



Dallas County Health and Human Services 2019–2020 Influenza Surveillance Report

Week 1 ending January 04, 2020

Epidemiologic Summary

- One (1) confirmed influenza-associated adult death in Dallas County has been reported in week 1.
- Two (2) possible influenza-associated adult deaths and one (1) possible pediatric death are currently waiting confirmation from the Medical Examiner’s office.
- Influenza activity is high in Dallas County, with 24.0% of tests returning positive during week 1.
- Over the past week (Week 2), daily number of emergency department visits for chief complaints of influenza-like illness in Dallas County remains high. One-hundred and thirty-four (134) new influenza-associated hospitalizations were reported during week 1.
- RSV activity remains high with 15.3% of tests from the surveillance sites reported as positive.

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

Week Ending	11/30	12/07	12/14	12/21	12/28	01/04	9/08/19 – Present
CDC Week	48	49	50	51	52*	1*	
Total Influenza PCR Tests	1,396	1,463	1,532	1,799	1,805	1,786	18,686
Number of positive PCR tests	266	233	287	347	484	467	2,629
Percent of positive PCR tests	19.1	15.9	18.7	19.3	26.8	26.1	
Total Rapid Influenza Diagnostic Tests	2,946	2,929	3,234	2,613	4,194	3,596	33,194
Number of positive RIDTs	628	639	772	916	1,258	827	6,754
Percent of positive RIDTs	21.3	21.8	23.9	35.1	30.0	23.0	
Total Influenza Tests Performed	4,342	4,392	4,766	4,412	5,999	5,382	51,886
Total positive influenza tests ¹	894	872	1,059	1,263	1,742	1,294	9,383
Percent positive influenza tests	20.6	19.9	22.2	28.6	29.0	24.0	
Positive influenza A tests ²	90	89	173	301	610	573	1,983
Positive influenza B tests	804	783	886	962	1,132	721	7,400
Non-differentiated influenza tests ³	0	0	0	0	0	0	4

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	11/23	11/30	12/07	12/14	12/21	12/28	01/04	01/11	9/08/19– Present
CDC Week	47	48	49	50	51	52*	1*	2*	
Influenza hospitalizations ⁴	33	42	34	53	71	130	134	1	546
Influenza ICU admissions ⁴	2	2	7	11	12	8	24	1	78
Confirmed pediatric deaths ⁵	0	0	0	0	0	0	0	0	0
Confirmed adult deaths ⁶	0	0	3	1	0	1	0	1	6
Possible influenza-associated deaths ⁷	0	1	0	0	0	1	1	0	3

⁴ Reflects all influenza-associated hospitalizations reported from 14 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

⁶ Confirmed influenza-associated deaths as defined by a positive laboratory test and any of the following: (1) death certificate denotation, (2) medical record documentation of compatible symptoms and clear progression from illness to death, or (3) determination by the County Medical Examiner’s office (ME) of no alternate cause of death. Deaths occurring outside of influenza season require a positive PCR result in order to meet laboratory criteria. Positive RIDT will meet laboratory criteria after the start of flu season.

⁷ Possible influenza-associated deaths are defined as cases with laboratory-confirmed influenza, but pending final autopsy results for determination of primary cause of death

Table 3. Confirmed Influenza-associated Pediatric and Adult Deaths, Dallas County: 2014–2020 Seasons

	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020
Pediatric	0	1	1	4	1	0
Adult	19	14	16	79	21	6

