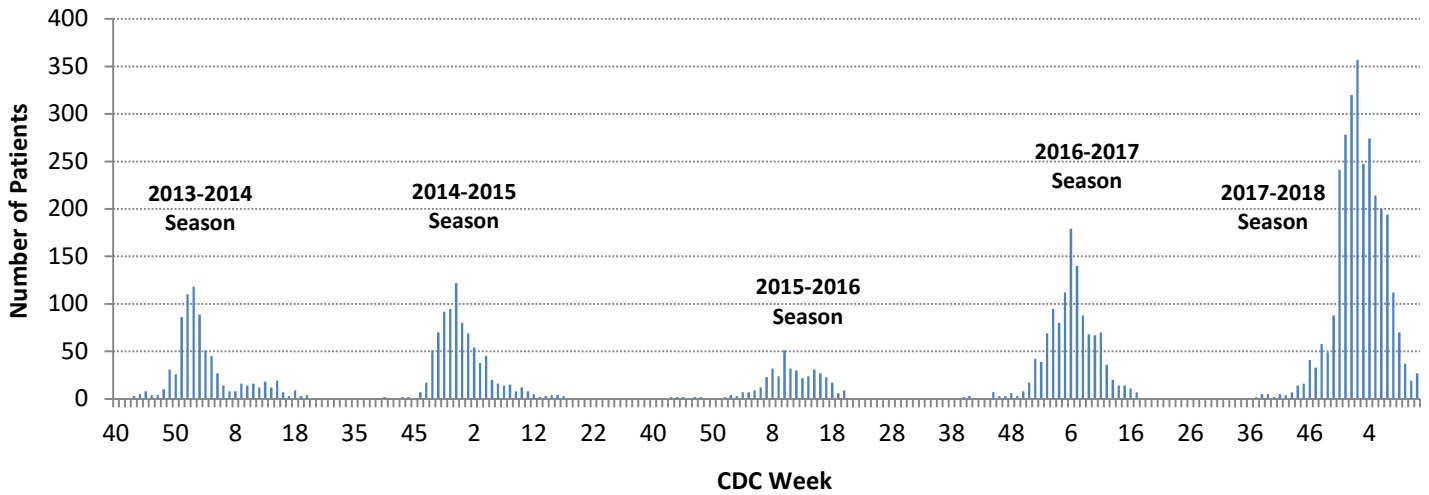


Figure 4. Intensive Care Unit Hospitalizations for influenza by Week of Admission, Dallas County: 2013–2018 Seasons

