Dallas County Health and Human Services 2023–2024 Influenza Surveillance Report

Week 41 ending October 14, 2023

Epidemiologic Summary

- 2.1% of Influenza tests returned positive during week 41.
- Four Influenza-associated hospitalizations were reported during week 41.
- Zero influenza-associated pediatric deaths have been reported during the 2023-2024 season in Dallas County.
- 15.7% of RSV tests returned positive during week 41.

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

Week Ending CDC Week	9/9 36	9/16 37	9/23 38*	9/30 39*	10/7 40*	10/14 41*	9/3/23- Present
Total Influenza PCR Tests	607	1,358	1,631	1,578	1,598	1,665	8,437
Number of positive PCR tests	1	2	10	9	6	3	31
Percent of positive PCR tests	0.2	0.1	0.6	0.6	0.4	0.2	
Total Rapid Influenza Diagnostic Tests	26	129	420	241	515	867	2,198
Number of positive RIDTs	0	10	22	11	23	51	117
Percent of positive RIDTs	0	7.8	5.2	4.6	4.5	5.9	
Total Influenza Tests Performed	633	1,487	2,051	1,819	2,113	2,532	10,635
Total positive influenza tests ¹	1	12	32	20	29	54	148
Percent positive influenza tests	0.2	0.8	1.6	1.1	1.4	2.1	
Positive influenza A tests ²	1	3	10	8	8	13	43
Positive influenza B tests	0	9	22	12	21	41	105

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

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

Week Ending	9/9	9/16	9/23	9/30	10/7	10/14	9/3/23-
CDC Week	36	37	38*	39*	40*	41*	Present
Influenza hospitalizations ⁴	0	0	3	2	7	4	16
Influenza ICU admissions ⁴	0	0	1	0	2	1	4
Confirmed pediatric deaths ⁵	0	0	0	0	0	0	0

⁴ Reflects all influenza-associated hospitalizations reported from 10 hospitals located within Dallas County by week of any positive influenza tests.

Table 3. Confirmed Influenza-associated Pediatric and Adult Deaths, Dallas County: 2017–2024 Seasons

	2017–2018	2018–2019	2019–2020	2021–2022	2022–2023	2023–2024
Pediatric	4	1	3	0	1	0
Adult	79	21	22	2	_**	_**

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

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

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

^{**}The Data is not accurately available. Adult death is not reportable condition and not all adult death are reported to DCHHS.

^{*}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: 2023—2024 Season

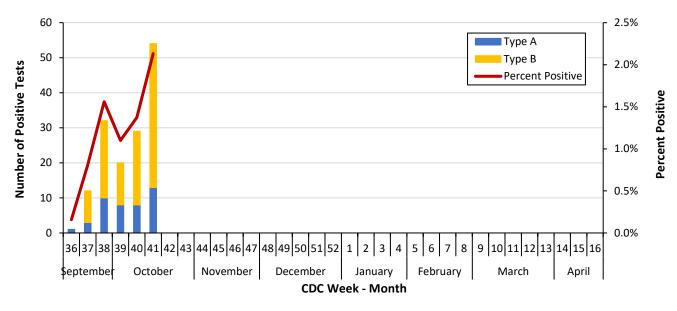


Figure 2. Influenza Positive Tests Reported to DCHHS by Hospital Laboratories: 2018—2019 and 2022-2024 Seasons

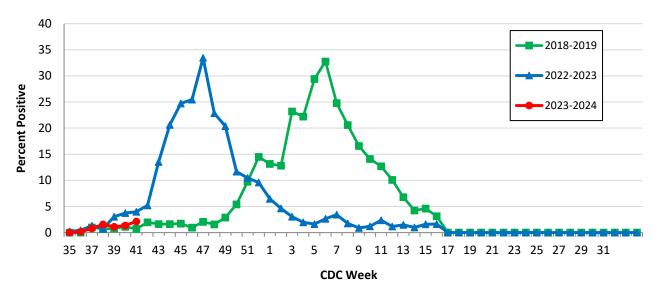


Table 4. Influenza Typing and Subtyping from Cumulative Dallas County, Texas, and U.S. Laboratory Surveillance Data: 2023—2024 Season

