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

Week 51 ending December 21, 2019

## **Epidemiologic Summary**

- Influenza activity is increasing in Dallas County, with 31.8% of tests returning positive during week 51.
- No confirmed influenza-associated adult deaths in Dallas County were reported in week 51.
- Over the past week (Week 52), daily number of emergency department visits for chief complaints of influenza-like illness in Dallas County are continuing to increase. Sixty-six (66) new influenza-associated hospitalizations were reported during week 51.
- RSV activity remains high with 14.7% of tests from the surveillance sites reported as positive.

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

Week Ending	11/16	11/23	11/30	12/07	12/14	12/21	9/08/19 –
CDC Week	46	47	48	49	50*	51*	Present
Total Influenza PCR Tests	1,089	1,332	1,396	1,463	1,532	1,022	14,318
Number of positive PCR tests	99	250	266	233	287	270	1,601
Percent of positive PCR tests	9.1	18.8	19.1	15.9	18.7	26.4	
Total Rapid Influenza Diagnostic Tests	2,389	2,986	2,946	2,929	3,234	2,509	25,300
Number of positive RIDTs	352	722	628	639	772	853	4,606
Percent of positive RIDTs	14.7	24.2	21.3	21.8	23.9	34.0	
Total Influenza Tests Performed	3,478	4,318	4,342	4,392	4,766	3,531	39,624
Total positive influenza tests <sup>1</sup>	451	972	894	872	1,059	1,123	6,207
Percent positive influenza tests	13.0	22.5	20.6	19.9	22.2	31.8	
Positive influenza A tests <sup>2</sup>	23	48	90	89	173	267	766
Positive influenza B tests	428	924	804	783	886	856	5,441
Non-differentiated influenza tests <sup>3</sup>	2	2	0	0	0	0	4

<sup>&</sup>lt;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	11/09	11/16	11/23	11/30	12/07	12/14	12/21	12/21	9/08/19-
CDC Week	45	46	47	48	49	50*	51*	52*	Present
Influenza hospitalizations <sup>4</sup>	7	15	33	42	34	53	66	N/A	273
Influenza ICU admissions <sup>4</sup>	3	2	2	2	7	11	10	1	43
Confirmed pediatric deaths <sup>5</sup>	0	0	0	0	0	0	0	0	0
Confirmed adult deaths <sup>6</sup>	0	0	0	0	3	1	0	0	4
Possible influenza-associated deaths <sup>7</sup>	0	0	0	0	0	0	0	0	0

<sup>&</sup>lt;sup>4</sup> Reflects all influenza-associated hospitalizations reported from 14 hospitals located within Dallas County by week of any positive influenza tests.

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	4

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

<sup>&</sup>lt;sup>2</sup> Further subtyping is performed only by select hospital laboratories for specimens referred to DCHHS by institutions for PCR-testing

<sup>&</sup>lt;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>lt;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>&</sup>lt;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

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

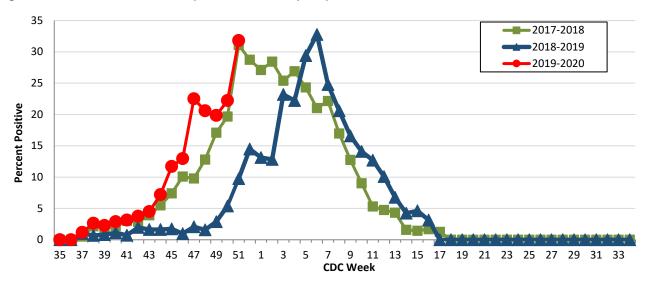


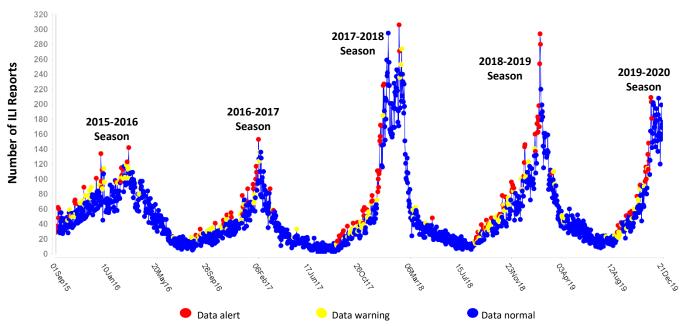
Figure 1. Influenza Positive Tests Reported to DCHHS by Hospital Laboratories: 2017—2020 Seasons

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

	Dallas <sup>1</sup> (n=125)	Texas² (n=787)	U.S. <sup>3</sup> (n=21,741)	
Influenza A	20 (25.6%)	131 (36.9%)	3,325 (40.8%)	
H1N1 2009 subtype	20 (100.0%)	110 (87.3%)	2,358 (74.9%)	
H3N2 subtype	0 (0.0%)	16 (12.7%)	789 (25.1%)	
Not subtyped	0	5	178	
Influenza B	58 (74.4%)	224 (63.1%)	4,826 (59.2%)	
Yamagata strain	4 (6.9%)	0 (0.0%)	87 (2.5%)	

<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

**Figure 2.** Syndromic Surveillance of Emergency Department Visits for Influenza-like Illness (ILI), Dallas County: September 01, 2015 – December 21, 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.

