



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

Week 42 ending October 19, 2019

Epidemiologic Summary

- Influenza activity remains low in Dallas County with 3.8% of tests returning positive during week 42.
- Daily number of emergency department visits for influenza-like illness in Dallas County remains low, and 4 Influenza-associated hospitalization was reported during week 42.
- No influenza-associated deaths of an adult were reported in week 42. No influenza-associated pediatric deaths have been reported during the 2019-2020 season in Dallas County.
- RSV activity is increasing, with 12.0% of tests from the surveillance sites reported as positive.

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

Week Ending	09/14	09/21	09/28	10/05	10/12	10/19	9/08/19 – Present
CDC Week	37	38	39	40	41*	42*	
Total Influenza PCR Tests	461	414	473	526	689	771	3,334
Number of positive PCR tests	2	2	4	6	10	14	38
Percent of positive PCR tests	0.4	0.5	0.8	1.1	1.5	1.8	
Total Rapid Influenza Diagnostic Tests	222	454	490	782	865	11,40	3,953
Number of positive RIDTs	6	22	19	35	39	58	179
Percent of positive RIDTs	2.7	4.8	3.9	4.5	4.5	5.1	
Total Influenza Tests Performed	689	868	963	1308	1554	19,11	7,293
Total positive influenza tests ¹	8	24	23	41	49	72	217
Percent positive influenza tests	1.2	2.8	2.4	3.1	3.2	3.8	
Positive influenza A tests ²	1	3	2	7	4	8	25
Positive influenza B tests	7	21	21	34	45	64	192
Non-differentiated influenza tests ³	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	09/14	09/21	09/28	10/05	10/12	10/19	9/08/19– Present
CDC Week	37	38	39	40	41*	42*	
Influenza hospitalizations ⁴	1	3	2	3	1	4	14
Influenza ICU admissions ⁴	0	0	1	1	0	0	2
Confirmed pediatric deaths ⁵	0	0	0	0	0	0	0
Confirmed adult deaths ⁶	0	0	0	0	0	0	0
Possible influenza-associated deaths ⁷	0	0	0	0	0	0	0