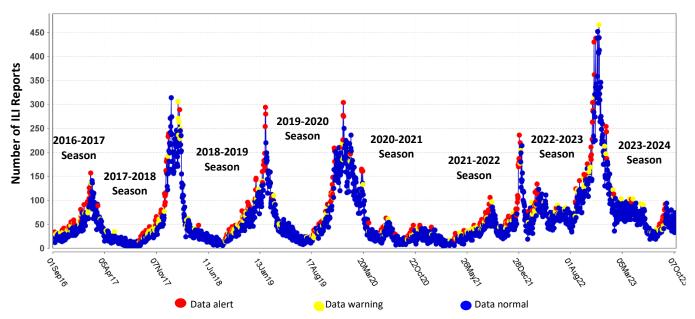
	Dallas¹ (n=24)	Texas² (n=103)	U.S. ³ (n= 5,105)
Influenza A	0 (0.0%)	3 (75.0%)	268 (78.1%)
H1N1 2009 subtype	0 (0.0%)	3 (100.0%)	214 (91.8%)
H3N2 subtype	0 (0.0%)	0 (0.0%)	19 (8.2%)
Not subtyped	0	0	35
Influenza B	0 (0.0%)	1 (25.0%)	75 (21.9%)
Yamagata strain	0 (0.0%)	0 (0.0%)	0 (0.0%)

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 2023–2024 Texas Influenza Surveillance Information Activity Report available at https://www.dshs.state.tx.us/idcu/disease/influenza/surveillance/

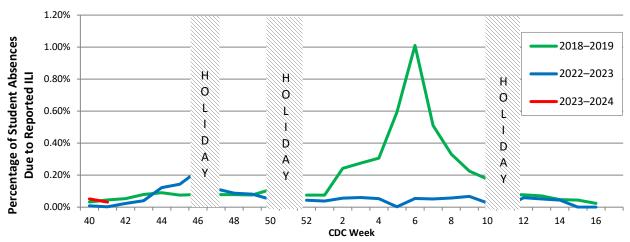
³ CDC FluView Weekly Influenza Surveillance Report available at http://www.cdc.gov/flu/weekly/ *Only a subset of influenza B had lineage testing performed.

Figure 3. Syndromic Surveillance of Emergency Department Visits for Influenza-like Illness (ILI), Dallas County: September 1, 2016 – October 14, 2023



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.

Figure 4. Percentage of Student Absences Due to ILI by Week, Dallas County: 2018—2019 and 2022-2024 Seasons



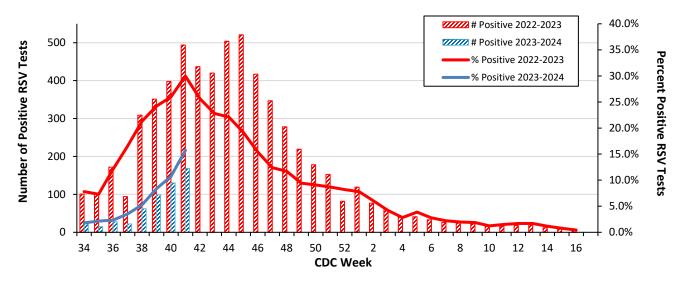
Data source: Voluntary reporting from Independent School Districts, private, and charter School representing over 600 elementary, middle, and secondary schools and over 344,000 students in Dallas County

Table 5. Non-Influenza Respiratory Virus Testing by North Texas Laboratories Reported to NREVSS, Week 41.

Virus	Number of Laboratories Reporting*	Tests Performed	Total Positive Tests	Percentage of Tests Positive
Adenovirus (respiratory)	2	608	53	8.7
HMPV	2	608	4	0.7
Parainfluenza virus	2	608	27	4.4
Rhinovirus/Enterovirus	2	608	293	48.2
RSV	2	1,068	168	15.7
COVID-19	2	1,079	55	5.1

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

Figure 5. Number and Percent Positive RSV Rapid Antigen and PCR Tests by Week, NREVSS Surveillance Data, North Texas: 2022-2023 and 2023-2024 Seasons



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

Table 6. Number and Percent Positive RSV Rapid Antigen and PCR Tests by Week, NREVSS Surveillance Data, North Texas: September 3, 2023 – October 14, 2023

Week Ending	9/9	9/16	9/23	9/30	10/7	10/14	9/3/23-
CDC Week	36	37	38*	39*	40*	41*	Present
RSV tests performed weekly	1,204	627	1,182	1,186	1,212	1,068	6,479
Total positive RSV tests	28	22	62	99	130	168	509
Percent positive RSV tests	2.3	3.5	5.3	8.4	10.7	15.7	

^{*}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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