



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

Week 40 ending October 06, 2018

## Epidemiologic Summary

- Influenza activity remains low in Dallas County with 1.1% of tests returning positive during week 40.
- Daily numbers of emergency department visits for influenza-like illness in Dallas County were at baseline levels and three influenza-associated hospitalizations were reported during week 40.
- No influenza-associated deaths were reported in week 40. No influenza-associated pediatric deaths have been reported during the 2018-2019 season in Dallas County.
- RSV activity remains low with 5.8% of tests from area surveillance sites testing positive.

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

Week Ending	9/15	9/22	9/29	10/06	9/09/18 – Present
<b>CDC Week</b>	<b>37*</b>	<b>38*</b>	<b>39*</b>	<b>40*</b>	
<b>Total Influenza PCR Tests</b>	534	493	580	622	<b>3,204</b>
Number of positive PCR tests	3	0	1	5	<b>9</b>
Percent of positive PCR tests	0.6	0.0	0.2	0.8	
<b>Total Rapid Influenza Diagnostic Tests</b>	171	230	263	306	<b>970</b>
Number of positive RIDTs	4	5	6	5	<b>20</b>
Percent of positive RIDTs	2.3	2.2	2.3	1.6	
<b>Total Influenza Tests Performed</b>	707	726	843	928	<b>3,204</b>
Total positive influenza tests <sup>1</sup>	7	5	7	10	<b>29</b>
Percent positive influenza tests	1.0	0.7	0.8	1.1	
Positive influenza A tests <sup>2</sup>	3	4	3	3	<b>9</b>
Positive influenza B tests	4	1	4	7	<b>28</b>
Non-differentiated influenza tests <sup>3</sup>	0	0	0	0	<b>0</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	9/15	9/22	9/29	10/06	10/13	9/09/18 – Present
<b>CDC Week</b>	<b>37*</b>	<b>38*</b>	<b>39*</b>	<b>40*</b>	<b>41*</b>	
Influenza hospitalizations <sup>4</sup>	1	0	0	3	N/A	<b>4</b>
Influenza ICU admissions <sup>4</sup>	1	0	0	0	N/A	<b>1</b>
Confirmed pediatric deaths <sup>5</sup>	0	0	0	0	0	<b>0</b>
Confirmed adult deaths <sup>6</sup>	0	0	0	0	0	<b>0</b>
Possible influenza-associated deaths <sup>7</sup>	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

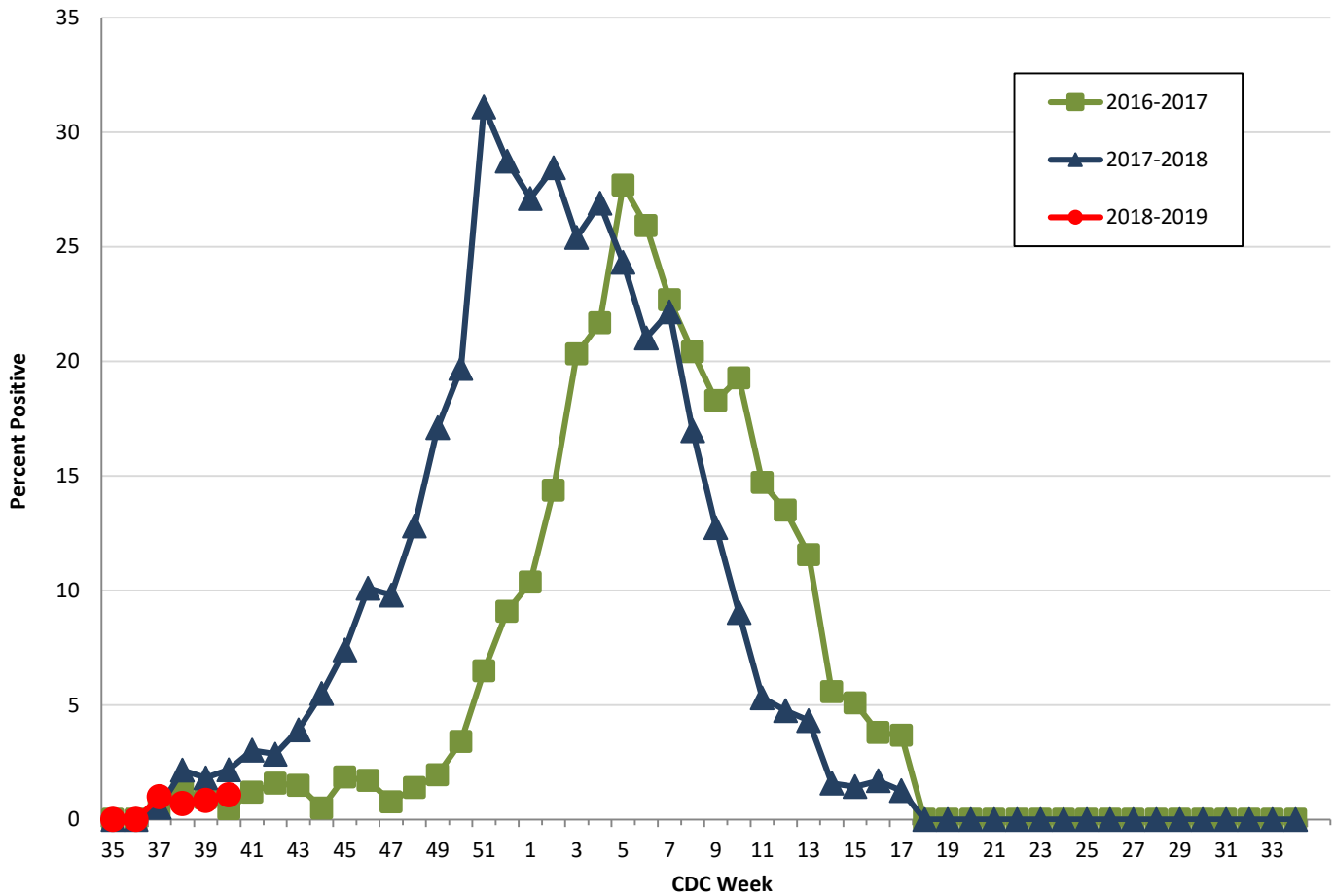
**Table 3.** Confirmed Influenza-associated Pediatric and Adult Deaths, Dallas County: 2013–2019 Seasons

