



# Dallas County Health and Human Services 2018–2019 Influenza Surveillance Report

Week 16 ending April 20, 2019

## Epidemiologic Summary

- Influenza activity remains low in Dallas County, with 3.1% of tests returning positive during week 16.
- Daily number of emergency department visits for influenza-like illness in Dallas County remains low, and 16 Influenza-associated hospitalizations were reported during week 16.
- No influenza-associated deaths of an adult were reported in week 16. One influenza-associated pediatric death has been reported during the 2018-2019 season in Dallas County.
- RSV continues to circulate locally, although activity has declined.

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

Week Ending	03/16	03/23	03/30	04/06	04/13	04/20	9/09/18 – Present
<b>CDC Week</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15*</b>	<b>16*</b>	
<b>Total Influenza PCR Tests</b>	1,043	844	805	719	723	659	<b>32,349</b>
Number of positive PCR tests	112	57	30	19	14	12	<b>2,358</b>
Percent of positive PCR tests	10.7	6.8	3.7	2.6	1.9	1.8	
<b>Total Rapid Influenza Diagnostic Tests</b>	1,719	1,480	1,232	1,013	846	707	<b>48,143</b>
Number of positive RIDTs	240	178	109	55	59	31	<b>8,804</b>
Percent of positive RIDTs	14.0	12.0	8.8	5.4	7.0	4.4	
<b>Total Influenza Tests Performed</b>	2,774	2,331	2,050	1,747	1,581	1,371	<b>80,682</b>
Total positive influenza tests <sup>1</sup>	352	235	139	74	73	43	<b>11,163</b>
Percent positive influenza tests	12.7	10.1	6.8	4.2	4.6	3.1	
Positive influenza A tests <sup>2</sup>	315	190	95	48	41	22	<b>10,226</b>
Positive influenza B tests	37	45	44	26	32	21	<b>936</b>
Non-differentiated influenza tests <sup>3</sup>	0	0	0	0	0	0	<b>1</b>

<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	03/16	03/23	03/30	04/06	04/13	04/20	04/27	9/09/18 – Present
<b>CDC Week</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15*</b>	<b>16*</b>	<b>17*</b>	
Influenza hospitalizations <sup>4</sup>	86	44	27	13	21	16	N/A	<b>1,538</b>
Influenza ICU admissions <sup>4</sup>	17	9	2	2	3	2	N/A	<b>265</b>
Confirmed pediatric deaths <sup>5</sup>	0	0	0	0	0	0	0	<b>1</b>
Confirmed adult deaths <sup>6</sup>	0	0	1	1	1	0	0	<b>20</b>
Possible influenza-associated deaths <sup>7</sup>	0	0	0	0	0	0	0	<b>0</b>

<sup>4</sup> Reflects all influenza-associated hospitalizations reported from hospitals located within Dallas County by week of any positive influenza tests; Data source: 14 Hospitals in Dallas County

<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

<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

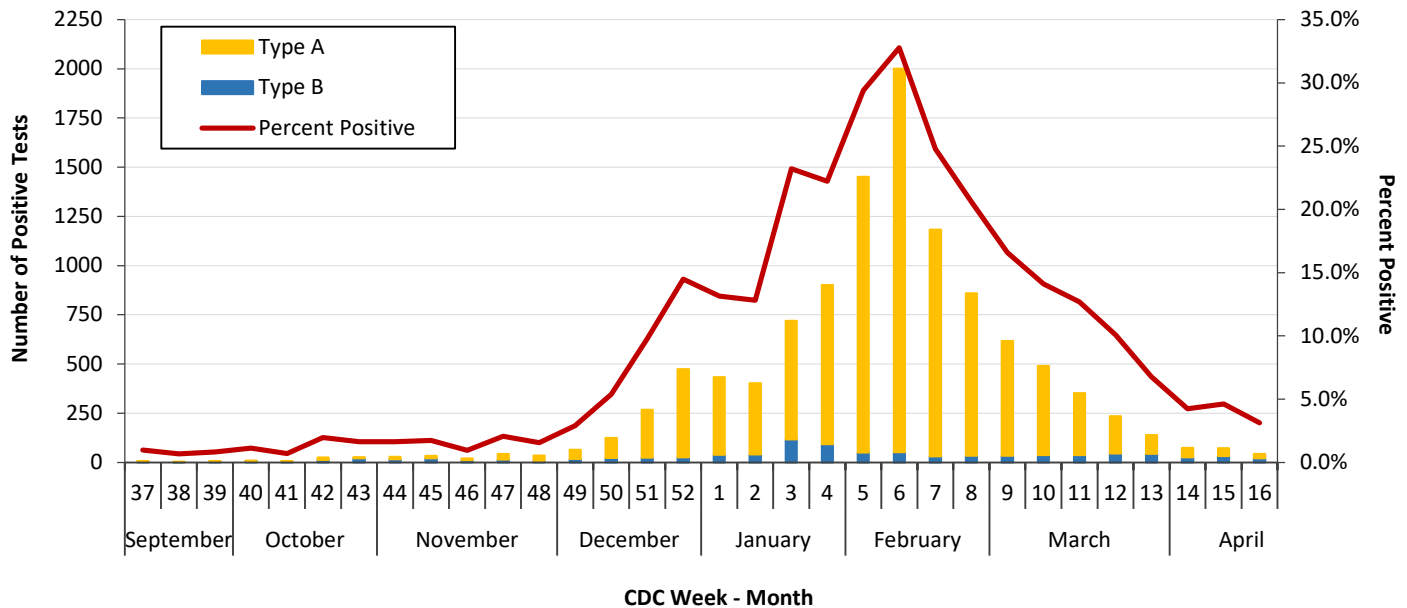
**Table 3.** Confirmed Influenza-associated Pediatric and Adult Deaths, Dallas County: 2013–2019 Seasons

