



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

Week 39 ending September 30, 2017

## Epidemiologic Summary

- Influenza activity decreased in Dallas County with 2.2% of tests returning positive during week 39.
- Daily numbers of emergency department visits for influenza-like illness in Dallas County were at baseline levels and 5 influenza-associated hospitalizations were reported during week 39.
- No influenza-associated deaths were reported in week 39. No influenza-associated pediatric deaths have been reported during the 2017-2018 season in Dallas County.
- RSV activity decreased with 4.3% 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	9/10/17 – Present
CDC Week	37*	38*	39*	
<b>Total Influenza PCR Tests</b>	240	305	316	861
Number of positive PCR tests	1	5	8	14
Percent of positive PCR tests	0.4	1.6	2.5	
<b>Total Rapid Influenza Diagnostic Tests</b>	0	115	150	265
Number of positive RIDTs	0	6	3	9
Percent of positive RIDTs	0	5.2	2.0	
<b>Total Influenza Tests Performed</b>	240	456	498	1,194
Total positive influenza tests <sup>1</sup>	1	11	11	23
Percent positive influenza tests	0.4	2.4	2.2	
Positive influenza A tests <sup>2</sup>	0	9	8	17
Positive influenza B tests	1	2	3	6
Non-differentiated influenza tests <sup>3</sup>	0	0	0	0

<sup>1</sup> Includes positive rapid antigen, PCR, DFA, or culture results

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

<sup>3</sup> 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	9/10/17 – Present
CDC Week	37*	38*	39*	
Influenza hospitalizations <sup>4</sup>	0	4	5	9
Confirmed pediatric deaths <sup>5</sup>	0	0	0	0
Confirmed adult deaths <sup>6</sup>	0	0	0	0
Possible influenza-associated deaths <sup>7</sup>	0	0	0	0

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

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

<sup>6</sup> 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

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

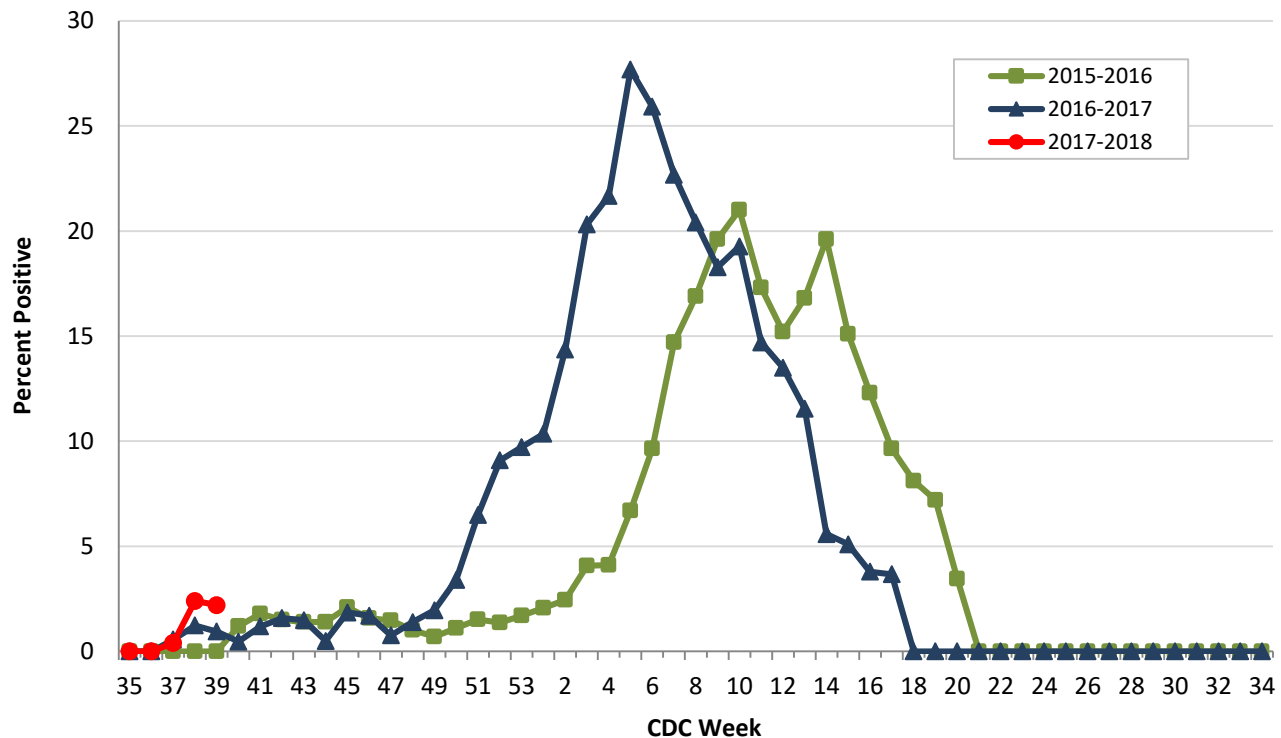
Data source(s): 15 Hospitals in Dallas County

