



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

Week 6 ending February 10, 2018

Epidemiologic Summary

- Influenza activity remains high in Dallas County with 21.0% of tests returning positive during week 6. Nationally, 26.5% of specimens reported to CDC were positive for influenza.
- During week 6, the most frequently identified influenza virus type in Dallas County was influenza B (60%). 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 remained high during week 6.
- Two influenza-associated deaths of adults were reported in week 6, and two were reported in week 7. One influenza-associated pediatric death has 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	01/06	01/13	01/20	01/27	02/03	02/10	9/10/17 – Present
CDC Week	1	2	3	4	5*	6*	
Total Influenza PCR Tests	1,743	1,901	1,669	1,776	1,741	1,969	22,026
Number of positive PCR tests	510	544	471	476	369	310	4,138
Percent of positive PCR tests	29.3	28.6	28.2	26.8	21.2	15.7	
Total Rapid Influenza Diagnostic Tests	3,514	4,336	3,912	4,710	5,108	4,604	43,737
Number of positive RIDTs	942	1,232	950	1,270	1,300	1,074	10,275
Percent of positive RIDTs	26.8	28.4	24.3	27.0	25.5	23.3	
Total Influenza Tests Performed	5,360	6,265	5,593	6,492	6,863	6,585	66,688
Total positive influenza tests ¹	1,453	1,782	1,421	1,746	1,669	1,384	14,420
Percent positive influenza tests	27.1	28.4	25.4	26.9	24.3	21.0	
Positive influenza A tests ²	1,181	1,367	973	988	766	552	10,089
Positive influenza B tests	272	415	448	758	903	832	4,331
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	01/06	01/13	01/20	01/27	02/03	02/10	02/17	9/10/17 – Present
CDC Week	1	2	3	4	5*	6*	7*	
Influenza hospitalizations ⁴	320	357	247	274	214	200	N/A	2,460
Influenza ICU admissions ⁴	61	65	60	49	47	36	N/A	472
Confirmed pediatric deaths ⁵	0	0	1	0	0	0	0	1
Confirmed adult deaths ⁶	17	12	12	7	5	2	2	68
Possible influenza-associated deaths ⁷	0	1	0	1	0	1	0	3