	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019
Pediatric	3	0	1	1	4	1
Adult	55	19	14	16	79	20

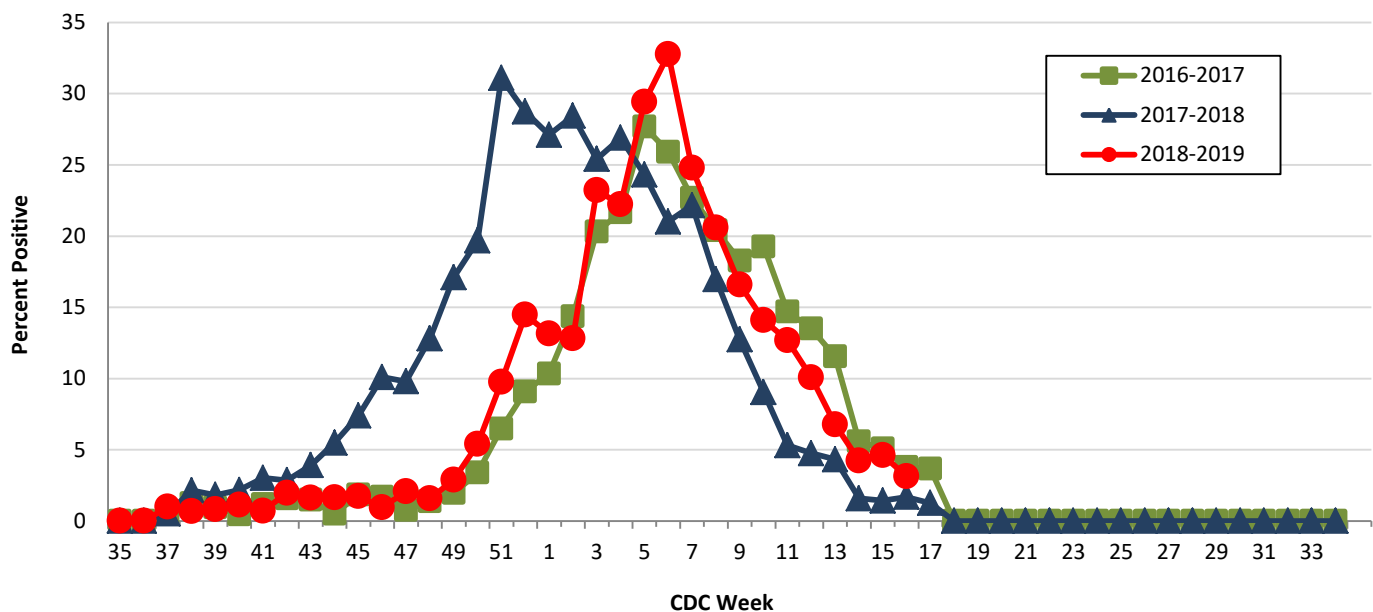
Data source(s): Reports of confirmed influenza-associated deaths, as defined in Table 2.

