

## Week 44 ending November 02, 2019

## **Epidemiologic Summary**

- Influenza activity is increasing in Dallas County, with 7.2% of tests returning positive during week 44.
- Daily number of emergency department visits for influenza-like illness in Dallas County remains low, and 5 Influenza-associated hospitalizations were reported during week 44.
- No influenza-associated adult deaths were reported in week 44. No influenza-associated pediatric deaths have been reported during the 2019-2020 season in Dallas County.
- RSV activity is increasing, with 20.8% of tests from the surveillance sites reported as positive.

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

Week Ending	09/28	10/05	10/12	10/19	10/26	11/02	9/08/19 -
CDC Week	39	40	41	42	43*	44*	Present
Total Influenza PCR Tests	473	526	689	771	832	934	5,101
Number of positive PCR tests	4	6	10	14	27	47	112
Percent of positive PCR tests	0.8	1.1	1.5	1.8	3.2	5.0	
Total Rapid Influenza Diagnostic Tests	490	782	865	1,140	1,231	1,525	6,709
Number of positive RIDTs	19	35	39	58	66	130	375
Percent of positive RIDTs	3.9	4.5	4.5	5.1	5.4	8.5	
Total Influenza Tests Performed	963	1308	1554	1,911	2,063	2,459	11,816
Total positive influenza tests <sup>1</sup>	23	41	49	72	93	177	487
Percent positive influenza tests	2.4	3.1	3.2	3.8	4.5	7.2	
Positive influenza A tests <sup>2</sup>	2	7	4	8	16	12	53
Positive influenza B tests	21	34	45	64	77	165	434
Non-differentiated influenza tests <sup>3</sup>	0	0	0	0	0	0	0

<sup>1</sup> Includes positive rapid antigen, PCR, DFA, or culture results

<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

**Table 2.** Summary of Influenza Hospitalizations and Deaths from Dallas County Hospitals, Vital Statistics and Medical

 Examiner's Office

Week Ending	09/28	10/05	10/12	10/19	10/26	11/02	9/08/19
CDC Week	39	40	41	42	43*	44*	– Present
Influenza hospitalizations <sup>4</sup>	3	3	1	4	4	5	23
Influenza ICU admissions <sup>4</sup>	1	1	0	1	1	1	5
Confirmed pediatric deaths <sup>5</sup>	0	0	0	0	0	0	0
Confirmed adult deaths <sup>6</sup>	0	0	0	0	0	0	0
Possible influenza-associated deaths <sup>7</sup>	0	0	0	0	0	0	0

<sup>4</sup> Reflects all influenza-associated hospitalizations reported from 14 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

<sup>6</sup> 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.

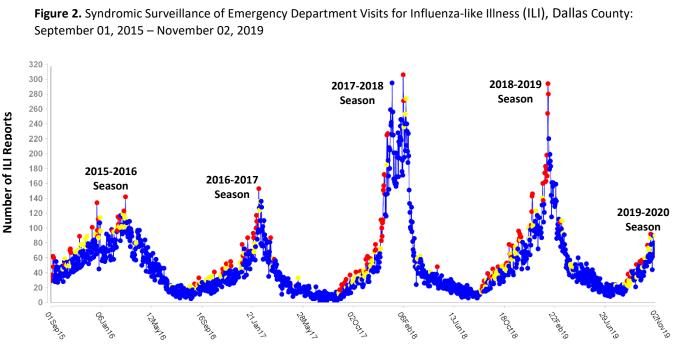
<sup>7</sup> Possible influenza-associated deaths are defined as cases with laboratory-confirmed influenza, but pending final autopsy results for determination of primary cause of death

## 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

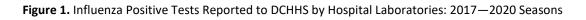
Data source(s): Reports of confirmed influenza-associated deaths, as defined in Table 2.

\*Indicates preliminary results which are subject to change with late-arriving data from surveillance sites designated for DCHHS' seasonal influenza program



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-2017-2018



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 warning

Data normal

Data alert

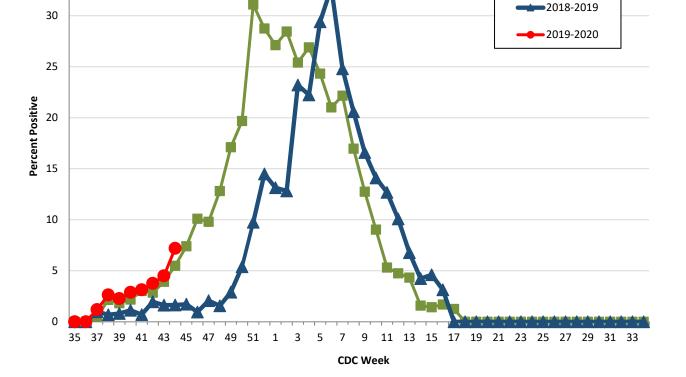
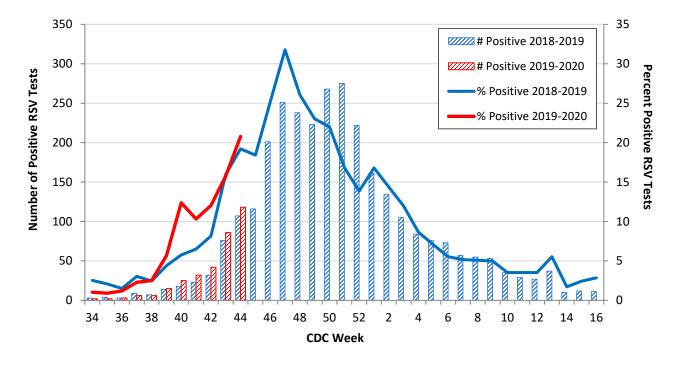


Table 5. Non-Influenza Respiratory Virus Testing by North Texas Laboratories Reported to NREVSS, Week 44

Virus	Number of Laboratories Tests Perfor Reporting		Total Positive Tests	Percentage of Tests Positive	
Adenovirus (respiratory)	3	375	10	2.7	
HMPV	3	360	3	0.8	
Parainfluenza virus	3	375	26	6.9	
Rhinovirus/Enterovirus	3	430	121	28.1	
RSV	3	568	118	20.8	

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 – November 02, 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 – November 02, 2019

Week Ending	09/21	09/28	10/05	10/12	10/19	10/26	11/02	8/18/18-
CDC Week	38	39	40	41	42	43*	44*	Present
RSV tests performed weekly	239	264	202	310	349	546	568	3,620
Total positive RSV tests	6	15	25	32	42	86	118	361
Percent positive RSV tests	2.5	5.7	12.4	10.3	12.0	15.8	20.8	

\*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) DCHHS 2019–2020 Influenza Season

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*).

Phone: (214) 819-2004 Email: influenza@dallascounty.org