

Week 42 ending October 19, 2024

## **Epidemiologic Summary**

- 0.9% of Influenza tests returned positive during week 42.
- Six Influenza-associated hospitalizations were reported during week 42.
- Zero influenza-associated pediatric deaths have been reported during the 2024-2025 season in Dallas County.
- The overall school absenteeism rate was 4.1% of which 0.08% was attributed to influenza-like illness during week 42 of the schools reporting within Dallas County.
- 7.6% of RSV tests returned positive during week 42.

| Week Ending<br>CDC Week                     | 9/21<br>38 | 9/28<br>39* | 10/5<br>40* | 10/12<br>41* | 10/19<br>42* | 9/15/24–<br>Present |
|---|------------|-------------|-------------|--------------|--------------|---------------------|
| Total Influenza PCR Tests                   | 1,337      | 1,384       | 1,869       | 1,596        | 2,338        | 8,524               |
| Number of positive PCR tests                | 8          | 7           | 7           | 3            | 8            | 33                  |
| Percent of positive PCR tests               | 0.6        | 0.5         | 0.4         | 0.2          | 0.3          |                     |
| Total Rapid Influenza Diagnostic Tests      | 121        | 318         | 134         | 337          | 326          | 1,236               |
| Number of positive RIDTs                    | 7          | 6           | 6           | 8            | 15           | 42                  |
| Percent of positive RIDTs                   | 5.8        | 1.9         | 4.5         | 2.4          | 4.6          |                     |
| Total Influenza Tests Performed             | 1,458      | 1,702       | 2,003       | 1,933        | 2,664        | 9,760               |
| Total positive influenza tests <sup>1</sup> | 15         | 13          | 13          | 11           | 23           | 75                  |
| Percent positive influenza tests            | 1.0        | 0.8         | 0.6         | 0.6          | 0.9          |                     |
| Positive influenza A tests <sup>2</sup>     | 9          | 6           | 5           | 5            | 14           | 39                  |
| Positive influenza B tests                  | 6          | 7           | 8           | 6            | 9            | 36                  |

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<br>CDC Week                 | 9/21<br>38 | 9/28<br>39* | 10/5<br>40* | 10/12<br>41* | 10/19<br>42* | 9/15/24-<br>Present |
|---|------------|-------------|-------------|--------------|--------------|---------------------|
| Influenza hospitalizations <sup>4</sup> | 4          | 3           | 2           | 1            | 6            | 16                  |
| Influenza ICU admissions <sup>4</sup>   | 0          | 0           | 0           | 0            | 1            | 1                   |
| Confirmed pediatric deaths <sup>5</sup> | 0          | 0           | 0           | 0            | 0            | 0                   |

<sup>4</sup> Reflects all influenza-associated hospitalizations reported from 10 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

|           | 2018–2019 | 2019–2020 | 2021–2022 | 2022–2023 | 2023–2024 | 2024–2025 |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Pediatric | 1         | 3         | 0         | 1         | 0         | 0         |
| Adult     | 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 deaths 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: 2024-2025 Season

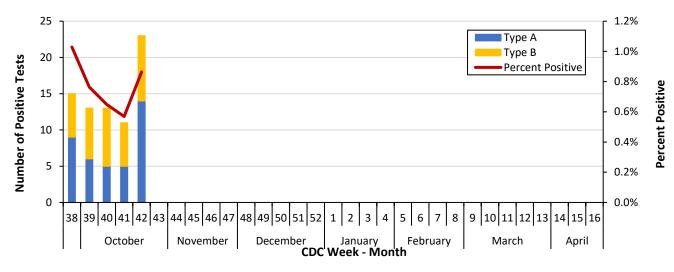
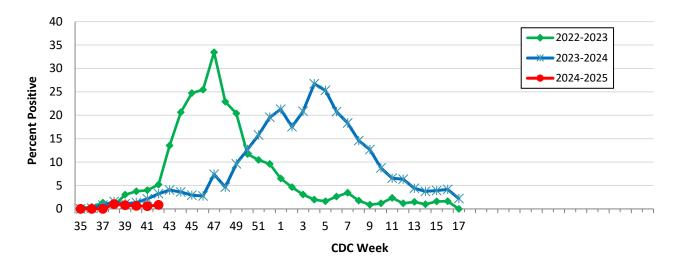


Figure 2. Influenza Positive Tests Reported to DCHHS by Hospital Laboratories: 2022-2025 Seasons



| <b>Table 4.</b> Influenza Typing and Subtyping from Cumulative Dallas County, Texas, and U.S. Laboratory Surveillance Data: |
|---|
| 2024—2025 Season  |

|                   | Dallas <sup>1</sup><br>(n=9) | Texas²<br>(n=120) | U.S. <sup>3</sup><br>(n=2,970) |
|-------------------|------------------------------|-------------------|--------------------------------|
| Influenza A       | 1 (100.0%)                   | 3 (100.0%)        | 387 (98.0%)                    |
| H1N1 2009 subtype | 1 (100.0%)                   | 2 (66.7%)         | 148 (47.4%)                    |
| H3N2 subtype      | 0 (0.0%)                     | 1 (33.3%)         | 145 (46.5%)                    |
| H5*               | NA                           | NA                | 19* (6.1%)                     |
| Not subtyped      | 0                            | 0                 | 75                             |
| Influenza B       | 0 (0.0%)                     | 0 (0.0%)          | 8 (2.0%)                       |
| Victoria lineage  | 0 (0.0%)                     | 0 (0.0%)          | 7 (100.0%)                     |
| Not lineaged      | 0                            | 0                 | 1                              |

