



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

Week 42 ending October 21, 2017

Epidemiologic Summary

- Influenza activity remains low in Dallas County with 2.8% of tests returning positive during week 42. Nationally, 2.5% of specimens reported to CDC were positive for influenza.
- Daily numbers of emergency department visits for influenza-like illness in Dallas County were slightly above baseline levels and 7 influenza-associated hospitalizations were reported during week 42.
- No influenza-associated deaths were reported in week 42. No influenza-associated pediatric deaths have been reported during the 2017-2018 season in Dallas County.
- RSV activity increased with 8.6% of tests from area surveillance sites testing positive.

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

Week Ending	9/16	9/23	9/30	10/7	10/14	10/21	9/10/17 – Present
CDC Week	37	38	39	40	41*	42*	
Total Influenza PCR Tests	305	337	347	380	450	538	2,357
Number of positive PCR tests	2	6	8	0	6	9	31
Percent of positive PCR tests	0.7	1.8	2.3	0	1.3	1.7	
Total Rapid Influenza Diagnostic Tests	23	146	185	365	438	536	1,693
Number of positive RIDTs	0	6	3	17	22	22	70
Percent of positive RIDTs	0	4.1	1.6	4.7	5.0	4.1	
Total Influenza Tests Performed	345	519	564	781	926	1,113	4,248
Total positive influenza tests ¹	2	12	11	17	28	31	101
Percent positive influenza tests	0.6	2.3	2.0	2.2	3.0	2.8	
Positive influenza A tests ²	1	10	8	6	19	28	72
Positive influenza B tests	1	2	3	11	9	3	29
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	9/16	9/23	9/30	10/7	10/14	10/21	9/10/17 – Present
CDC Week	37	38	39	40	41*	42*	
Influenza hospitalizations ⁴	1	5	5	2	9	7	29
Confirmed pediatric deaths ⁵	0	0	0	0	0	0	0
Confirmed adult deaths ⁶	0	0	0	0	0	0	0
Possible influenza-associated deaths ⁷	0	0	0	0	0	0	0

⁴ Reflects all influenza-associated hospitalizations reported from hospitals located within Dallas County by week of any positive influenza tests

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, compatible symptoms, and clear progression from illness to death, or 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

Data source(s): 15 Hospitals in Dallas County

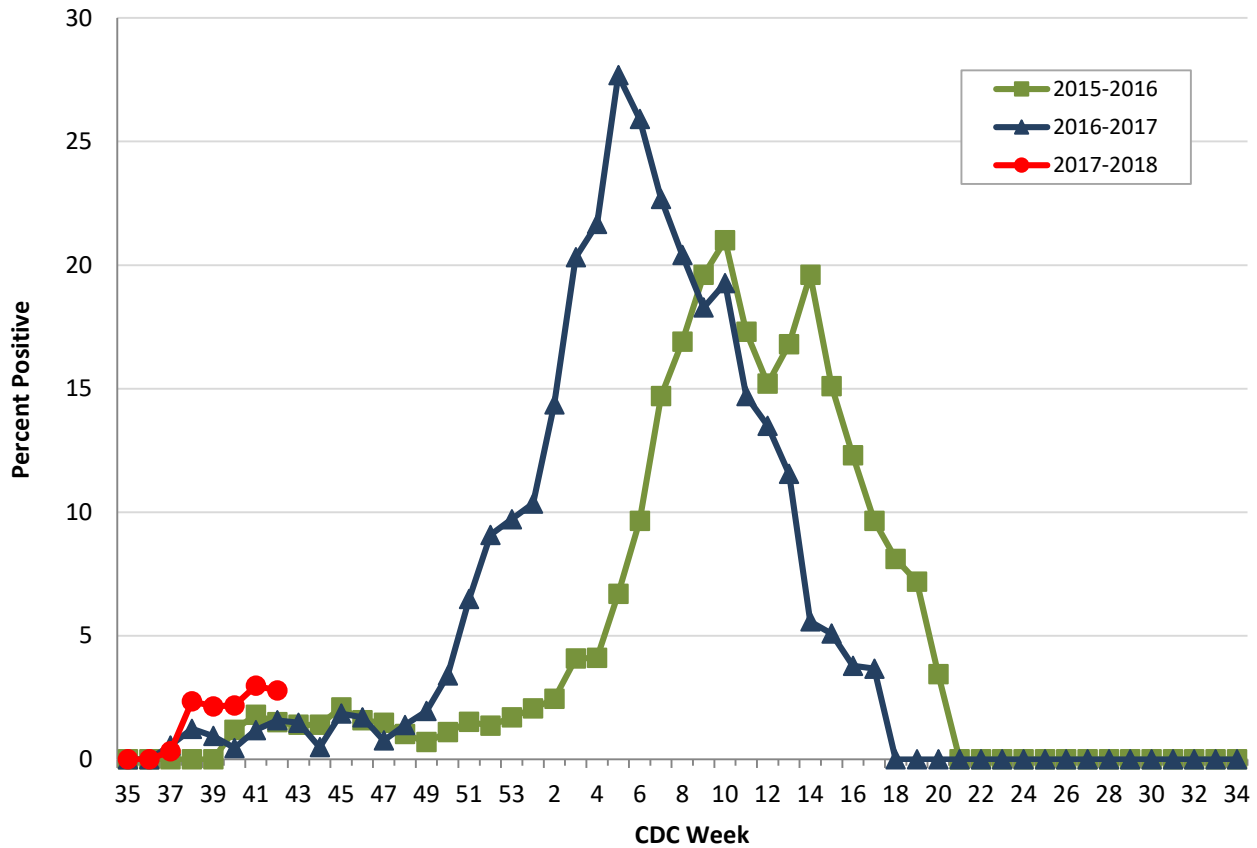
Table 3. Confirmed Influenza-associated Pediatric and Adult Deaths, Dallas County: 2011–2018 Seasons