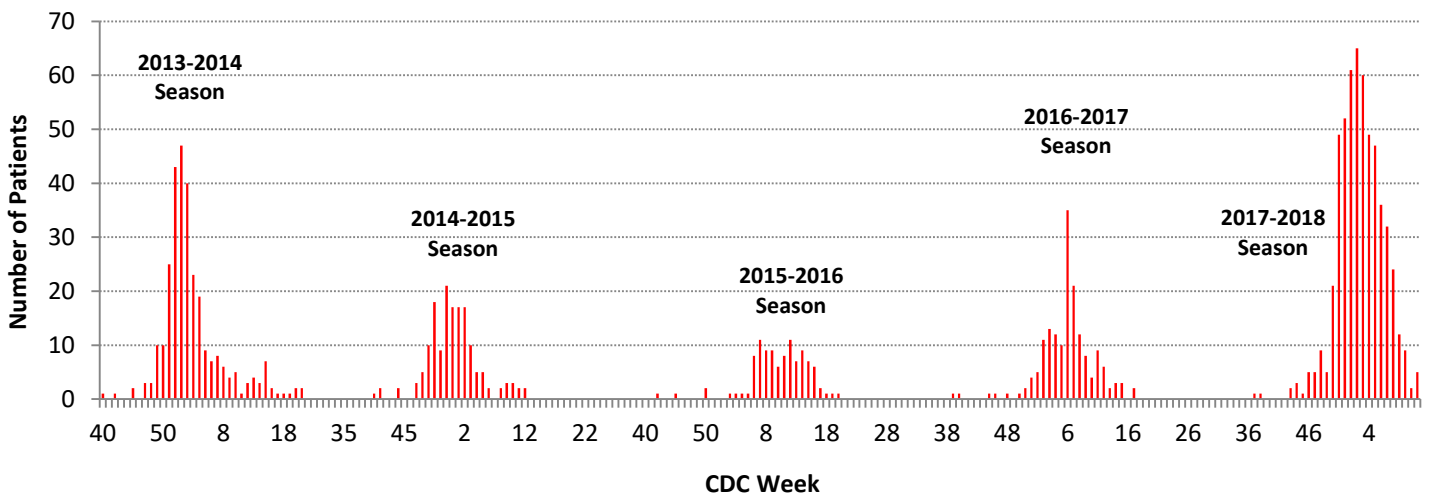
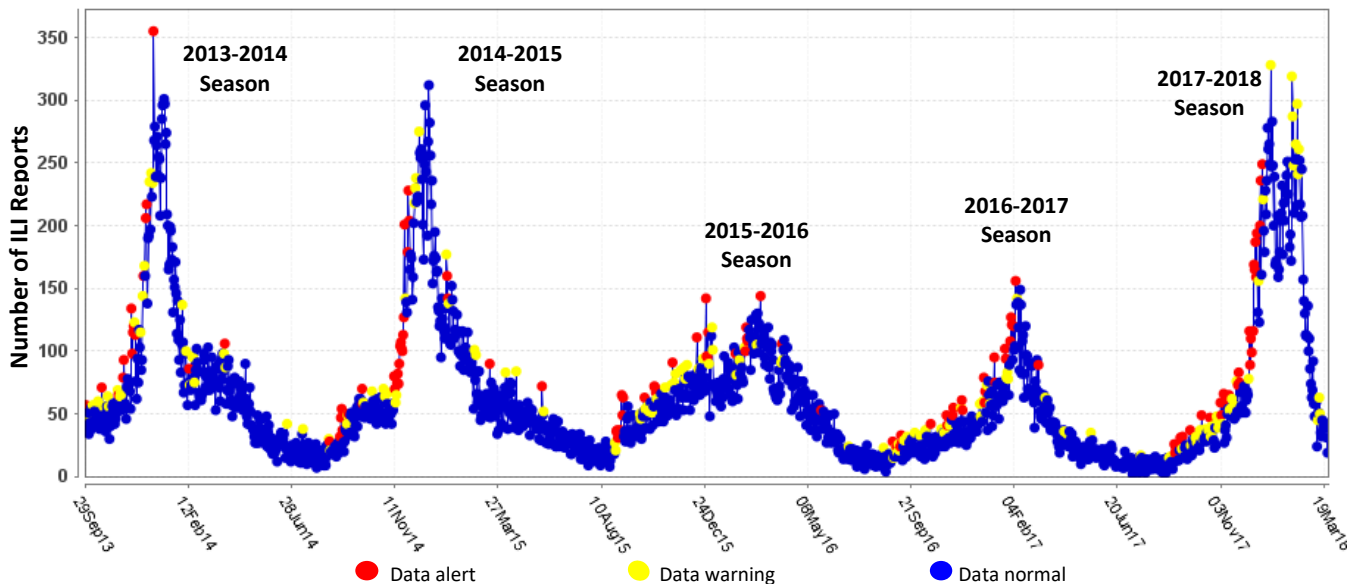


Figure 5. Syndromic Surveillance of Emergency Department Visits for Influenza-like Illness (ILI), Dallas County: September 29, 2013 – March 24, 2018



Data source: 18 emergency departments in Dallas County hospitals participating in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) voluntarily reporting the numbers of persons presenting with self-reported chief complaints of ILI.