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

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

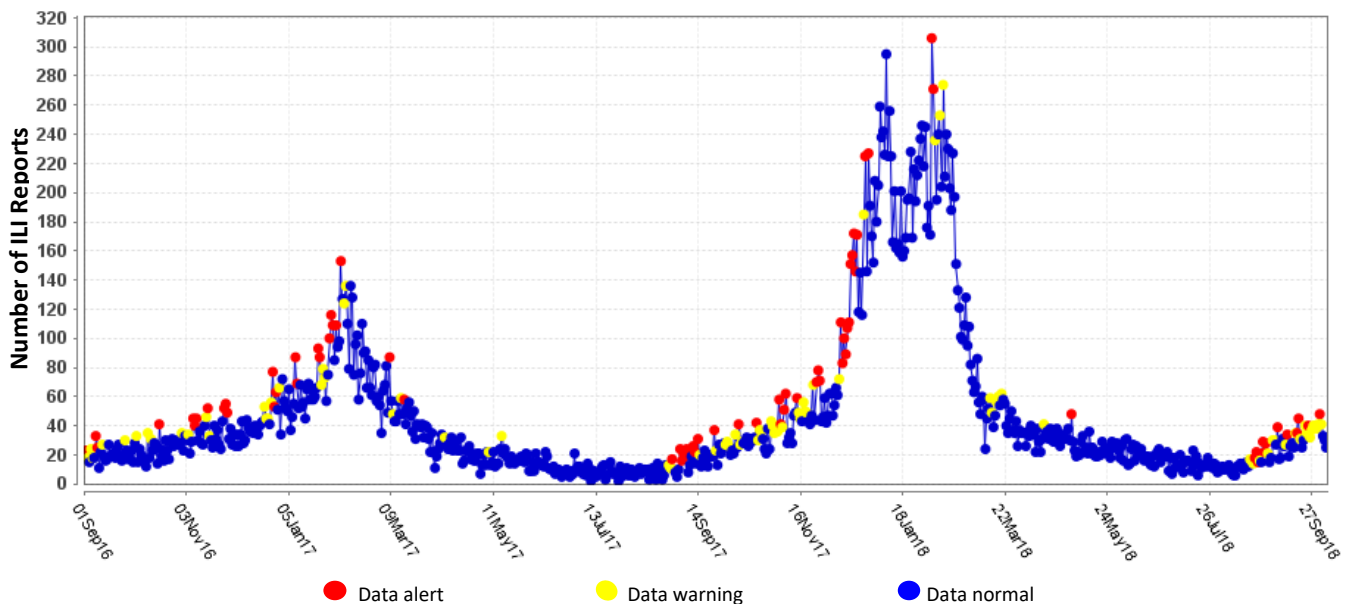
\*Indicates preliminary results which are subject to change with late-arriving data from surveillance sites designated for DCHHS' seasonal influenza program

Figure 1. Influenza Positive Tests Reported to DCHHS by Hospital Laboratories: 2016—2019 Seasons



Note: For Figure 1 and all subsequent trend overlays there is no week 53 for the 2015-2016, 2016-17, or 2017-2018 influenza seasons.