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

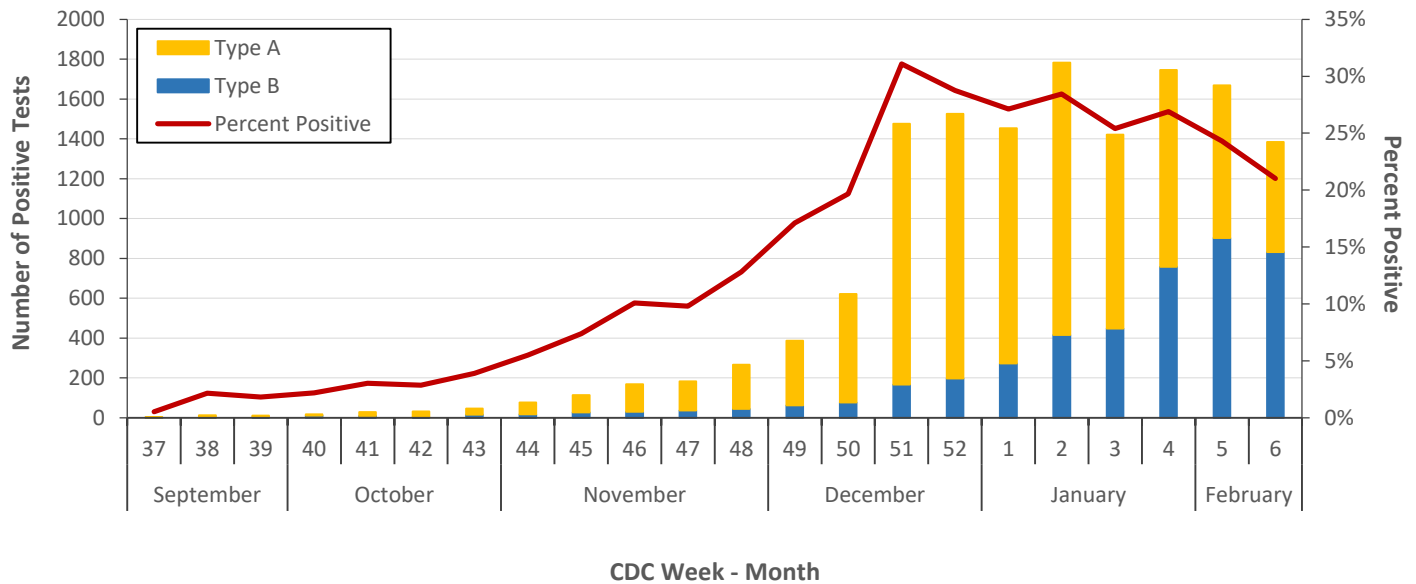
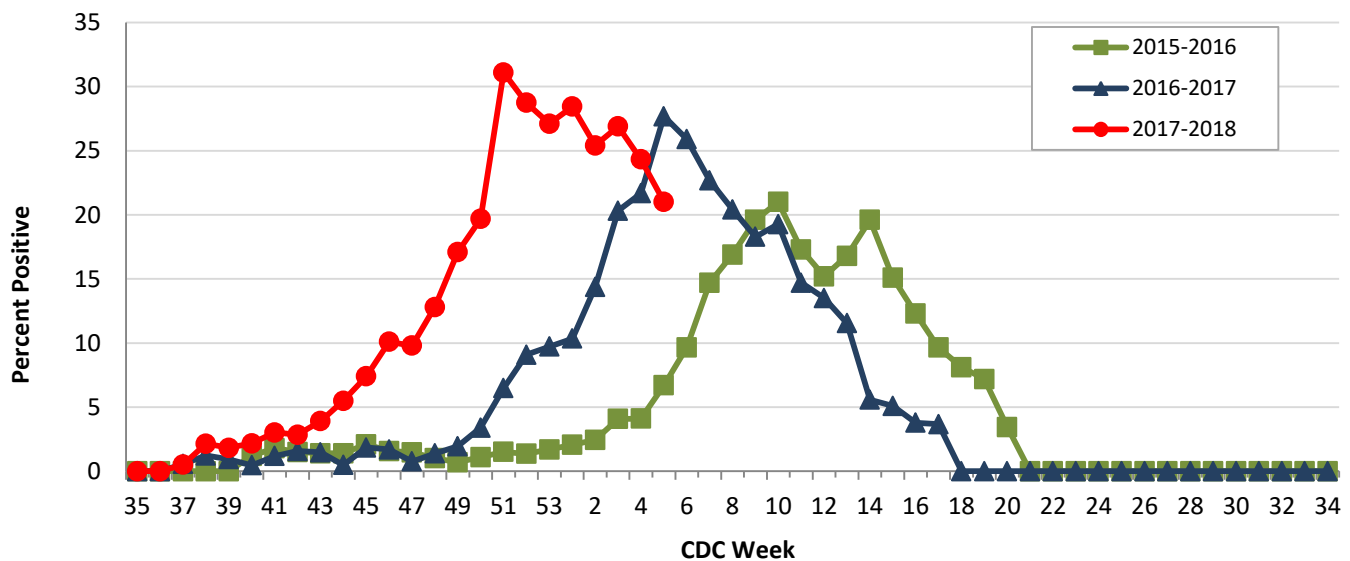


Figure 2. Influenza Positive Tests Reported to DCHHS by Hospital Laboratories: 2015—2018 Seasons



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, therefore week 53 data point for those seasons is an average of week 52 and week 1.

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

	Dallas ¹ (n=390)	Texas ² (n= 1,204)	U.S. ³ (n= 33,130)
Influenza A	344 (88.2%)	988 (82.1%)	27,213 (82.1%)
H1N1 2009 subtype	135 (39.8%)	248 (25.4%)	3,018 (11.3%)
H3N2 subtype	204 (60.2%)	727 (74.6%)	23,775 (88.7%)
Not subtyped	5	13	420
Influenza B	48 (12.3%)	212 (17.6%)	5,917 (17.9%)
Yamagata strain	48 (100%)	190 (89.6%)	3,808 (64.4%)