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

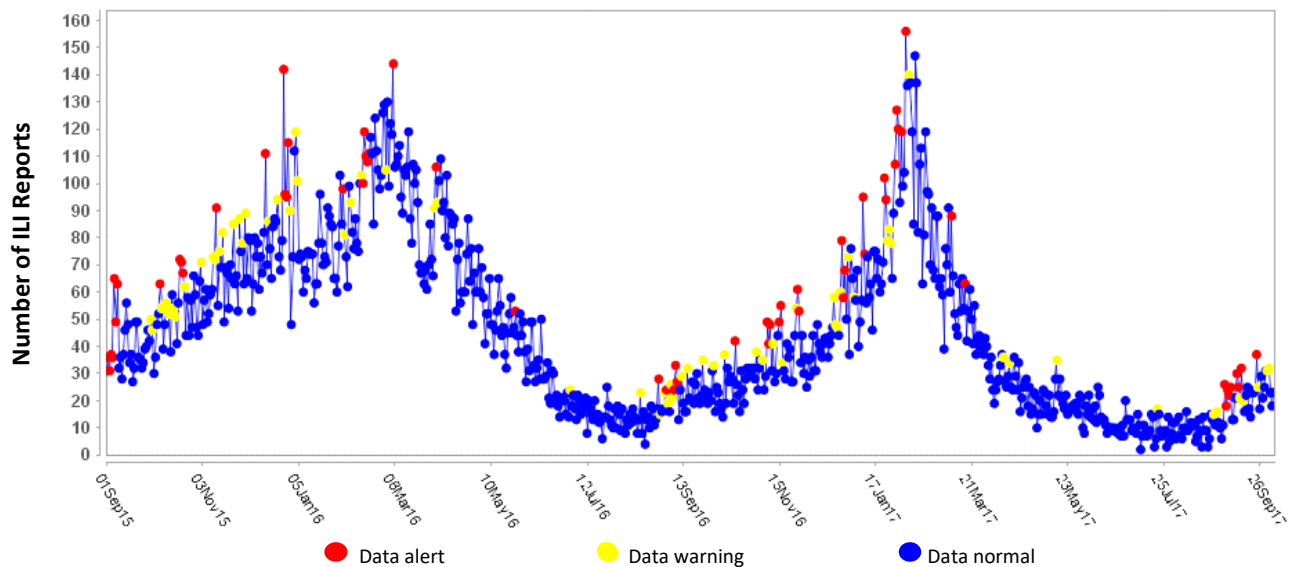
	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018
Pediatric	3	3	0	1	1	0
Adult	6	55	19	14	16	0

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 2 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.

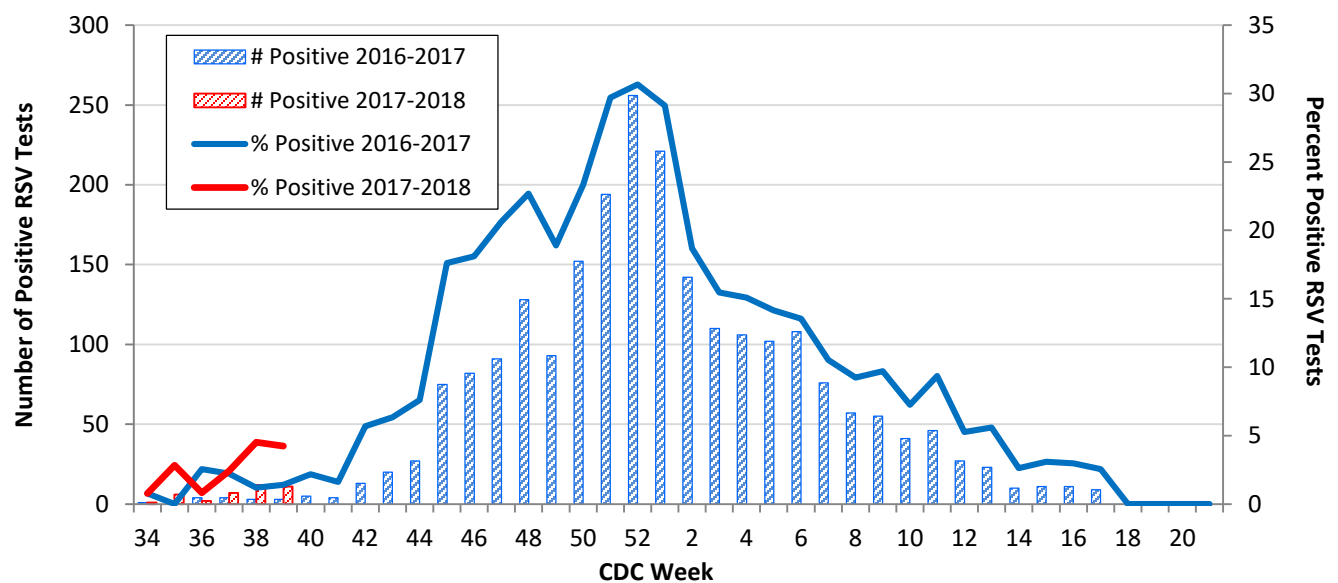
**Figure 2.** Syndromic Surveillance of Emergency Department Visits for Influenza-like Illness (ILI), Dallas County: September 1, 2015 – September 30, 2017

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 39

Virus	Number of Laboratories Reporting	Tests Performed	Total Positive Tests	Percentage of Tests Positive
Adenovirus (respiratory)	3	199	12	6.0%
HMPV	3	199	1	0.5%
Parainfluenza virus	3	199	25	12.6%
Rhinovirus/enterovirus	3	199	72	36.2%
RSV	3	259	11	4.3%

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 – September 30, 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 – September 30, 2017

Week Ending	8/26	9/2	9/9	9/16	9/23	9/30	8/26/17– Present
CDC Week	34	35	36	37*	38*	39*	
RSV tests performed weekly	130	211	241	290	266	259	1,397
Total positive RSV tests	1	6	2	7	12	11	39
Percent positive RSV tests	0.8	2.8	0.8	2.4	4.5	4.3	

\*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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