Figure 2. Syndromic Surveillance of Emergency Department Visits for Influenza-like Illness (ILI), Dallas County: September 1, 2016 – October 06, 2018



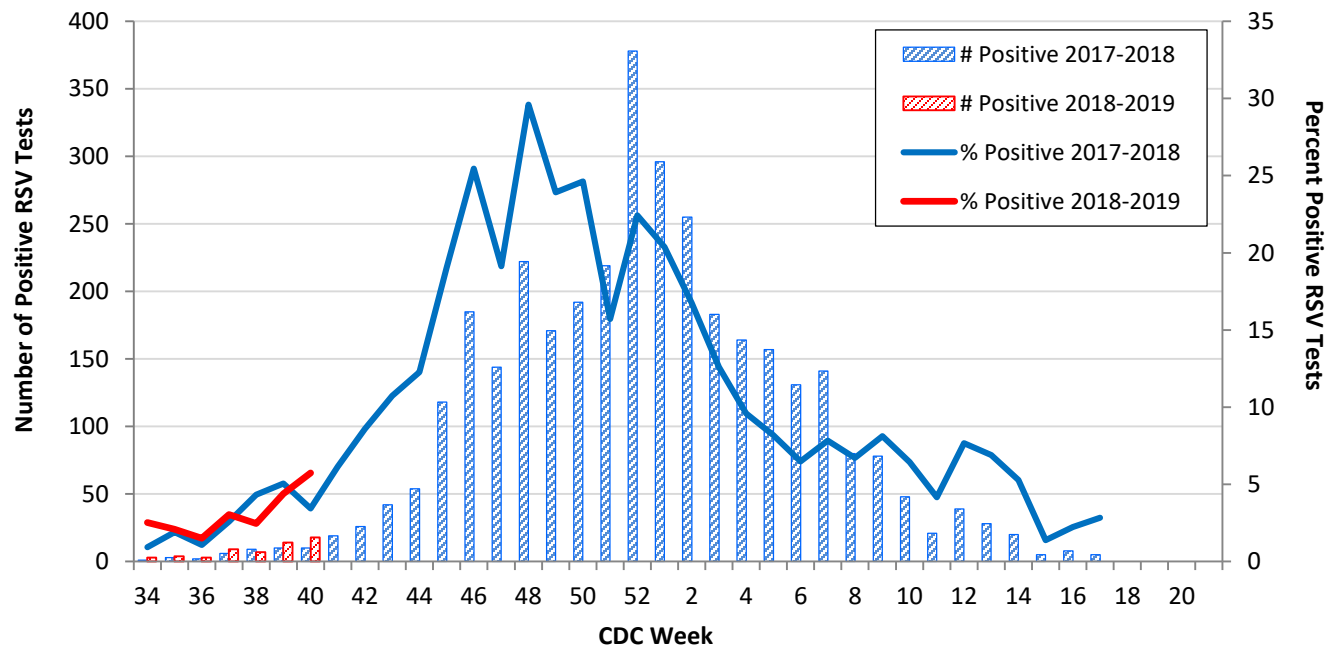
Data source: 18 emergency departments in Dallas County hospitals participating in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) voluntarily reporting the numbers of persons presenting with self-reported chief complaints of ILI.

**Table 4.** Non-Influenza Respiratory Virus Testing by North Texas Laboratories Reported to NREVSS, Week 40

Virus	Number of Laboratories Reporting	Tests Performed	Total Positive Tests	Percentage of Tests Positive
Adenovirus (respiratory)	4	226	3	1.3
HMPV	4	213	0	0.0
Parainfluenza virus	4	226	10	4.4
Rhinovirus/Enterovirus	4	213	90	42.3
RSV	4	313	18	5.8

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 25, 2017 – October 06, 2018



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

**Table 5.** Number and Percent Positive RSV Rapid Antigen and PCR Tests by Week, NREVSS Surveillance Data, North Texas: August 25, 2018 – October 06, 2018

Week Ending	08/25	09/01	09/08	09/15	09/22	09/29	10/06	8/25/18–Present
CDC Week	34	35	36	37	38	39*	40*	
RSV tests performed weekly	119	192	199	296	285	319	313	1,723
Total positive RSV tests	3	4	3	9	7	14	18	58
Percent positive RSV tests	2.5	2.1	1.5	3.0	2.5	4.4	5.8	

\*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)

**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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