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/>

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

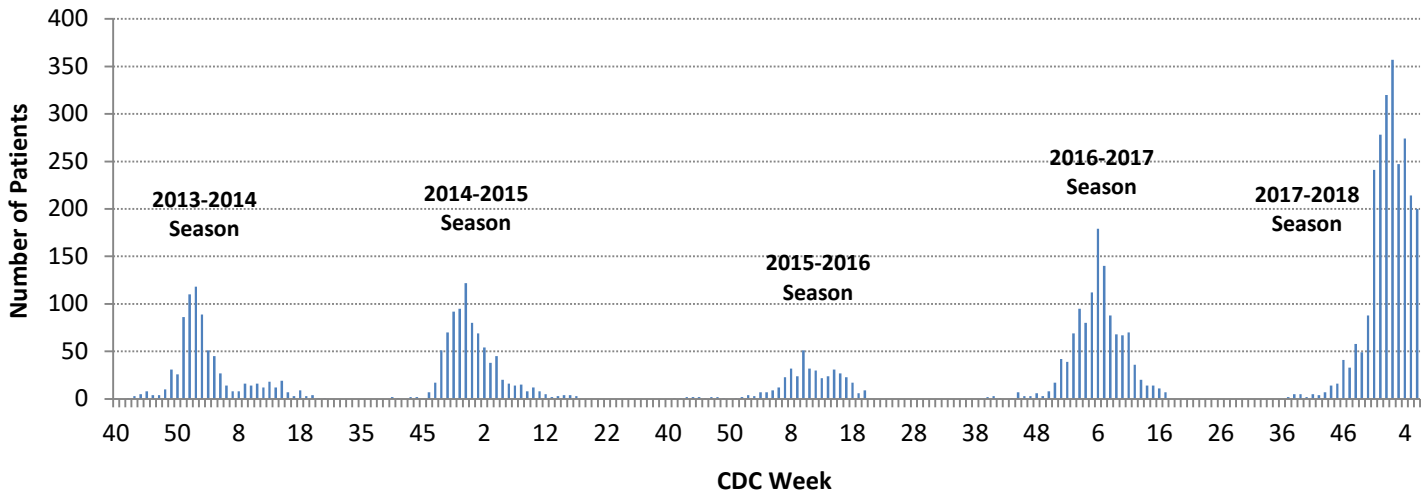


Figure 4. Intensive Care Unit Hospitalizations for influenza by Week of Admission, Dallas County: 2013–2018 Seasons