\*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: 2018—2019 Season



**Figure 2.** Influenza Positive Tests Reported to DCHHS by Hospital Laboratories: 2016—2019 Seasons



**Table 4.** Influenza Typing and Subtyping from Cumulative Dallas County, Texas, and U.S. Laboratory Surveillance Data: 2018—2019 Season

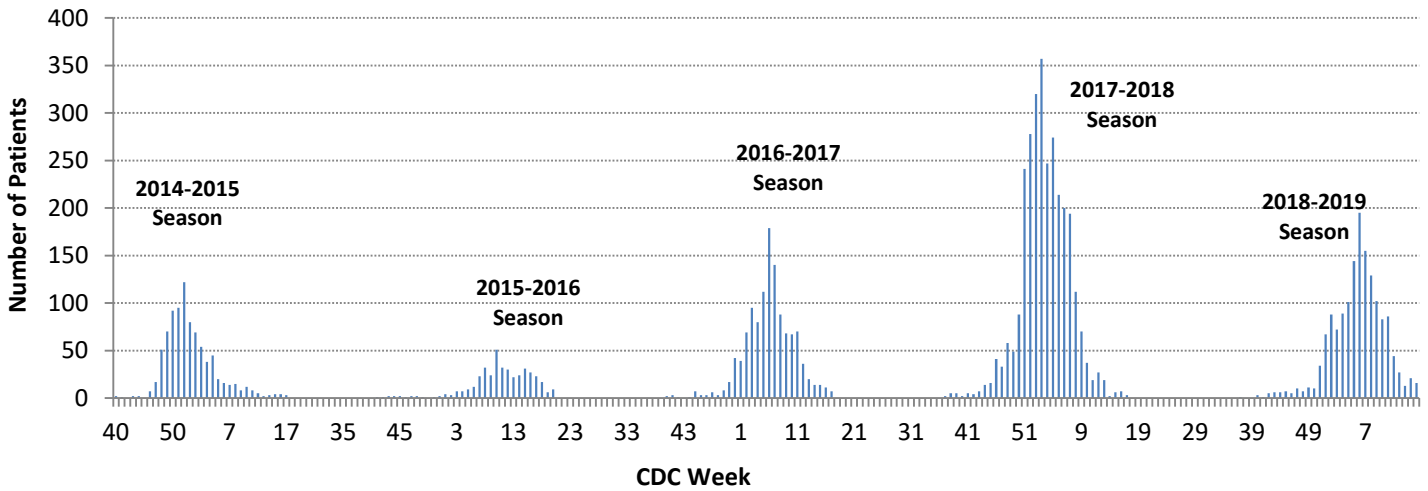
	Dallas <sup>1</sup> (n=386)	Texas <sup>2</sup> (n=2,334)	U.S. <sup>3</sup> (n=73,182)
Influenza A	263 (99.6%)	1,260 (93.1%)	37,802 (96.7%)
H1N1 2009 subtype	69 (26.3%)	390 (31.2%)	21,130 (58.0%)
H3N2 subtype	193 (73.7%)	861 (68.8%)	15,270 (42.0%)
Not subtyped	1	9	1,402
Influenza B	1 (0.4%)	94 (6.9%)	1,294 (3.3%)
Yamagata strain	1 (100.0%)	22 (*29.7%)	333 (*39.6%)