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

*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: 2019–2020 Season

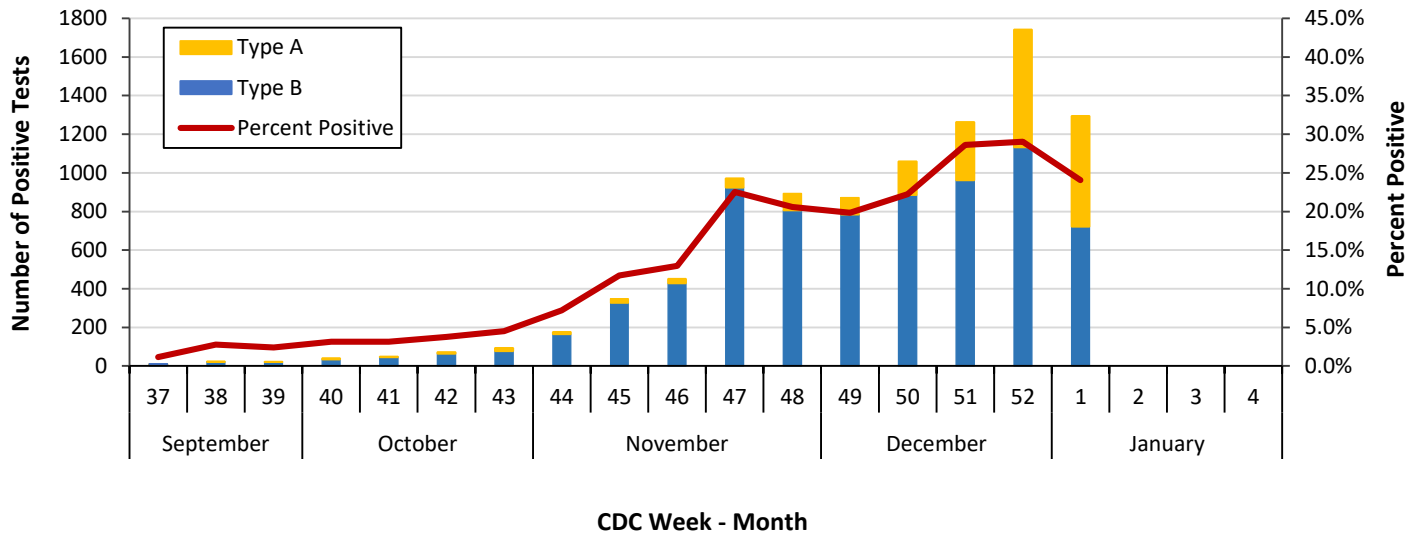


Figure 2. Influenza Positive Tests Reported to DCHHS by Hospital Laboratories: 2017–2020 Seasons

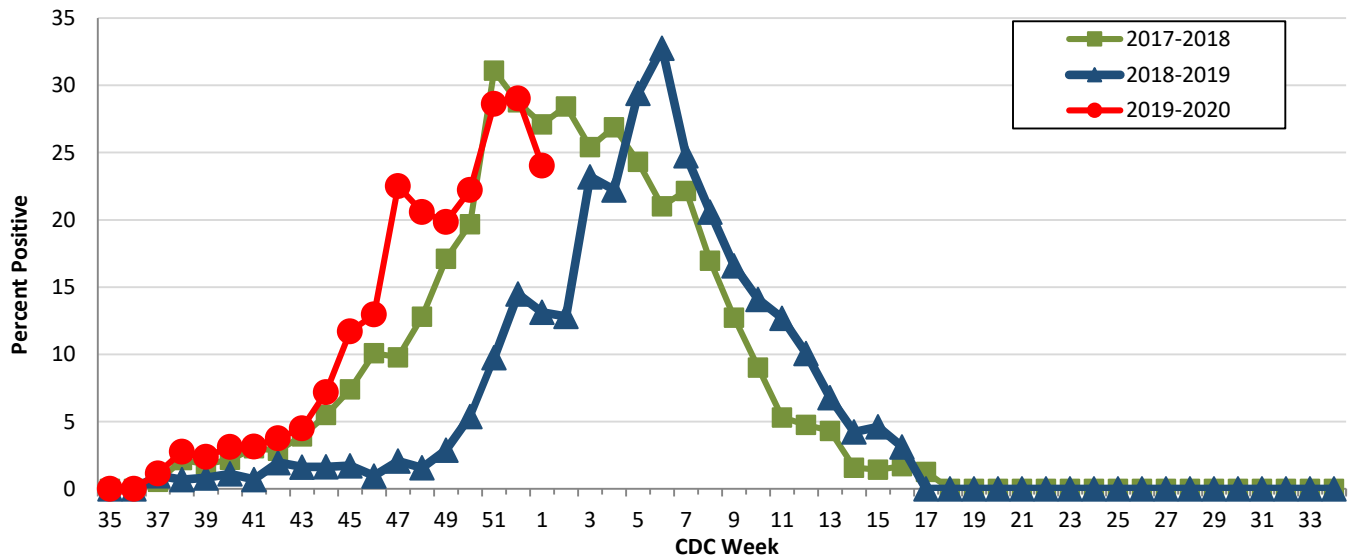


Table 4. Influenza Typing and Subtyping from Cumulative Dallas County, Texas, and U.S. Laboratory Surveillance Data: 2019–2020 Season