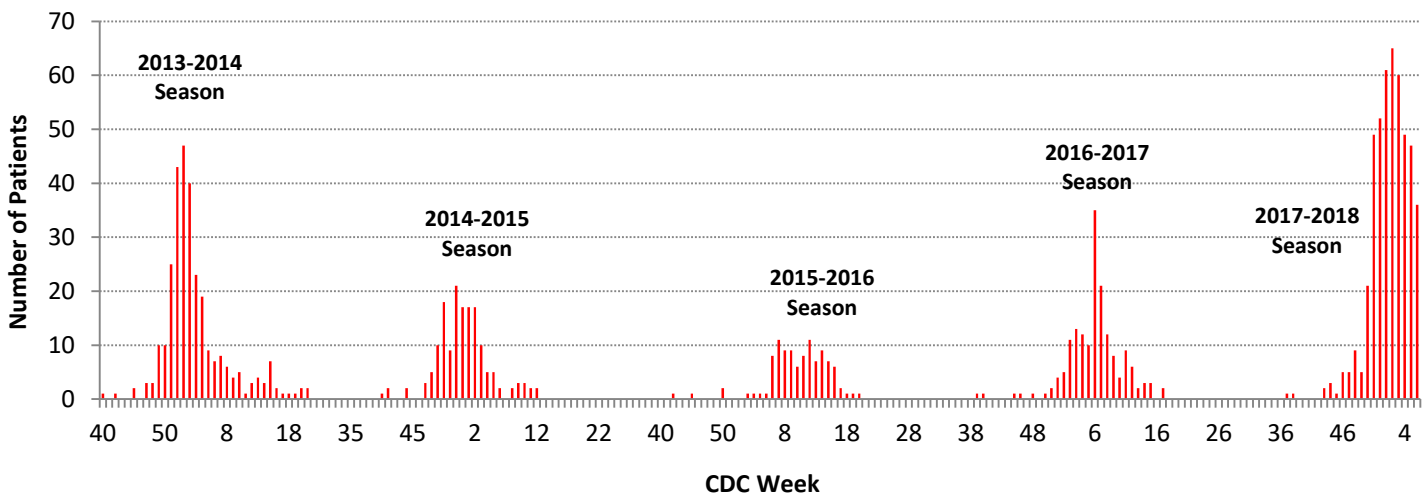
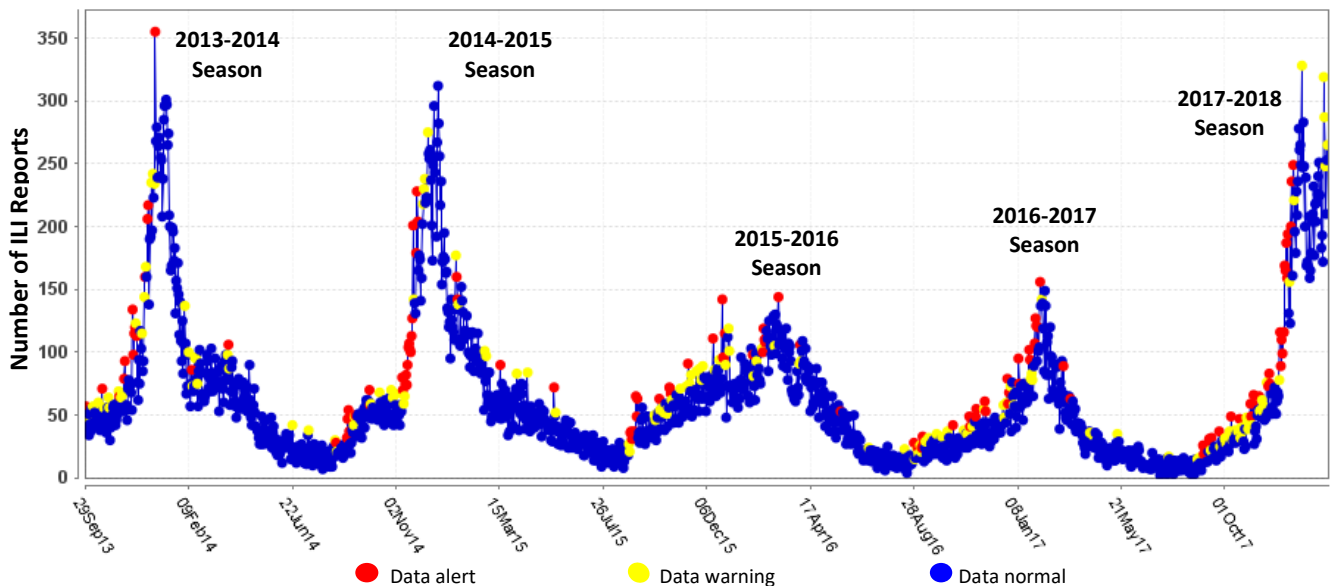


Figure 5. Syndromic Surveillance of Emergency Department Visits for Influenza-like Illness (ILI), Dallas County: September 29, 2013 – February 10, 2018



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=413
Influenza Type	Influenza A*	305 (73.9%)
	Influenza B	108 (26.2%)
Gender	Female	202 (48.9%)
	Male	211 (51.1%)
Race	Black	125 (30.6%)
	Hispanic	62 (15.2%)
	White	177 (43.3%)
	Other	45 (11.0%)
Age	0 to 4	19 (4.6%)
	5 to 18	13 (3.2%)
	>18 to 50	76 (18.4%)
	>50 to 65	108 (26.2%)
	>65	197 (47.7%)
Presence of ≥ 1 underlying high risk medical conditions		348 (84.1%)
Mechanical Ventilation		133 (32.2%)
BiPAP		114 (27.6%)
ECMO		11 (2.7%)

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=69
Influenza Type	Influenza A*	49 (71.0%)
	Influenza B [†]	22 (31.9%)
Gender	Female	37 (53.6%)
	Male	32 (46.4%)
Race	Black	15 (21.7%)
	Hispanic	14 (20.3%)
	White	31 (44.9%)
	Other	9 (13.0%)
Age	0 to 18	1 (1.4%)
	>18 to 65	22 (31.9%)
	>65	46 (66.7%)
Presence of ≥ 1 underlying high risk medical conditions		66 (95.7%)

