## Dallas County Health and Human Services 2025–2026 Influenza Surveillance Report

Week 41 ending October 11, 2025

## **Epidemiologic Summary**

- 0.5% 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 2025-2026 season in Dallas County.
- 1.6% of RSV tests returned positive during week 41.

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

Week Ending	9/20	9/27	10/4	10/11	9/15/24-
CDC Week	38*	39*	40*	41*	Present
Total Influenza PCR Tests	3,802	2,897	3,127	2,892	12,718
Number of positive PCR tests	8	10	9	9	36
Percent of positive PCR tests	0.2	0.3	0.3	0.3	
Total Rapid Influenza Diagnostic Tests	1,015	929	945	730	3,619
Number of positive RIDTs	5	15	22	10	52
Percent of positive RIDTs	0.5	1.6	2.3	1.4	
Total Influenza Tests Performed	4,835	3,856	4,093	3,646	16,430
Total positive influenza tests <sup>1</sup>	13	25	31	19	88
Percent positive influenza tests	0.3	0.6	0.8	0.5	
Positive influenza A tests <sup>2</sup>	11	10	13	7	41
Positive influenza B tests	2	15	18	12	47

<sup>1</sup> 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	9/20	9/27	10/4	10/11	9/15/24-
CDC Week	38*	39*	40*	41*	Present
Influenza hospitalizations <sup>4</sup>	2	2	3	4	11
Influenza ICU admissions <sup>4</sup>	0	1	0	1	2
Confirmed pediatric deaths <sup>5</sup>	0	0	0	0	0

<sup>&</sup>lt;sup>4</sup> 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: 2019–2026 Seasons

	2019–2020	2021–2022	2022–2023	2023–2024	2024–2025	2025–2026
Pediatric	3	0	1	0	0	0
Adult	22	2	-	-	-	_**

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

<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

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

<sup>\*\*</sup>The Data is not accurately available. Adult death is not reportable condition and not all adult deaths are reported to DCHHS.

<sup>\*</sup>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: 2025—2026 Season

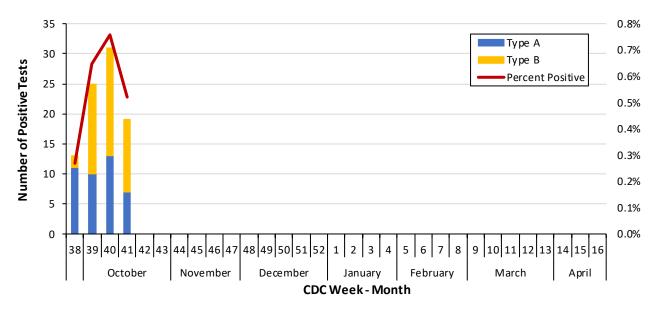
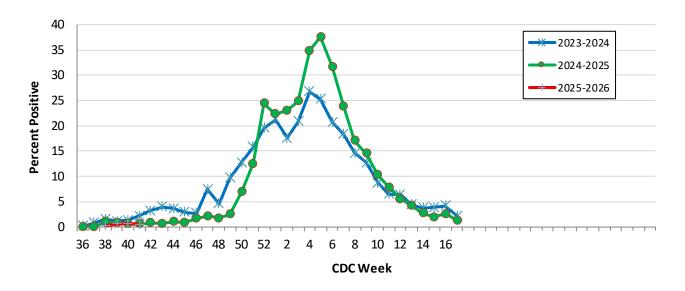


Figure 2. Influenza Positive Tests Reported to DCHHS by Hospital Laboratories: 2023-2026 Seasons



**Table 4.** Influenza Typing and Subtyping from Cumulative Dallas County, Texas, and U.S. Laboratory Surveillance Data: 2025—2026 Season

	Dallas¹ (n=4)	Texas² (n=6)	U.S.³ *
Influenza A	0 (0.0%)	1 (100.0%)	N/A
H1N1 2009 subtype	0 (0.0%)	1 (100.0%)	N/A
H3N2 subtype	0 (0.0%)	0 (0.0%)	N/A
Not subtyped	0	0	N/A
Influenza B	0 (0.0%)	0 (0.0%)	N/A
Yamagata strain	0 (0.0%)	0 (0.0%)	N/A

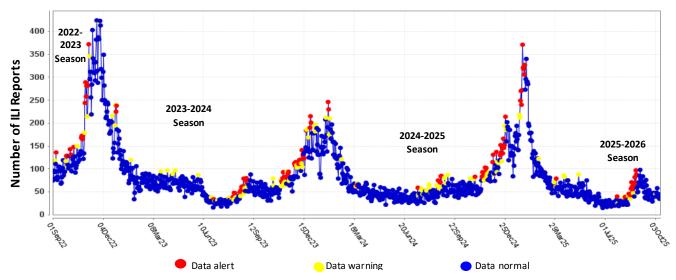
<sup>&</sup>lt;sup>1</sup> DCHHS LRN laboratory PCR testing of designated Dallas County surveillance site isolates; counts may not sum to total as samples can test positive for multiple subtypes

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

<sup>&</sup>lt;sup>3</sup> CDC FluView Weekly Influenza Surveillance Report available at <a href="https://www.cdc.gov/fluview/">https://www.cdc.gov/fluview/</a>

<sup>\*</sup>The CDC FluView Weekly Influenza Surveillance Report has not been updated due to the government shutdown.

**Figure 3.** Syndromic Surveillance of Emergency Department Visits for Influenza-like Illness (ILI), Dallas County: September 1, 2022 – October 11, 2025



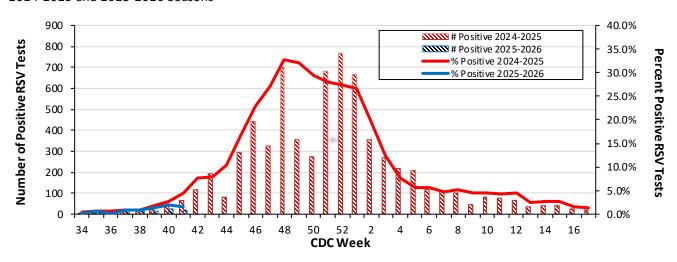
Data source: 18 emergency departments in Dallas County hospitals participating in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) voluntarily reporting the numbers of persons presenting with self-reported chief complaints of ILI.

Table 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	723	29	4.0
HMPV	2	710	7	1.0
Parainfluenza virus	2	723	42	5.8
Rhinovirus/Enterovirus	2	710	312	43.9
RSV	2	1,223	20	1.6
COVID-19	2	1,248	42	3.4

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

**Figure 4.** Number and Percent Positive RSV Rapid Antigen and PCR Tests by Week, NREVSS Surveillance Data, North Texas: 2024-2025 and 2025-2026 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 14, 2025 – October 11, 2025

Week Ending	9/20	9/27	10/4	10/11	9/14/25-
CDC Week	38*	39*	40*	41*	Present
RSV tests performed weekly	1,395	1,288	1,275	1,223	5,181
Total positive RSV tests	13	16	25	20	74
Percent positive RSV tests	0.9	1.2	2.0	1.6	

<sup>\*</sup>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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