	Dallas ¹ (n=155)	Texas ² (n=1,073)	U.S. ³ (n=28,292)
Influenza A	35 (36.5%)	224 (40.9%)	5,267 (42.0%)
H1N1 2009 subtype	35 (100.0%)	201 (91.8%)	4,127 (81.7%)
H3N2 subtype	0 (0.0%)	18 (8.2%)	927 (18.3%)
Not subtyped	0	5	213
Influenza B	61 (63.5%)	324 (59.1%)	7,263 (58.0%)
Yamagata strain	4 (6.7%)	5 (1.7%)	116 (2.2%)

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 2019–2020 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. Influenza Hospitalizations by Week of Admission, Dallas County: 2014–2020 Seasons

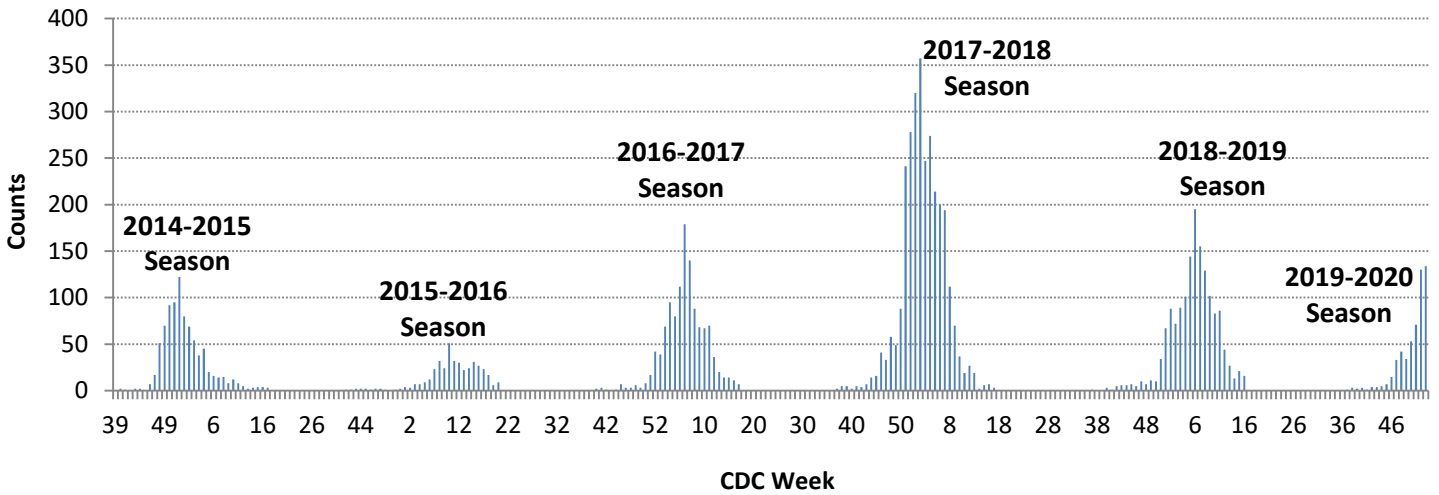


Figure 4. Intensive Care Unit Hospitalizations for influenza by Week of Admission, Dallas County: 2014–2020 Seasons