<sup>&</sup>lt;sup>2</sup> DSHS 2019–2020 Texas Influenza Surveillance Information Activity Report available at https://www.dshs.state.tx.us/idcu/disease/influenza/surveillance/

<sup>&</sup>lt;sup>3</sup> CDC FluView Weekly Influenza Surveillance Report available at <a href="http://www.cdc.gov/flu/weekly/">http://www.cdc.gov/flu/weekly/</a> \*Only a subset of influenza B had lineage testing performed.

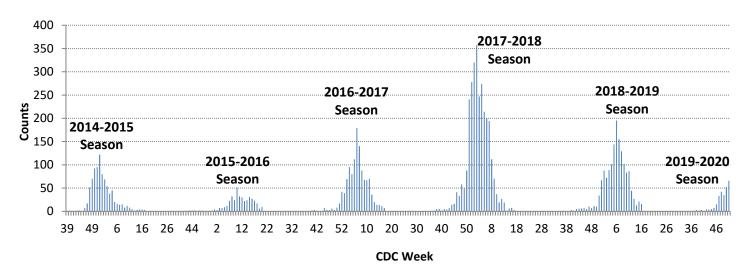


Figure 3. Influenza Hospitalizations by Week of Admission, Dallas County: 2014-2020 Seasons

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

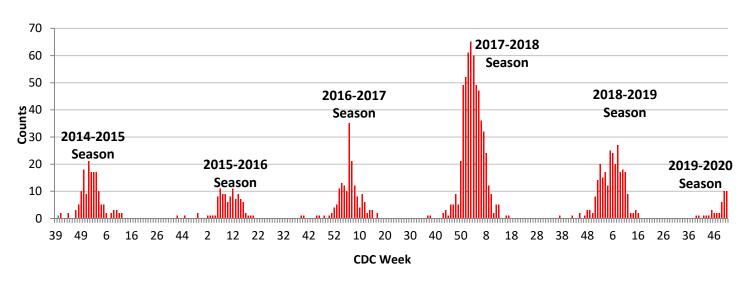


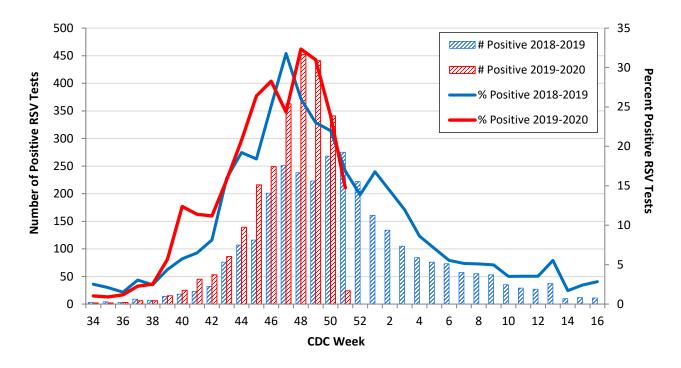
Table 5. Non-Influenza Respiratory Virus Testing by North Texas Laboratories Reported to NREVSS, Week 51

Virus	Number of Laboratories Reporting*	Tests Performed Total Positive Tes		Percentage of Tests Positive
Adenovirus (respiratory)	atory) 1		2	1.4
HMPV	1	120	2	1.7
Parainfluenza virus	1	143	1	0.7
Rhinovirus/Enterovirus	1	240	38	15.8
RSV	1	163	24	14.7

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

<sup>\*</sup>Data from 3 reporting laboratories are unavailable as of December 27, 2019

**Figure 5.** Number and Percent Positive RSV Rapid Antigen and PCR Tests by Week, NREVSS Surveillance Data, North Texas: August 18, 2017 – December 21, 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 – December 21, 2019

Week Ending	11/09	11/16	11/23	11/30	12/07	12/14	12/21	8/18/18-
CDC Week	45	46	47	48	49	50*	51*	Present
RSV tests performed weekly	898	881	945	1,478	1,423	1,426	163	11,202
Total positive RSV tests	237	249	230	452	441	341	24	2,468
Percent positive RSV tests	26.4	28.3	24.3	30.6	31.0	23.9	14.7	

<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 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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