<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

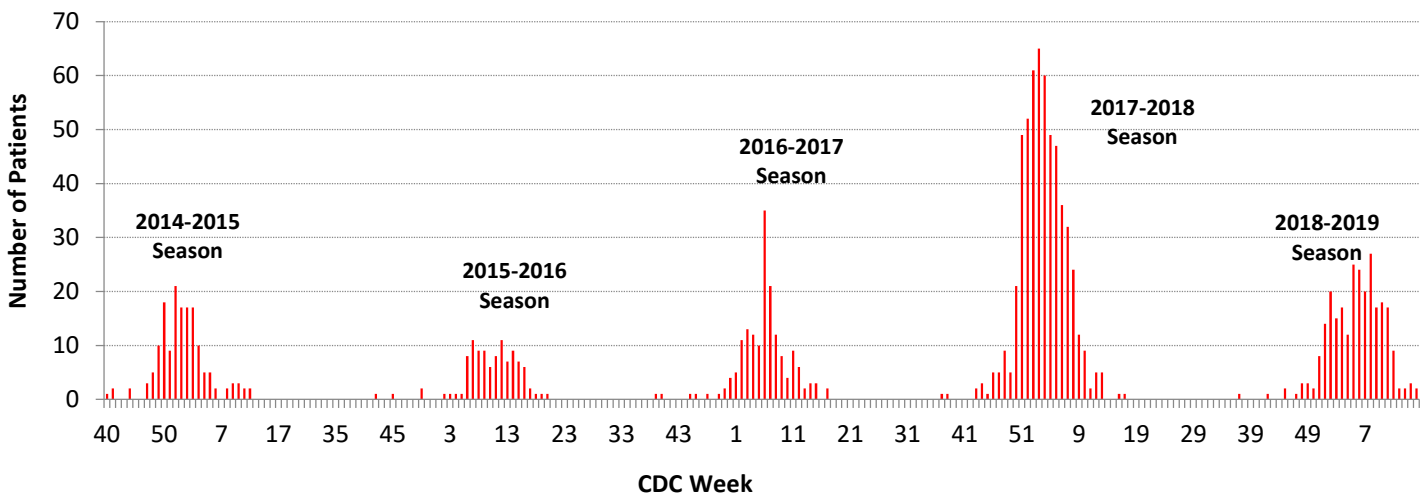
<sup>2</sup> DSHS 2018–2019 Texas Influenza Surveillance Information Activity Report available at <https://www.dshs.state.tx.us/idcu/disease/influenza/surveillance/>

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

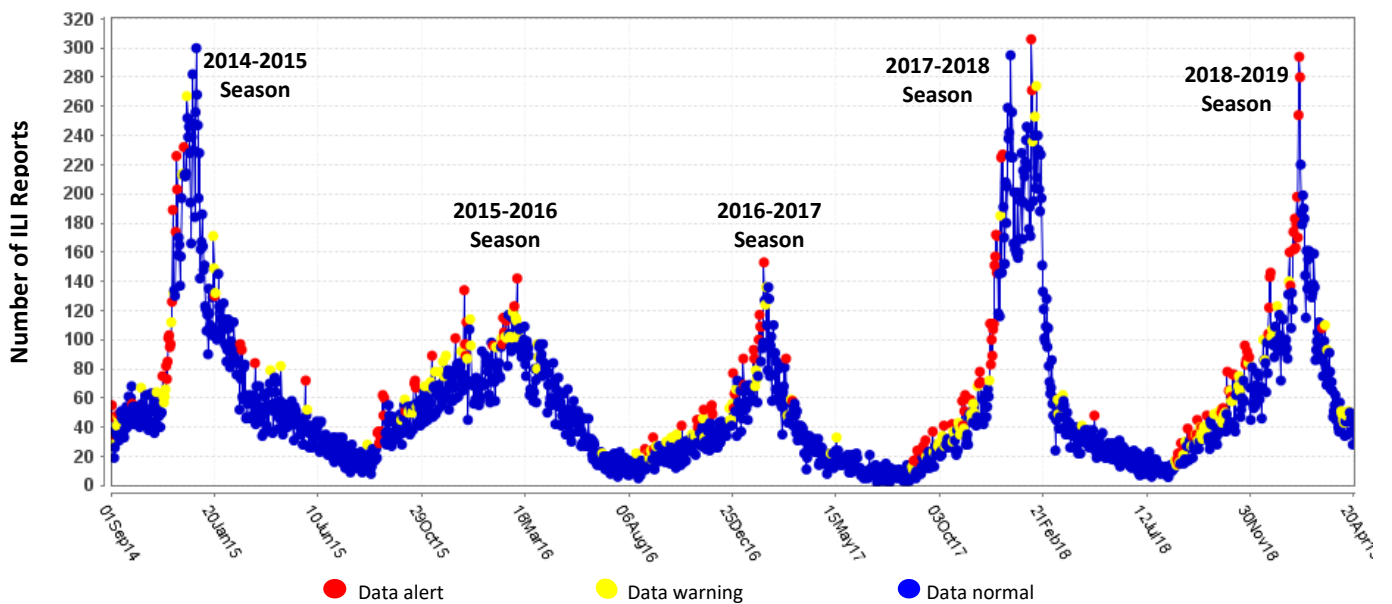
**Figure 3.** Influenza Hospitalizations by Week of Admission, Dallas County: 2014—2019 Seasons



**Figure 4.** Intensive Care Unit Hospitalizations for influenza by Week of Admission, Dallas County: 2014—2019 Seasons



**Figure 5.** Syndromic Surveillance of Emergency Department Visits for Influenza-like Illness (ILI), Dallas County: September 01, 2014 – April 20, 2019