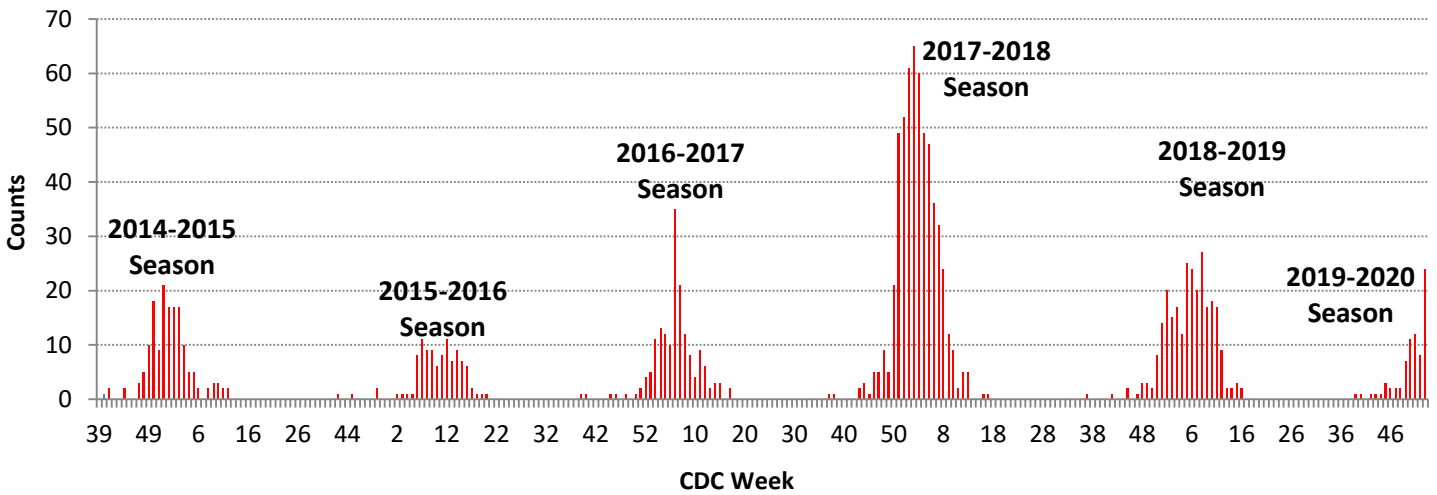
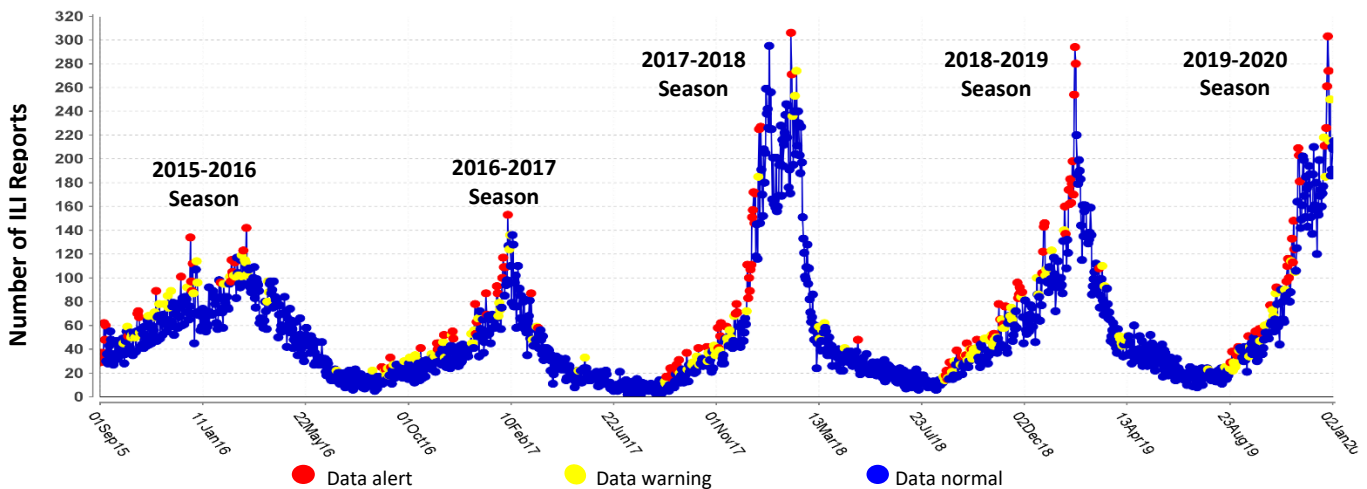


Figure 5. Syndromic Surveillance of Emergency Department Visits for Influenza-like Illness (ILI), Dallas County: September 01, 2015 – January 04, 2020



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.