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	0

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: 2017—2020 Seasons

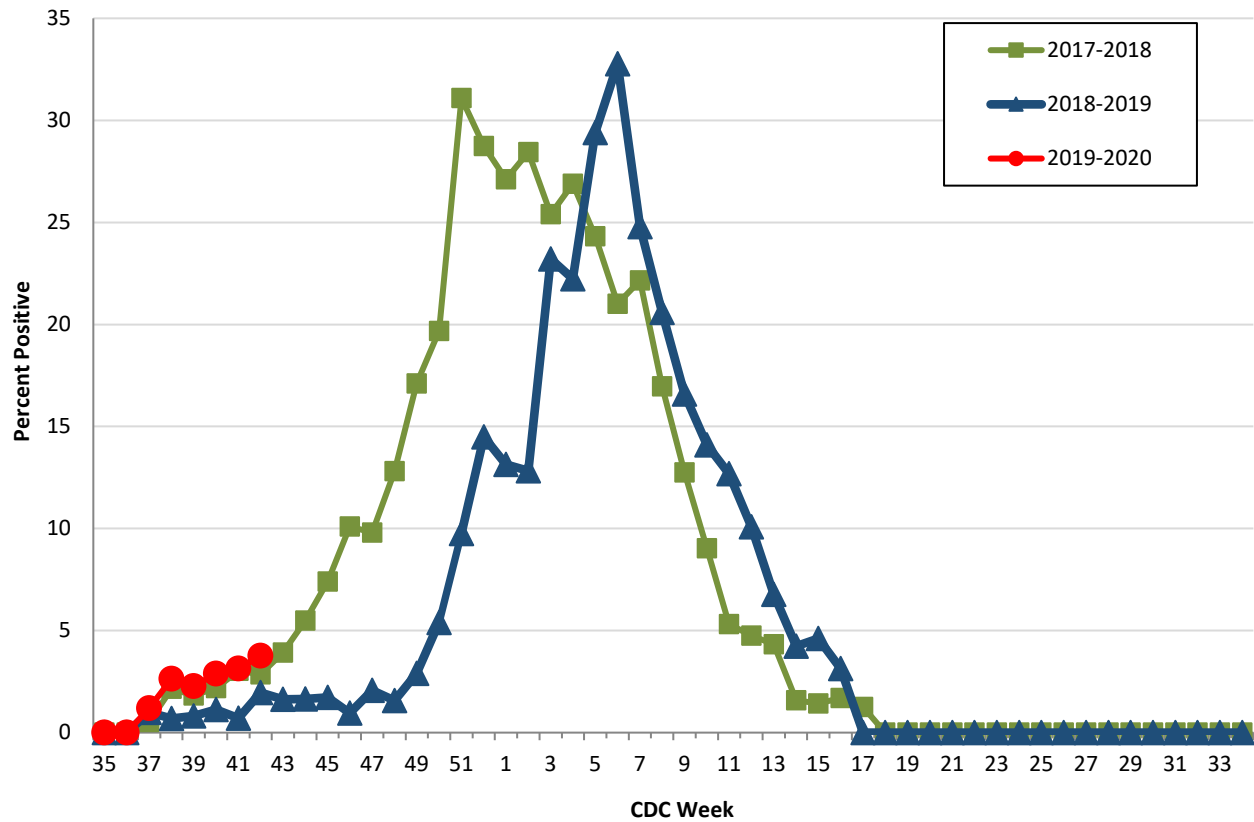
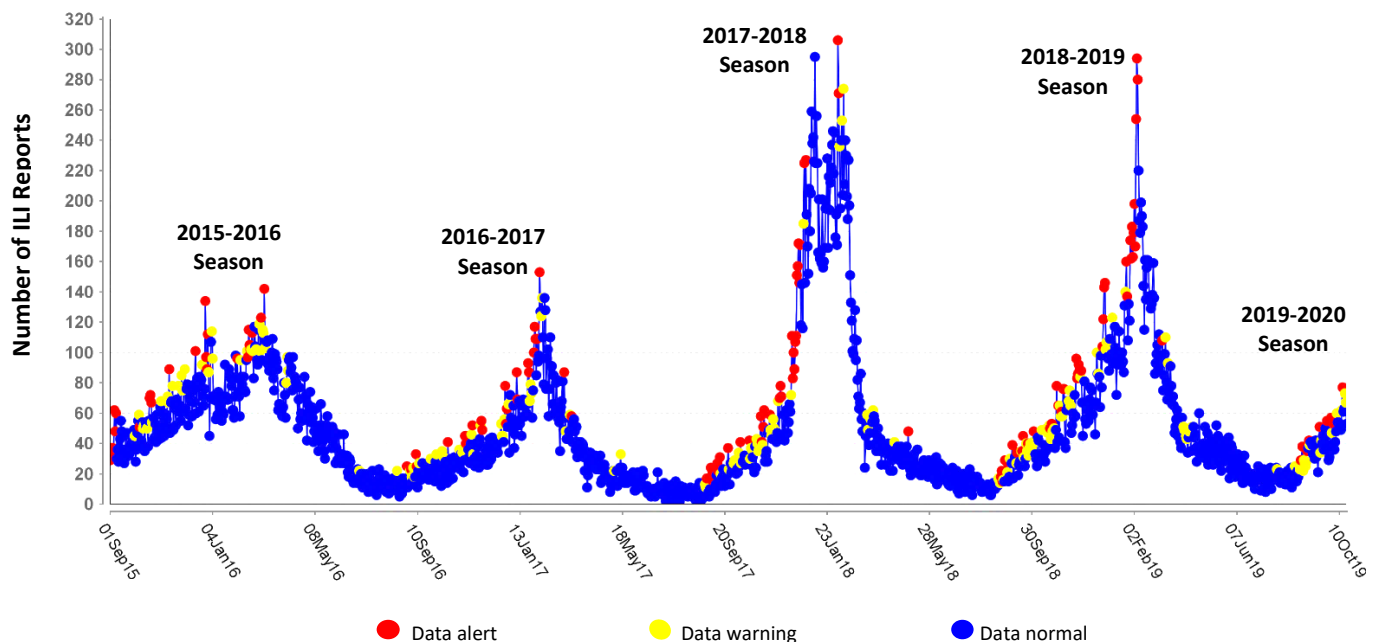