*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	1
Adult	6	55	19	14	16	68

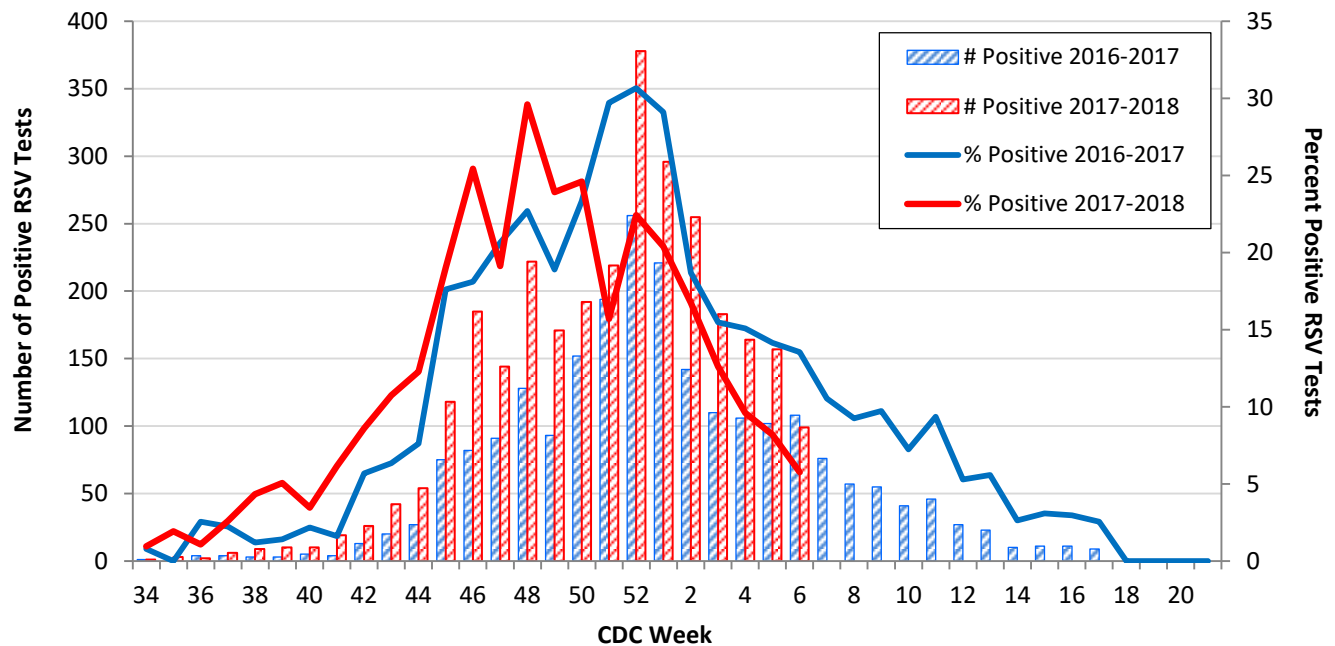
Data source: Reports of confirmed influenza-associated deaths, as defined in Table 2.

Table 7. Non-Influenza Respiratory Virus Testing by North Texas Laboratories Reported to NREVSS, Week 6

Virus	Number of Laboratories Reporting	Tests Performed	Total Positive Tests	Percentage of Tests Positive
Adenovirus (respiratory)	4	317	5	1.6%
HMPV	4	305	13	4.3%
Parainfluenza virus	4	317	4	1.3%
Rhinovirus/Enterovirus	4	305	33	10.8%
RSV	4	1,720	99	5.8%

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 – February 10, 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 – February 10, 2017

Week Ending	12/30	01/06	01/13	01/20	01/27	02/03	02/10	8/26/17–Present
CDC Week	52	1	2	3	4	5	6*	
RSV tests performed weekly	1,686	1,452	1,523	1,451	1,709	1,916	1,720	20,023
Total positive RSV tests	378	296	255	183	164	157	99	2,965
Percent positive RSV tests	22.4	20.4	16.7	12.6	9.6	8.2	5.8	