Table 4. Characteristics of Influenza-associated ICU Hospitalizations, Dallas County Hospitals: Week 37 to Present

ICU Admissions		N=484
Influenza Type	Influenza A*	335 (69.2%)
	Influenza B	146 (30.2%)
Gender	Female	243 (50.2%)
	Male	241 (49.8%)
Race	Black	145 (30.0%)
	Hispanic	73 (15.1%)
	White	215 (44.4%)
	Other	51 (10.5%)
Age	0 to 4	23 (4.8%)
	5 to 18	18 (3.7%)
	>18 to 50	89 (18.4%)
	>50 to 65	126 (26.0%)
	>65	228 (47.1%)
Presence of ≥ 1 underlying high risk medical conditions		408 (84.3%)
Mechanical Ventilation		156 (32.2%)
BiPAP		141 (29.1%)
ECMO		14 (2.9%)

Data Source(s): All Hospitalizations in Dallas County reported to DCHHS with any positive rapid antigen, PCR, DFA or culture result for influenza; * includes seven patients co-infected with influenza A and type B; ¹ Available from the CDC website at https://www.cdc.gov/flu/about/disease/high_risk.htm

Table 5. Characteristics of Influenza-Related Deaths, Dallas County Residents: Week 37 to Present

Total Deaths		N=79
Influenza Type	Influenza A*	53 (67.1%)
	Influenza B [†]	28 (35.4%)
Gender	Female	42 (53.2%)
	Male	37 (46.8%)
Race	Black	16 (20.3%)
	Hispanic	16 (20.3%)
	White	37 (46.8%)
	Other	10 (12.7%)
Age	0 to 18	2 (2.5%)
	>18 to 65	22 (27.8%)
	>65	55 (69.6%)
Presence of ≥ 1 underlying high risk medical conditions		75 (94.9%)

*Of the six influenza A viruses that were subtyped, four were H1N1 and two were H3N2. [†] Two individuals were dual positive for influenza A and B.

Table 6. Confirmed Influenza-associated Pediatric and Adult Deaths, Dallas County: 2011–2018 Seasons

	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018
Pediatric	3	3	0	1	1	2
Adult	6	55	19	14	16	77

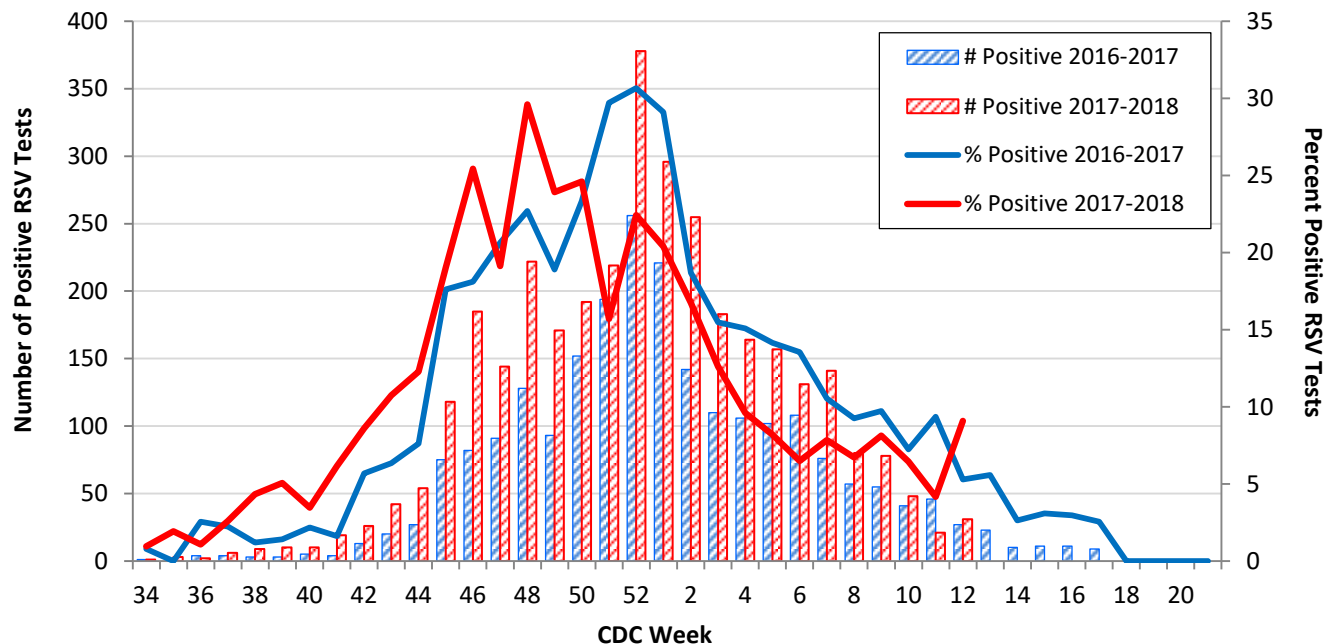
Data source: Reports of confirmed influenza-associated deaths, as defined in Table 2.