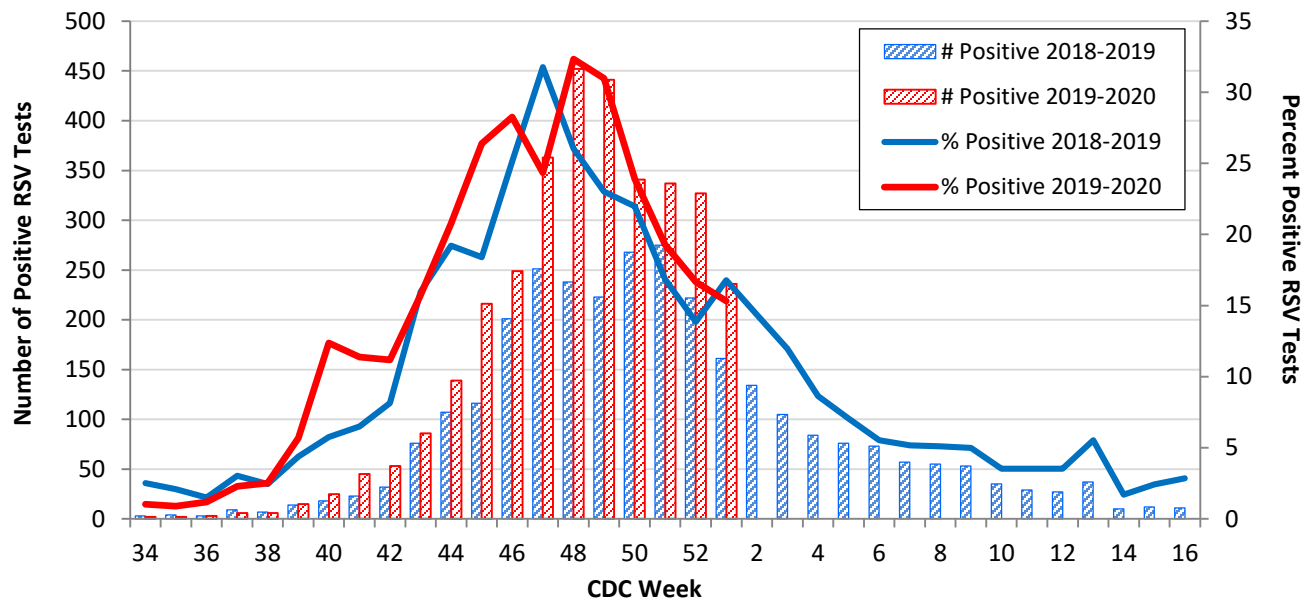
Table 5. Non-Influenza Respiratory Virus Testing by North Texas Laboratories Reported to NREVSS, Week 01

Virus	Number of Laboratories Reporting*	Tests Performed	Total Positive Tests	Percentage of Tests Positive
Adenovirus (respiratory)	3	434	11	2.5
HMPV	3	419	5	1.2
Parainfluenza virus	3	434	11	2.5
Rhinovirus/Enterovirus	3	556	82	14.8
RSV	3	1,541	236	15.3

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

*Data from 1 reporting laboratories was unavailable as of January 10, 2020

Figure 6. Number and Percent Positive RSV Rapid Antigen and PCR Tests by Week, NREVSS Surveillance Data, North Texas: August 18, 2017 – January 04, 2020



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: August 18, 2019 – January 04, 2020

Week Ending	11/23	11/30	12/07	12/14	12/21	12/28	01/04	8/18/18–Present
CDC Week	47	48	49	50	51	52*	1*	
RSV tests performed weekly	945	1,478	1,423	1,426	1,748	1,962	1,541	16,290
Total positive RSV tests	230	452	441	341	337	327	236	3,344
Percent positive RSV tests	24.3	30.6	31.0	23.9	19.3	16.7	15.3	

*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)

Figure 7. Percentage of Student Absences by Week, Dallas County: 2018–2019 and 2019–2020

