

Week 8 ending February 25, 2023

Epidemiologic Summary

• Influenza activity remains low with a slight increase in Dallas County to 6.5% of tests returning positive during week 8.

- Thirty-four Influenza-associated hospitalizations were reported during week 8.
- Zero influenza-associated deaths were reported in week 8. One influenza-associated pediatric deaths have been reported during the 2022-2023 season in Dallas County.
- RSV activity is decreased with 2.0% of tests from the surveillance site reported as positive.

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

| Week Ending | 1/14 | 1/21 | 1/28 | 2/4 | 2/11 | 2/18 | 2/25 | 10/2/22- |
|---|-------|-------|-------|-------|-------|-------|-------|----------|
| CDC Week | 2 | 3 | 4 | 5* | 6* | 7* | 8* | Present |
| Total Influenza PCR Tests | 5,550 | 4,837 | 3,644 | 2,970 | 3,203 | 3,076 | 3,033 | 95,562 |
| Number of positive PCR tests | 140 | 63 | 44 | 34 | 44 | 82 | 97 | 5,290 |
| Percent of positive PCR tests | 2.5 | 1.3 | 1.2 | 1.1 | 1.4 | 2.7 | 3.2 | |
| Total Rapid Influenza Diagnostic Tests | 947 | 840 | 1,322 | 1,056 | 1,053 | 1,360 | 1,187 | 29,807 |
| Number of positive RIDTs | 95 | 64 | 75 | 66 | 132 | 183 | 178 | 6,241 |
| Percent of positive RIDTs | 10.0 | 7.6 | 5.7 | 6.3 | 12.5 | 13.5 | 15.0 | |
| Total Influenza Tests Performed | 6,497 | 5,677 | 4,966 | 4,026 | 4,256 | 4,436 | 4,220 | 125,369 |
| Total positive influenza tests ¹ | 235 | 127 | 119 | 100 | 176 | 265 | 275 | 11,531 |
| Percent positive influenza tests | 3.6 | 2.2 | 2.4 | 2.5 | 4.1 | 6.0 | 6.5 | |
| Positive influenza A tests ² | 187 | 95 | 98 | 80 | 127 | 219 | 249 | 10,356 |
| Positive influenza B tests | 48 | 32 | 21 | 20 | 49 | 46 | 26 | 1,175 |
| Non-differentiated influenza tests ³ | 0 | 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 | 1/14 | 1/21 | 1/28 | 2/4 | 2/11 | 2/18 | 2/25 | 10/2/22- |
|---|------|------|------|-----|------|------|------|----------|
| CDC Week | 2 | 3 | 4 | 5* | 6* | 7* | 8* | Present |
| Influenza hospitalizations ⁴ | 39 | 22 | 11 | 16 | 27 | 36 | 34 | 1,447 |
| Influenza ICU admissions ⁴ | 9 | 4 | 2 | 4 | 9 | 4 | 4 | 242 |
| Confirmed pediatric deaths ⁵ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Possible influenza-associated deaths ⁶ | 0 | 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.

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

⁶Possible influenza-associated deaths are defined as cases with laboratory-confirmed influenza, but pending final autopsy results for determination of primary cause of death. Data updated as of October 22, 2022.

Table 3. Confirmed Influenza-associated Pediatric and Adult Deaths, Dallas County: 2016–2023 Seasons

| | 2016-2017 | 2017–2018 | 2018-2019 | 2019-2020 | 2021–2022 | 2022–2023 |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Pediatric | 1 | 4 | 1 | 3 | 0 | 1 |
| Adult | 16 | 79 | 21 | 22 | 2 | _** |

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

**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

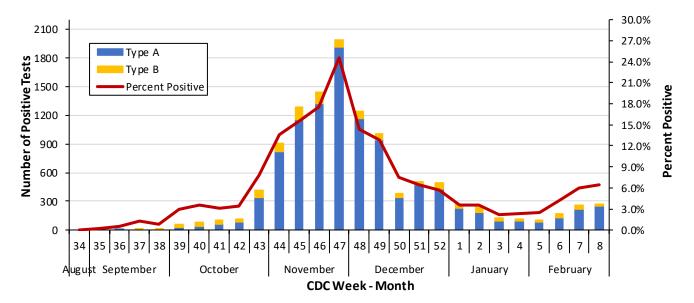
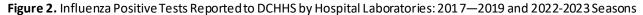
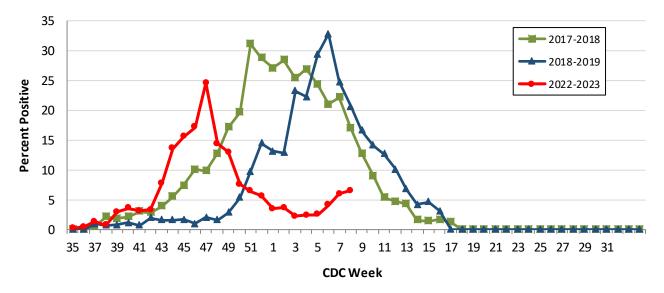
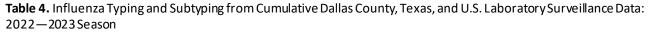