Table 7. Non-Influenza Respiratory Virus Testing by North Texas Laboratories Reported to NREVSS, Week 12

Virus	Number of Laboratories Reporting	Tests Performed	Total Positive Tests	Percentage of Tests Positive
Adenovirus (respiratory)	3	143	0	0.0%
HMPV	3	143	9	6.3%
Parainfluenza virus	3	143	3	2.1%
Rhinovirus/Enterovirus	3	143	24	16.8%
RSV	3	341	31	9.1%

Data source: National Respiratory and Enteric Virus Surveillance System (NREVSS) and hospitals reporting directly to DCHHS

Figure 6. Number and Percent Positive RSV Rapid Antigen and PCR Tests by Week, NREVSS Surveillance Data, North Texas: August 27, 2016 – March 24, 2017



Data source: National Respiratory and Enteric Virus Surveillance System (NREVSS) and hospitals reporting directly to DCHHS

Table 8. Number and Percent Positive RSV Rapid Antigen and PCR Tests by Week, NREVSS Surveillance Data, North Texas: August 26, 2017 – March 24, 2017

Week Ending	02/10	02/17	02/24	03/03	03/10	03/17	03/24	8/26/17–Present
CDC Week	6	7	8	9	10	11	12*	
RSV tests performed weekly	2,019	1,799	1,192	961	744	504	341	25,863
Total positive RSV tests	131	141	80	78	48	21	31	3,396
Percent positive RSV tests	6.4	7.8	6.7	8.1	6.5	4.2	9.1	

*Indicates preliminary results which are subject to change as adjustments are made for late-arriving data

Data source: National Respiratory and Enteric Virus Surveillance System (NREVSS)

Figure 7. Percentage of Student Absences by Week, Dallas County: 2016-2017 and 2017-2018