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

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

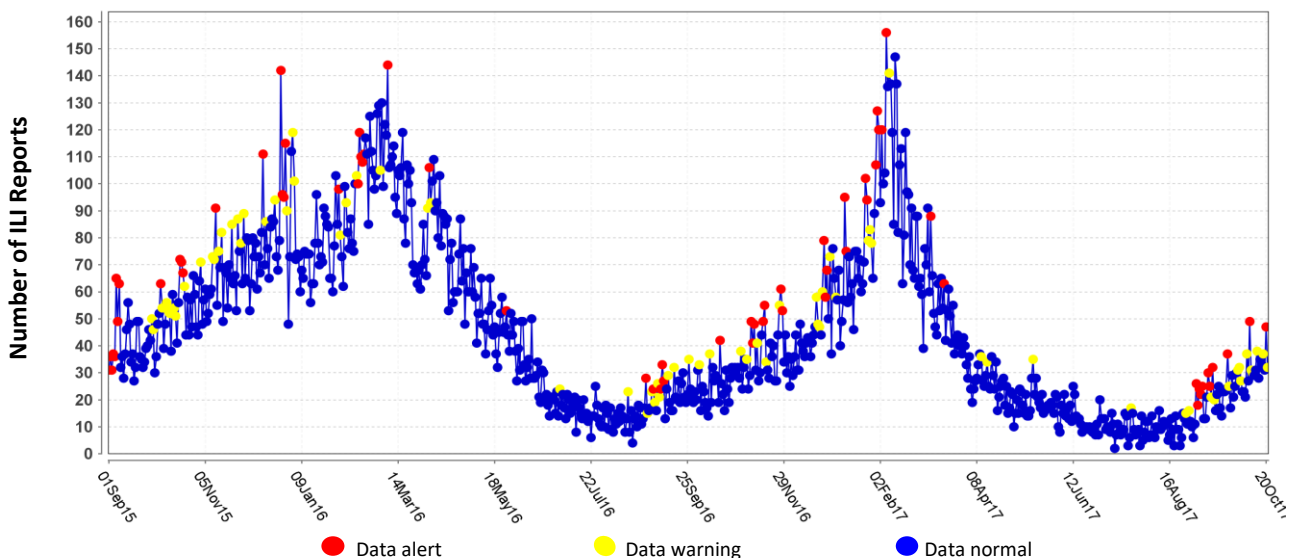
*Indicates preliminary results which are subject to change with late-arriving data from surveillance sites designated for DCHHS' seasonal influenza program

Figure 1. Influenza Positive Tests Reported to DCHHS by Hospital Laboratories: 2015–2018 Seasons



Note: For Figure 1 and all subsequent trend overlays there is no week 53 for the 2015-2016 or 2016-17 influenza seasons, therefore week 53 data point for those seasons is an average of week 52 and week 1.