Figure 2. Syndromic Surveillance of Emergency Department Visits for Influenza-like Illness (ILI), Dallas County: September 1, 2015 – October 19, 2019



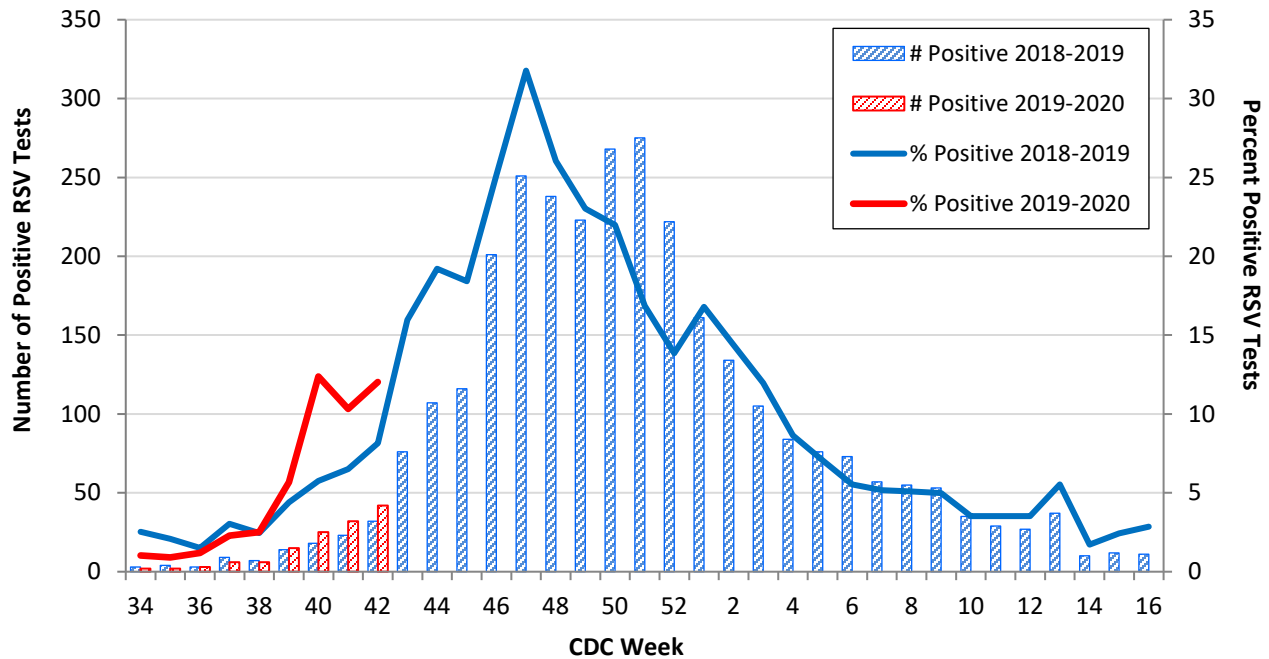
Data source: 18 emergency departments in Dallas County hospitals participating in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) voluntarily reporting the numbers of persons presenting with self-reported chief complaints of ILI.

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	263	10	3.8
HMPV	2	263	4	1.5
Parainfluenza virus	2	263	26	9.9
Rhinovirus/Enterovirus	2	263	77	29.3
RSV	2	349	42	12.0

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

Figure 3. Number and Percent Positive RSV Rapid Antigen and PCR Tests by Week, NREVSS Surveillance Data, North Texas: August 18, 2017 – October 19, 2019



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 – October 19, 2019

Week Ending	09/07	09/14	09/21	09/28	10/05	10/12	10/19	8/18/18–Present
CDC Week	36	37	38	39	40	41*	42*	
RSV tests performed weekly	253	263	239	264	202	310	349	2,296
Total positive RSV tests	3	6	6	15	25	32	42	133
Percent positive RSV tests	1.2	2.3	2.5	5.7	12.4	10.3	12.0	

*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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