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

Week 42 ending October 18, 2025

Epidemiologic Summary

- 0.5% of Influenza tests returned positive during week 42.
- Two Influenza-associated hospitalizations were reported during week 42.
- Zero influenza-associated pediatric deaths have been reported during the 2025-2026 season in Dallas County.
- 2.6% of RSV tests returned positive during week 42.

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

Week Ending	9/20	9/27	10/4	10/11	10/18	9/14/25-
CDC Week	38*	39*	40*	41*	42*	Present
Total Influenza PCR Tests	3,802	2,897	3,127	2,892	2,585	15,303
Number of positive PCR tests	8	10	9	9	4	40
Percent of positive PCR tests	0.2	0.3	0.3	0.3	0.2	
Total Rapid Influenza Diagnostic Tests	1,015	929	945	730	503	4,122
Number of positive RIDTs	5	15	22	10	11	63
Percent of positive RIDTs	0.5	1.6	2.3	1.4	2.2	
Total Influenza Tests Performed	4,835	3,856	4,093	3,646	3,092	19,522
Total positive influenza tests ¹	13	25	31	19	15	103
Percent positive influenza tests	0.3	0.6	0.8	0.5	0.5	
Positive influenza A tests ²	11	10	13	7	7	48
Positive influenza B tests	2	15	18	12	8	55

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 CDC Week	9/20 38*	9/27 39*	10/4 40*	10/11 41*	10/18 42*	9/14/25– Present
Influenza hospitalizations ⁴	2	2	3	4	2	13
Influenza ICU admissions ⁴	0	1	0	1	0	2
Confirmed pediatric deaths ⁵	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: 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	-	-	-	_**

 $[\]label{eq:Data source} \textbf{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 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

38 39 40 41 42 43

October

44 45

November

46 47

48 49 50 51

December

5

0

0.1%

0.0%

14 | 15 | 16

April

35 0.8% Туре А 0.7% 30 Type B **Number of Positive Tests** Percent Positive 0.6% 25 0.5% 20 0.4% 15 0.3% 10 0.2%

3

January

6

February

9 10 11

March

Figure 1. Influenza Positive Tests Reported to DCHHS by Hospital Laboratories: 2025—2026 Season

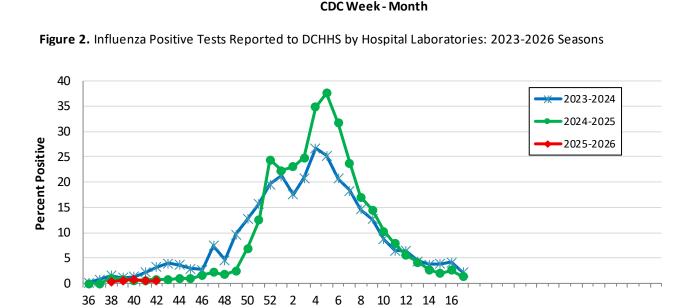


Table 4. Influenza Typing and Subtyping from Cumulative Dallas County, Texas, and U.S. Laboratory Surveillance Data: 2025—2026 Season

CDC Week

	Dallas¹ (n=4)	Texas² (n=22)	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	

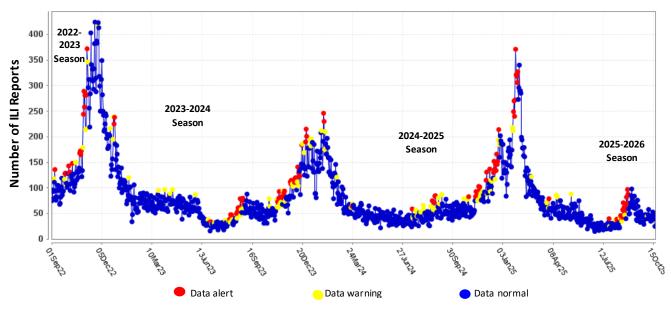
¹ DCHHS LRN laboratory PCR testing of designated Dallas County surveillance site isolates; counts may not sum to total as samples can test positive for multiple subtypes

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

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

^{*}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 18, 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 42.

Virus	Number of Laboratories Reporting*	Tests Performed	Total Positive Tests	Percentage of Tests Positive
Adenovirus (respiratory)	2	633	27	4.3
HMPV	2	633	7	1.1
Parainfluenza virus	2	633	54	8.5
Rhinovirus/Enterovirus	2	633	270	42.7
RSV	2	1,128	29	2.6
COVID-19	2	1,157	20	1.7

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

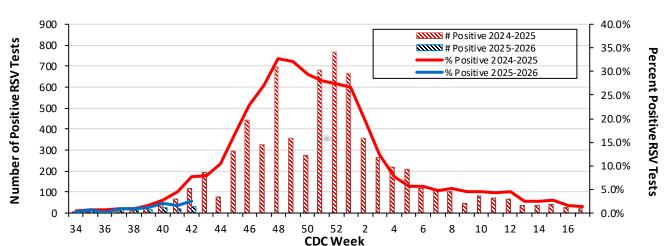


Table 6. Number and Percent Positive RSV Rapid Antigen and PCR Tests by Week, NREVSS Surveillance Data, North Texas: September 14, 2025 – October 18, 2025

Week Ending CDC Week	9/20 38*	9/27 39*	10/4 40*	10/11 41*	10/18 42*	9/14/25– Present
RSV tests performed weekly	1,395	1,288	1,275	1,223	1,128	6,309
Total positive RSV tests	13	16	25	20	29	103
Percent positive RSV tests	0.9	1.2	2.0	1.6	2.6	

^{*}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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