*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

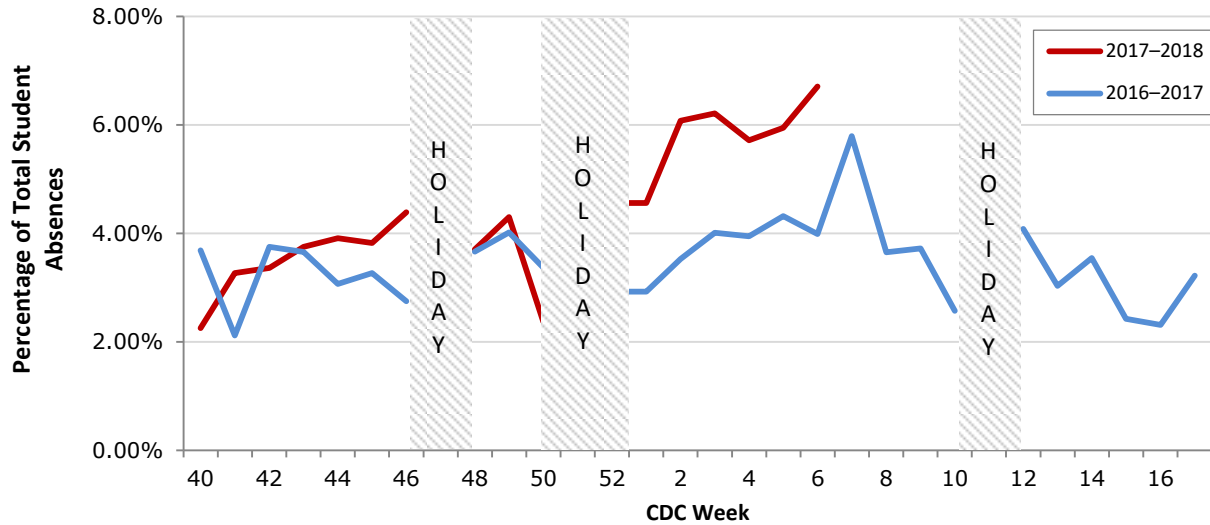
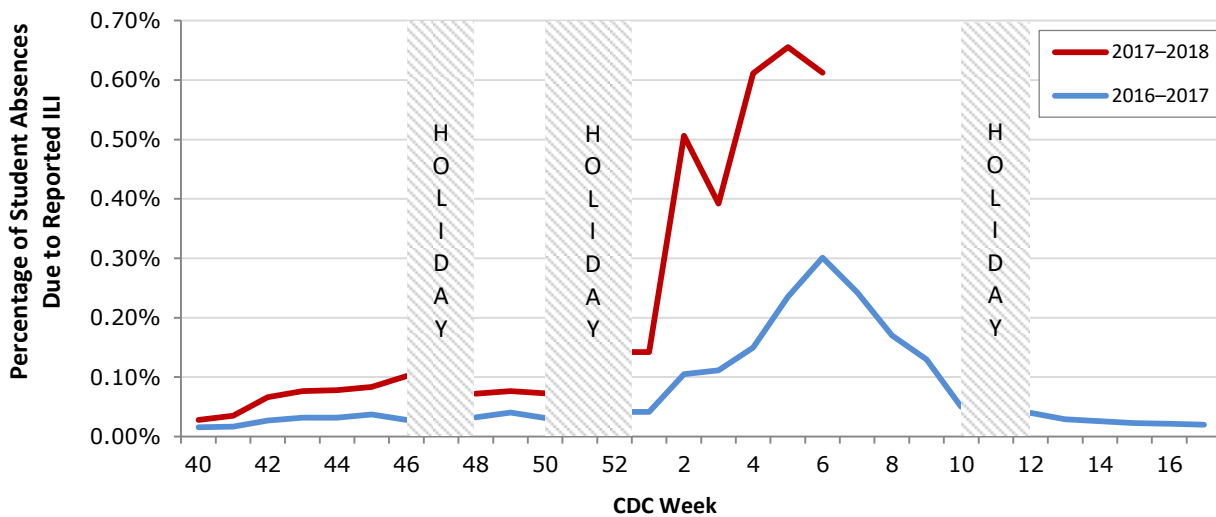


Figure 8. Percentage of Student Absences Due to ILI by Week, Dallas County: 2016-2017 and 2017-2018



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*).

Phone: (214) 819-2004

Email: influenza@dallascounty.org