Figure 1. Influenza Positive Tests Reported to DCHHS by Hospital Laboratories: 2022-2023 Season





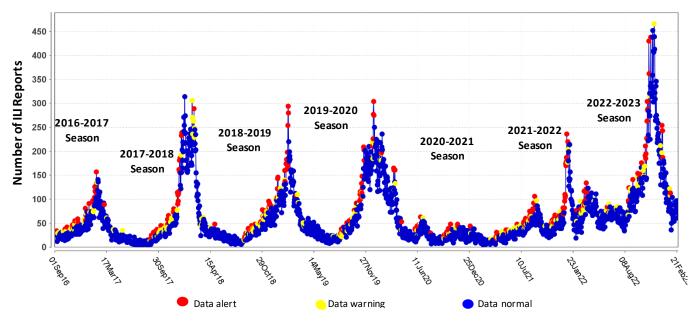


| | Dallas ¹ (n=263) | Texas ² (n=2,745) | U.S. ³ (n=188,098) |
|-------------------|--------------------------------|---------------------------------|----------------------------------|
| Influenza A | 31 (100.0%) | 458 (99.6%) | 27,461 (99.3%) |
| H1N1 2009 subtype | 0 (0.0%) | 177 (43.6%) | 5,788 (25.4%) |
| H3N2 subtype | 0 (0.0%) | 229 (56.4%) | 17,002 (74.6%) |
| Not subtyped | 31 | 52 | 4,670 |
| Influenza B | 0 (0.0%) | 2 (0.4%) | 206 (0.7%) |
| 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 2022–2023 Texas Influenza Surveillance Information Activity Report available at <u>https://www.dshs.state.tx.us/idcu/disease/influenza/surveillance/</u>

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 – February 25, 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.

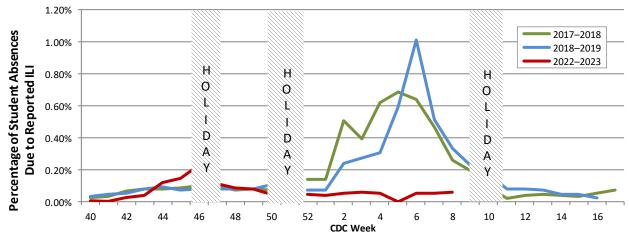


Figure 4. Percentage of Student Absences Due to ILI by Week, Dallas County: 2017-2018, 2018-2019, and 2022-2023

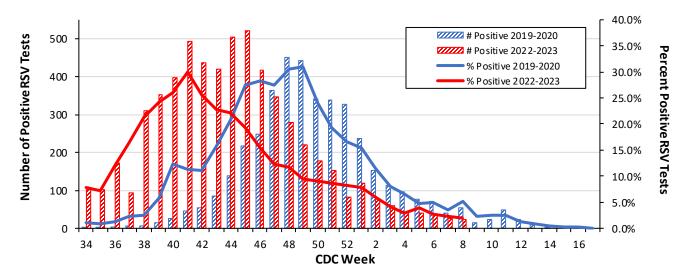
Data source: Voluntary reporting from Independent School Districts, private, and charter School representing over 600 elementary, middle, and secondary schools and over 345,000 students in Dallas County

| Table 5. Non-Influenza Respirator | v Virus Testing by North Texas | Laboratories Reported to NREVSS, Week 8. |
|-----------------------------------|--------------------------------|--|
| | | |

| Virus | Number of Laboratories Reporting* | Tests Performed | Total Positive Tests | Percentage of Tests Positive |
|--------------------------|---|-----------------|----------------------|---------------------------------|
| Adenovirus (respiratory) | 2 | 710 | 102 | 13.8 |
| HMPV | 2 | 710 | 57 | 8.0 |
| Parainfluenza virus | 2 | 710 | 23 | 3.1 |
| Rhinovirus/Enterovirus | 2 | 710 | 293 | 41.3 |
| RSV | 2 | 1,227 | 24 | 2.0 |
| COVID-19 | 2 | 1,318 | 84 | 6.4 |

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: 2019-2020 and 2022-2023 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:October 2, 2022 – February 25, 2023

| Week Ending | 1/7 | 1/14 | 1/21 | 1/28 | 2/4 | 2/11 | 2/18 | 2/25 | 10/2/21- |
|----------------------------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
| CDC Week | 1 | 2 | 3 | 4 | 5* | 6* | 7* | 8* | Present |
| RSV tests performed weekly | 1,526 | 1,282 | 1,431 | 1,418 | 1,060 | 1,188 | 1,178 | 1,227 | 36,952 |
| Total positive RSV tests | 119 | 77 | 60 | 40 | 41 | 33 | 26 | 24 | 4,868 |
| Percent positive RSV tests | 7.8 | 6.0 | 4.2 | 2.8 | 3.9 | 2.8 | 2.2 | 2.0 | |

*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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