Figure 2. Syndromic Surveillance of Emergency Department Visits for Influenza-like Illness (ILI), Dallas County: September 1, 2015 – October 21, 2017



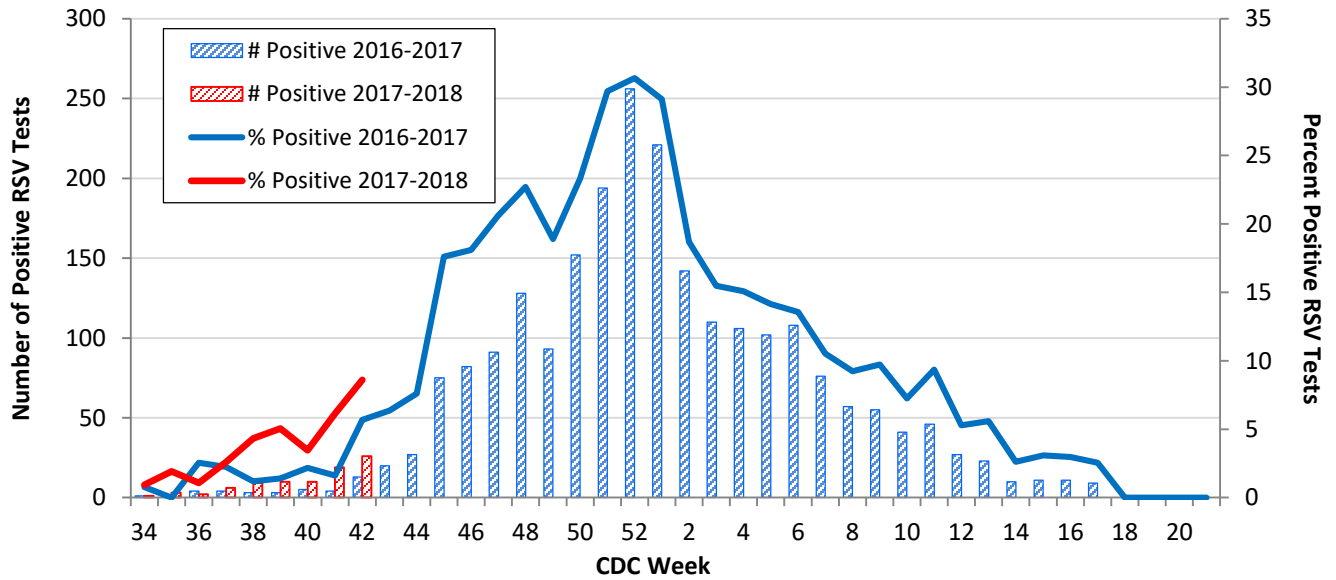
Data source: 18 emergency departments in Dallas County hospitals participating in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) voluntarily reporting the numbers of persons presenting with self-reported chief complaints of ILI.

Table 4. Non-Influenza Respiratory Virus Testing by North Texas Laboratories Reported to NREVSS, Week 42

Virus	Number of Laboratories Reporting	Tests Performed	Total Positive Tests	Percentage of Tests Positive
Adenovirus (respiratory)	3	251	6	2.4%
HMPV	3	251	1	0.4%
Parainfluenza virus	3	251	13	5.2%
Rhinovirus/enterovirus	3	251	56	22.3%
RSV	3	302	26	8.6%

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

Figure 3. Number and Percent Positive RSV Rapid Antigen and PCR Tests by Week, NREVSS Surveillance Data, North Texas: August 27, 2016 – October 21, 2017



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

Table 5. Number and Percent Positive RSV Rapid Antigen and PCR Tests by Week, NREVSS Surveillance Data, North Texas: August 26, 2017 – October 21, 2017

Week Ending	9/9	9/16	9/23	9/30	10/7	10/14	10/21	8/26/17– Present
CDC Week	36	37	38	39	40	41*	42*	
RSV tests performed weekly	187	232	208	198	290	309	302	1,990
Total positive RSV tests	2	6	9	10	10	19	26	86
Percent positive RSV tests	1.1	2.6	4.3	5.1	3.5	6.2	8.6	

*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)

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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