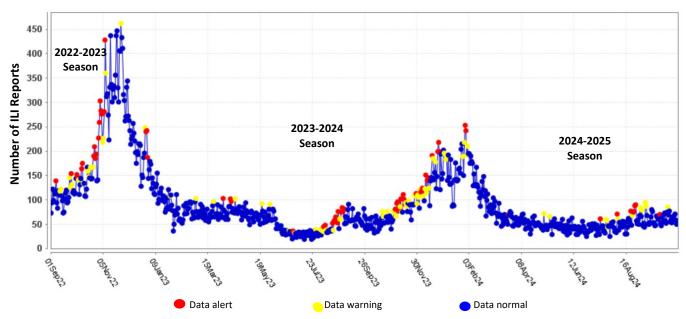
<sup>1</sup> DCHHS LRN laboratory PCR testing of designated Dallas County surveillance site isolates; counts may not sum to total as samples can test positive for multiple subtypes

<sup>2</sup> DSHS 2024–2025 Texas Influenza Surveillance Information Activity Report available at <u>https://www.dshs.texas.gov/texas-respiratory-virus-surveillance-report</u>

<sup>3</sup> CDC FluView Weekly Influenza Surveillance Report available at <u>https://www.cdc.gov/fluview/</u>

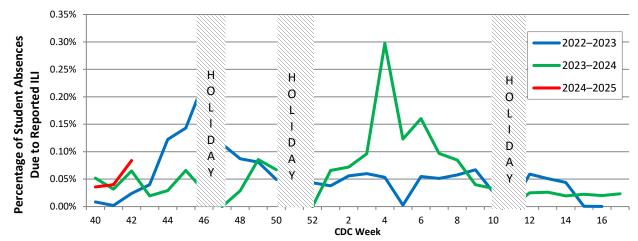
\*This data reflects specimens tested and the number determined to be positive for influenza viruses at the public health labs (specimens tested is not the same as cases). It does not reflect specimens tested only at CDC and could include more than one specimen tested per person. The guidance for influenza A/H5 testing recommends testing both a conjunctival and respiratory swab for people with conjunctivitis which has resulted in more specimens testing positive for influenza A/H5 than the number of human H5 cases.

**Figure 3.** Syndromic Surveillance of Emergency Department Visits for Influenza-like Illness (ILI), Dallas County: September 1, 2022 – October 19, 2024



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.



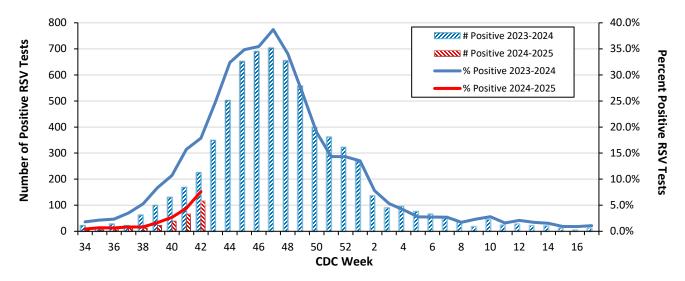


Data source: Voluntary reporting from Independent School Districts, private, and charter School representing over 600 elementary, middle, and secondary schools and over 345,000 students in Dallas County

| Virus                    | Number of<br>Laboratories<br>Reporting* | Tests Performed | Total Positive Tests | Percentage of Tests<br>Positive |  |
|--------------------------|---|-----------------|----------------------|---------------------------------|--|
| Adenovirus (respiratory) | 2                                       | 830             | 49                   | 5.9                             |  |
| HMPV                     | 2                                       | 830             | 1                    | 0.1                             |  |
| Parainfluenza virus      | 2                                       | 830             | 60                   | 7.2                             |  |
| Rhinovirus/Enterovirus   | 2                                       | 830             | 294                  | 35.4                            |  |
| RSV                      | 2                                       | 1,538           | 117                  | 7.6                             |  |
| COVID-19                 | 2                                       | 1,542           | 41                   | 2.7                             |  |

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: 2023-2024 and 2024-2025 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 15, 2024 – October 19, 2024

| Week Ending                | 9/21  | 9/28  | 10/5  | 10/12 | 10/19 | 9/15/24- |
|----------------------------|-------|-------|-------|-------|-------|----------|
| CDC Week                   | 38    | 39*   | 40*   | 41*   | 42*   | Present  |
| RSV tests performed weekly | 1,463 | 1,312 | 1,458 | 1,492 | 1,538 | 7,263    |
| Total positive RSV tests   | 12    | 22    | 39    | 66    | 117   | 256      |
| Percent positive RSV tests | 0.8   | 1.7   | 2.7   | 4.4   | 7.6   |          |

\*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:

- **Deaths of pediatric patients with confirmed influenza** (any subtype). We are requesting all pediatric influenza-associated deaths to be reported to facilitate specimen procurement and testing. (Please report *within 1 workday*).
- Suspected influenza infections involving institutional **outbreaks** (Please report *immediately*).
- Patients with Novel influenza. (Please report immediately).

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