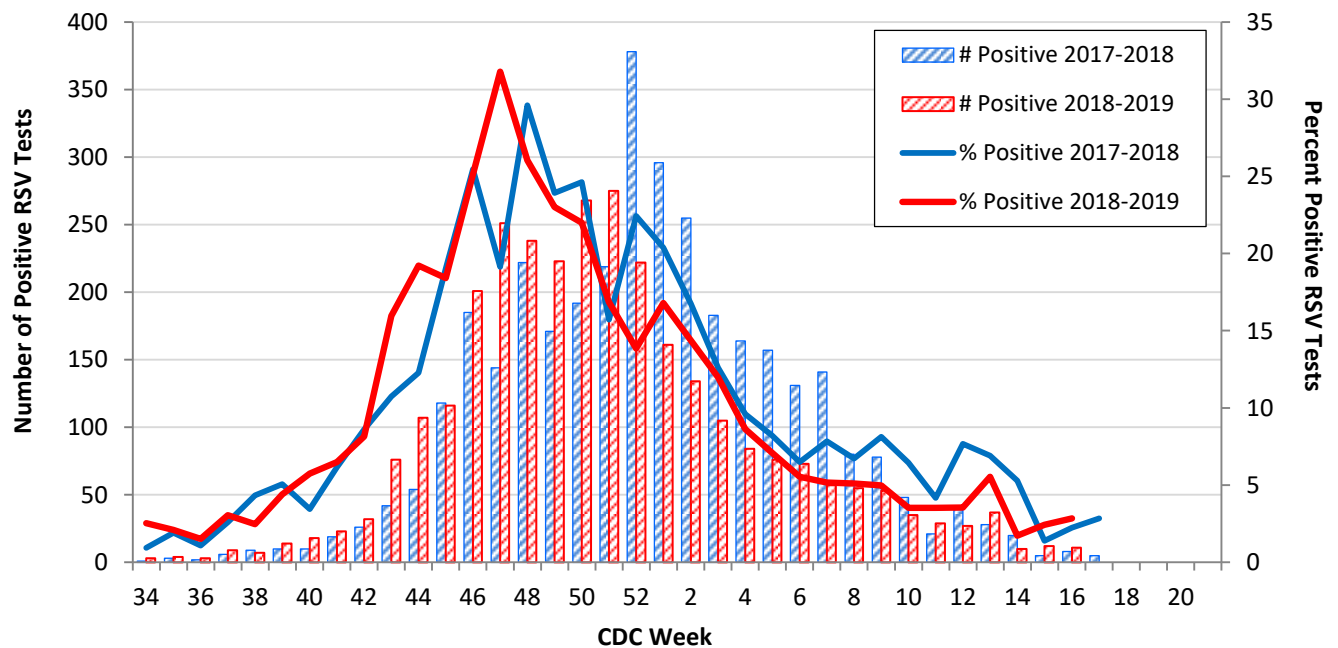
Data source: 18 emergency departments in Dallas County hospitals participating in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) voluntarily reporting the numbers of persons presenting with self-reported chief complaints of ILI.

**Table 5.** Non-Influenza Respiratory Virus Testing by North Texas Laboratories Reported to NREVSS, Week 16

Virus	Number of Laboratories Reporting	Tests Performed	Total Positive Tests	Percentage of Tests Positive
Adenovirus (respiratory)	4	285	18	6.3
HMPV	4	280	12	4.3
Parainfluenza virus	4	285	32	11.2
Rhinovirus/Enterovirus	4	280	102	36.4
RSV	4	386	11	2.9

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

**Figure 6.** Number and Percent Positive RSV Rapid Antigen and PCR Tests by Week, NREVSS Surveillance Data, North Texas: August 25, 2017 – April 20, 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 25, 2018 – April 20, 2019

Week Ending	03/09	03/16	03/23	03/30	04/06	04/13	04/20	8/25/18–Present
CDC Week	10	11	12	13	14	15*	16*	
RSV tests performed weekly	995	821	764	668	584	495	386	26,156
Total positive RSV tests	35	29	27	37	10	12	11	3,049
Percent positive RSV tests	3.5	3.5	3.5	5.5	1.7	2.4	2.9	