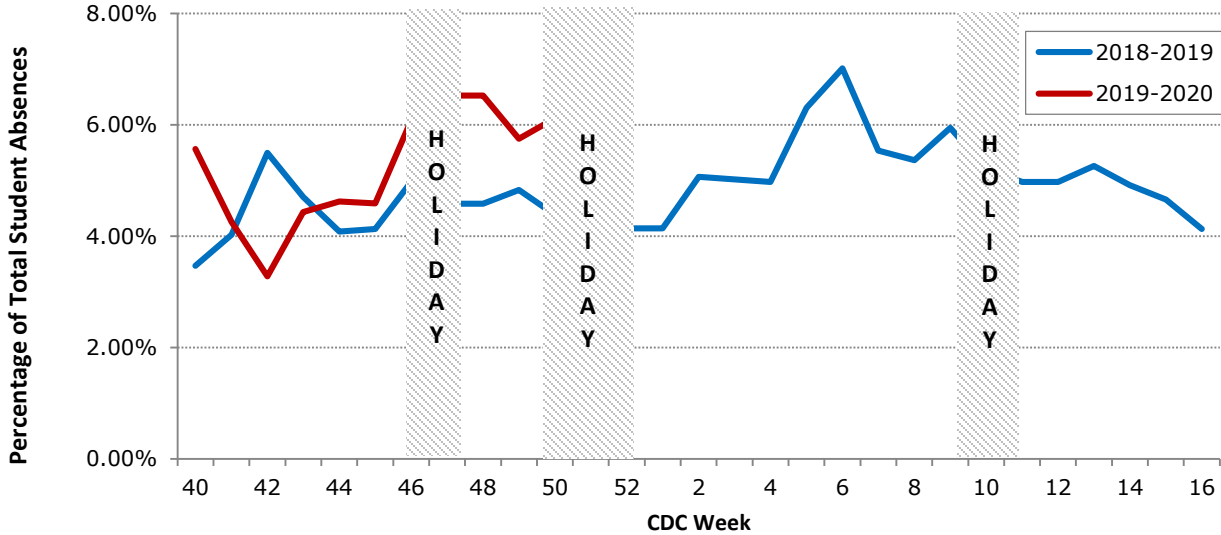
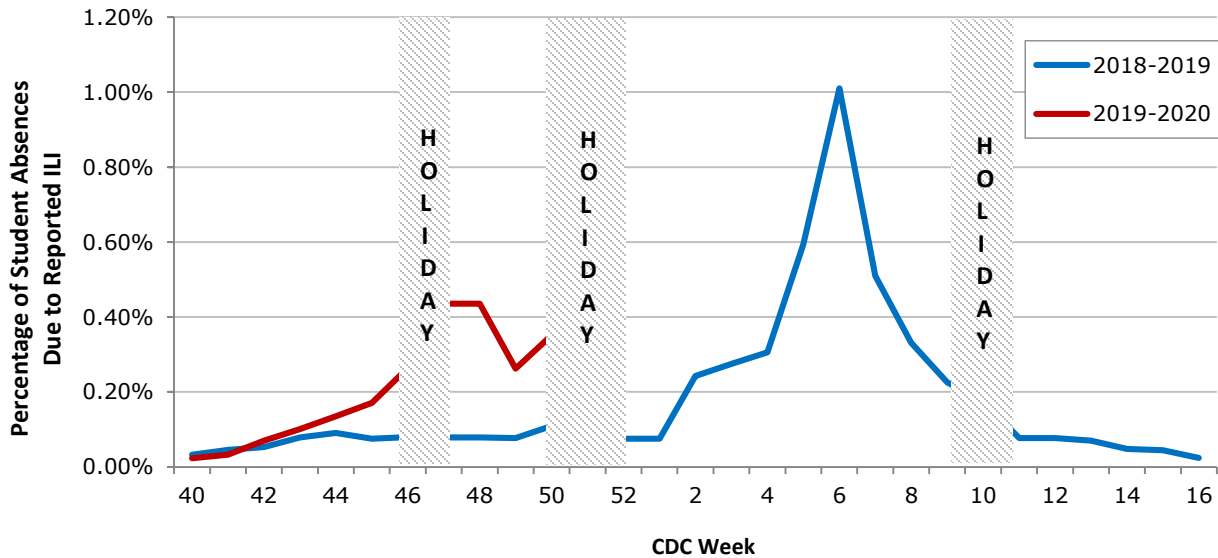


Figure 8. Percentage of Student Absences Due to ILI by Week, Dallas County: 2018–2019 and 2019–2020



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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