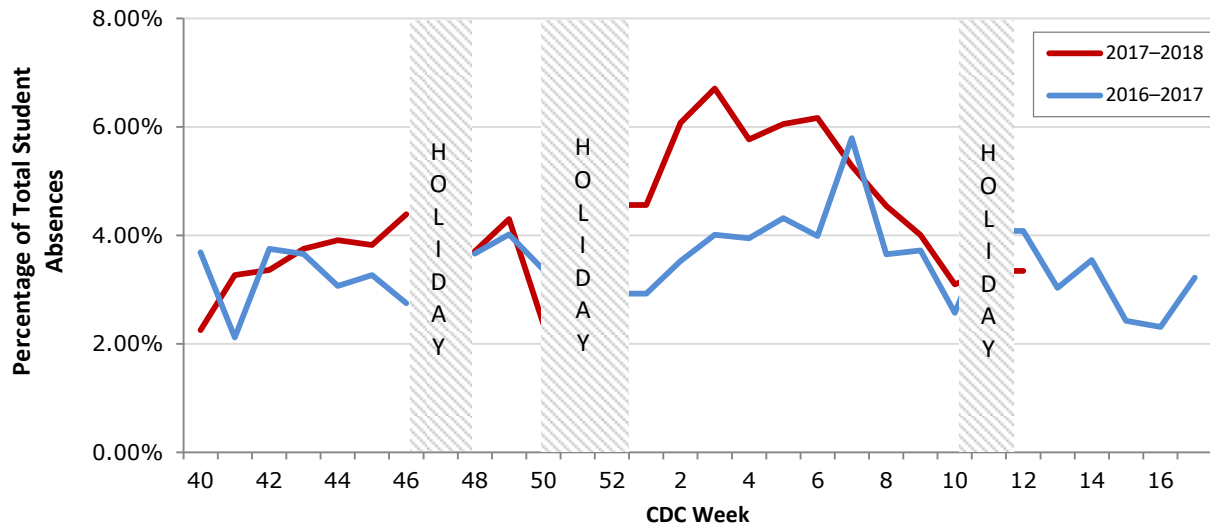
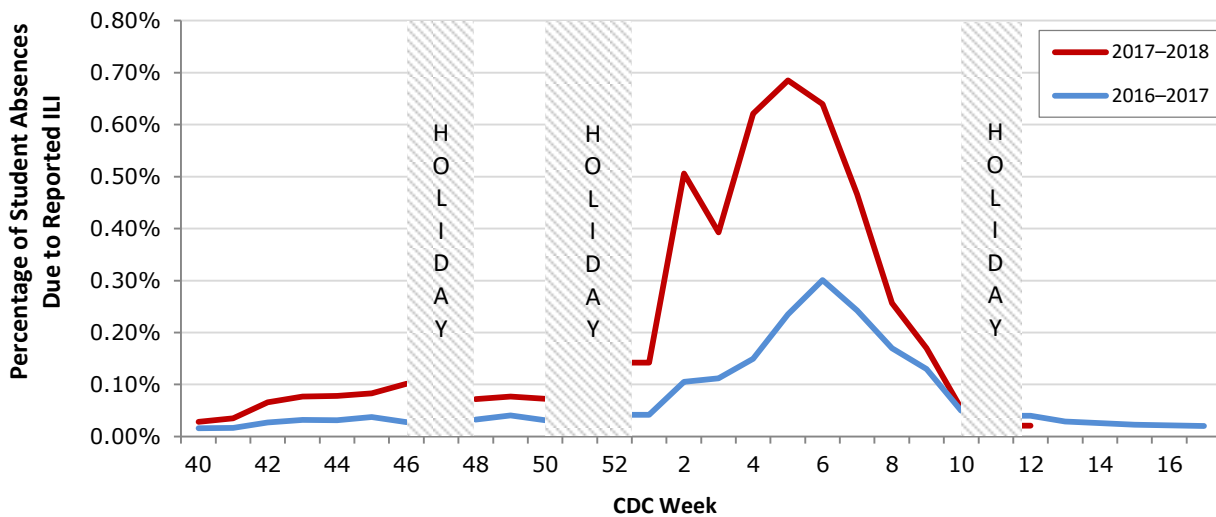


Figure 8. Percentage of Student Absences Due to ILI by Week, Dallas County: 2016-2017 and 2017-2018



Data source: Voluntary reporting from Independent School Districts representing over 510 elementary, middle, and secondary schools and over 420,000 students in Dallas County

Please report any of the following patients to DCHHS within 1 working day:

- **Hospitalized patients with influenza** (any subtype). Confirmation can be by any laboratory test, rapid antigen, culture, PCR, DFA/IFA, or performed in an outpatient or inpatient laboratory.
- **Deaths of persons with confirmed influenza** (any subtype). We are requesting all pediatric influenza-associated deaths to be reported *immediately* to facilitate specimen procurement and testing.
- Suspected influenza infections involving institutional outbreaks or a resident of any **Long Term Care facility** (please report *immediately*).

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