\*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: 2017-2018 and 2018-2019

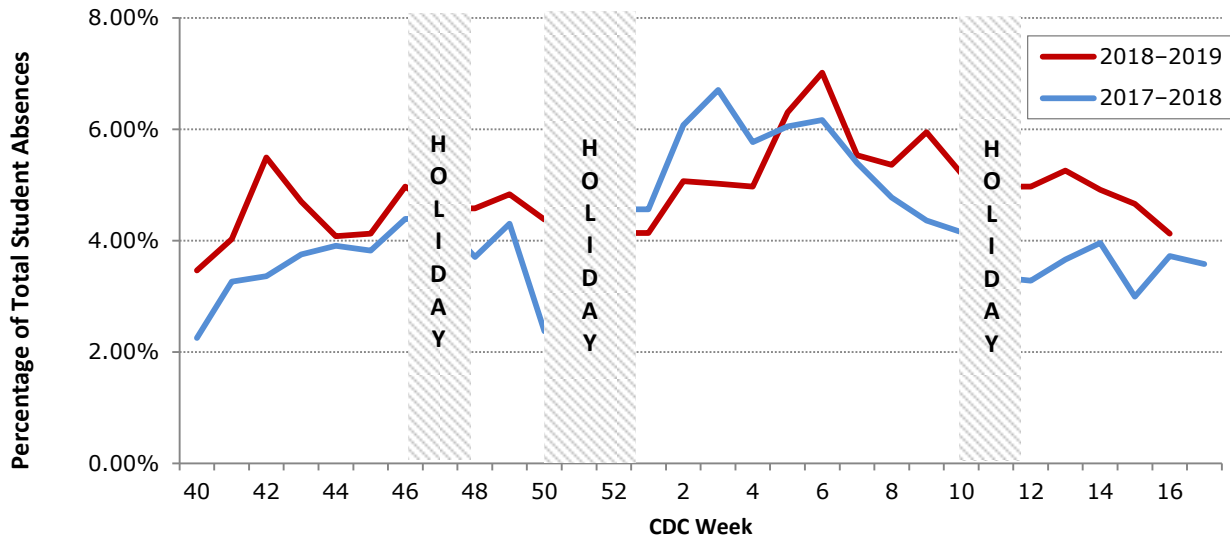
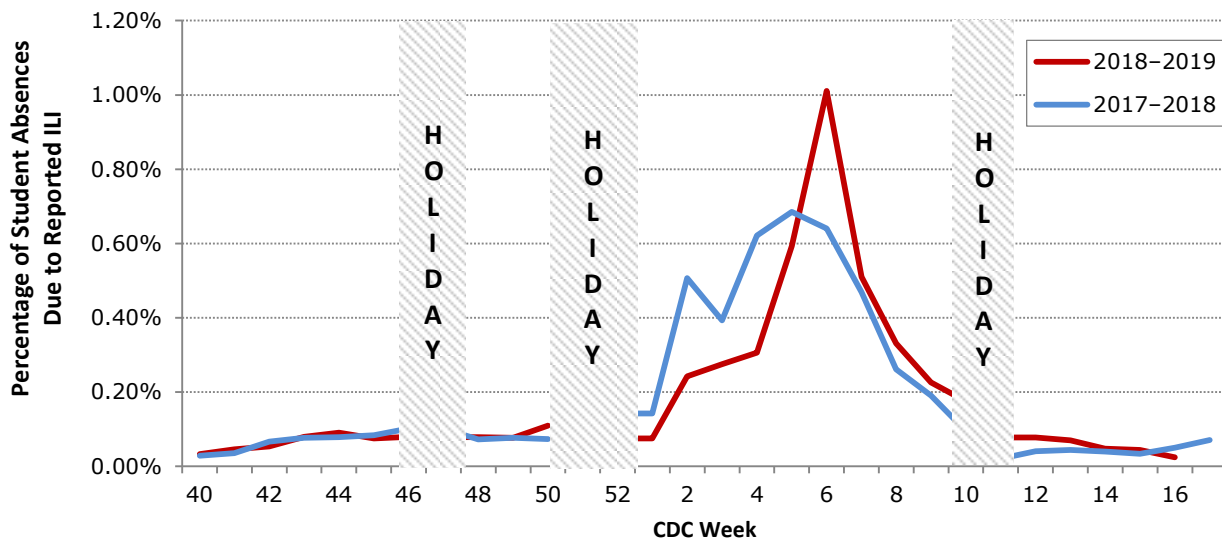


Figure 8. Percentage of Student Absences Due to ILI by Week, Dallas County: 2017-2018 and 2018-2019



Data source: Voluntary reporting from Independent School Districts representing over 510 elementary, middle, and secondary schools and over 420,000 students in Dallas County

**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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