



### Epidemiologic Summary

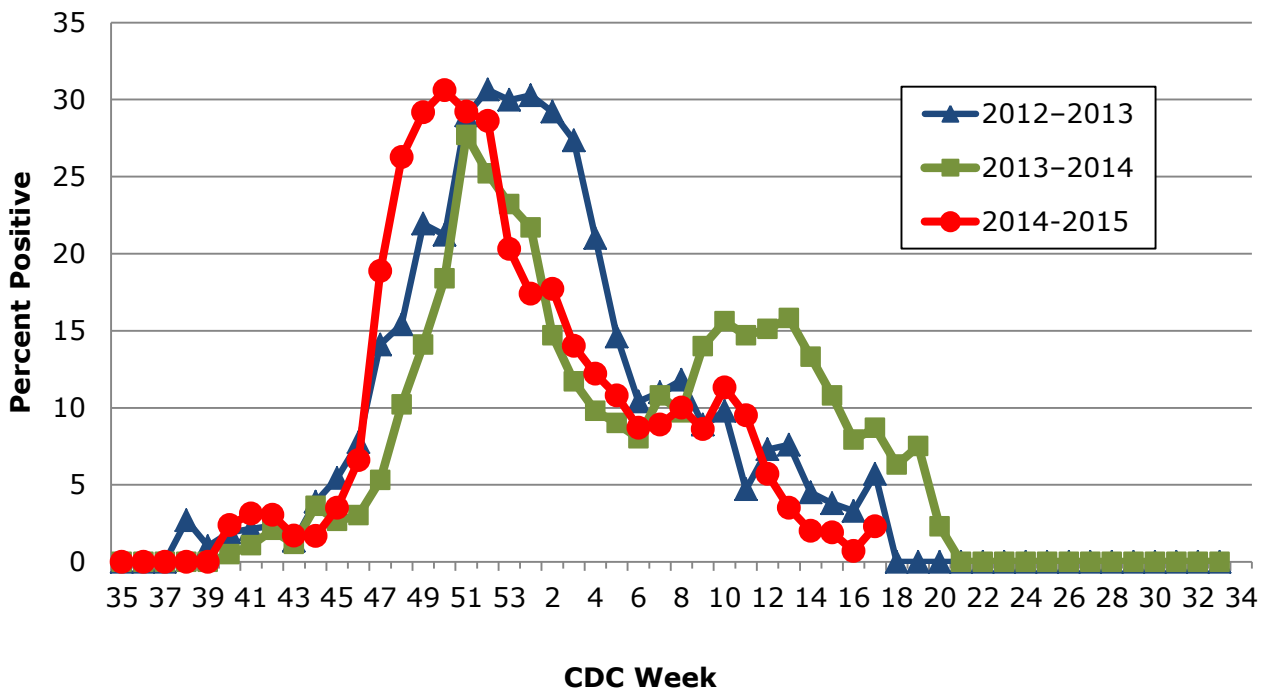
- Influenza activity continues to decrease overall in Dallas County with 2.3% of tests returning positive. Nationally, 5.5% of specimens reported to CDC were positive for influenza during week 17.
- During week 17, 83.3% of circulating strains were influenza B in Dallas County. Overall influenza A (H3N2) has been the predominant influenza strain circulating locally and nationally, comprising 99.7% of subtyped influenza A specimens in the DCHHS laboratory this season.
- Over 80% of the influenza A (H3N2) viruses analyzed to date in the US are significantly different (drifted) from the H3N2 virus included in this season’s flu vaccine.
- Influenza-associated hospitalizations are declining overall in Dallas County.
  - During weeks 16-17, no new intensive care unit (ICU) admissions were reported.
- No adult influenza-related deaths were reported during week 17. No influenza-associated pediatric deaths have been reported in Dallas County during the 2014–2015 season.
- Prompt treatment with antiviral medications is recommended for high risk or severely ill patients. In the United States, all recently circulating influenza viruses tested have been susceptible to the neuraminidase inhibitor antiviral medications, oseltamivir and zanamivir; however, rare sporadic instances of oseltamivir-resistant 2009 H1N1 and A (H3N2) viruses have been detected worldwide.
- RSV activity decreased this week with 2.4% of tests from area surveillance sites testing positive.

**Table 1. Influenza Surveillance Summary: Dallas County Providers, Hospitals and Viral Labs: September 28, 2014 – May 2, 2015**

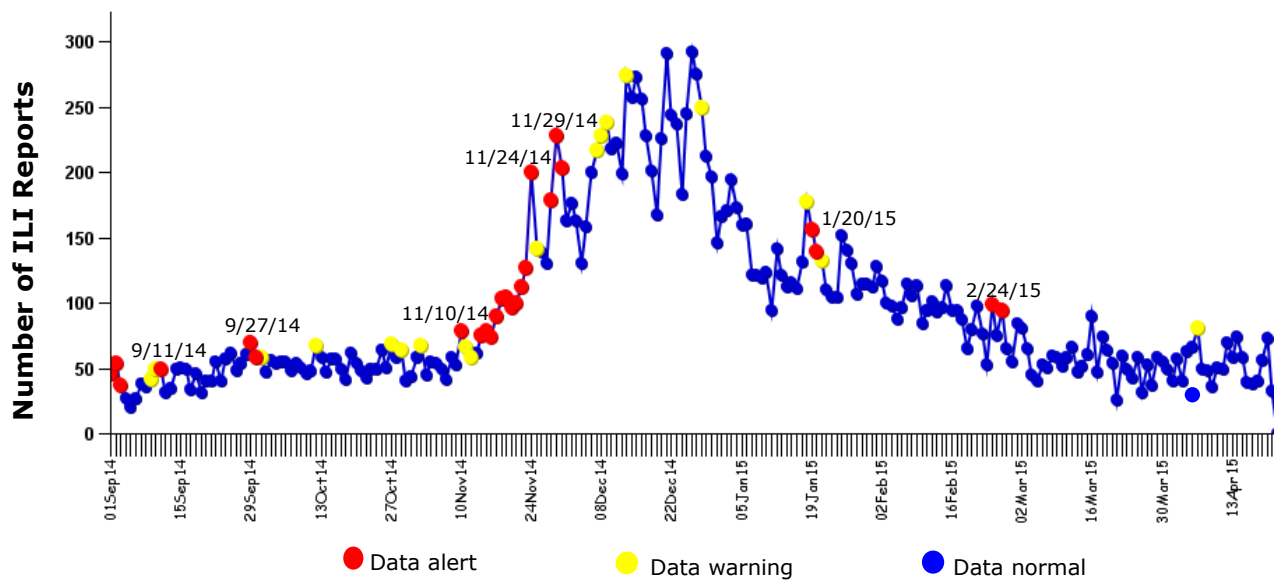
Week Ending	3/28	4/4	4/11	4/18	4/25	5/2	9/28 – Present
CDC Week	12	13	14	15	16	17	
Influenza tests performed weekly	940	714	705	583	549	533	60,453
Total positive influenza tests <sup>1</sup>	54	25	14	11	4	12	10,470
Percent positive influenza tests	5.7	3.5	2.0	1.9	0.7	2.3	
Positive influenza A tests <sup>2</sup>	15	1	3	2	0	2	9,131
Positive influenza B tests	39	24	11	9	4	10	1,339
Non-differentiated influenza tests <sup>3</sup>	0	0	0	0	0	0	0
Influenza hospitalizations <sup>4</sup>	6	2	3	4	4	3	1,016
Confirmed pediatric deaths <sup>5</sup>	0	0	0	0	0	0	0
Confirmed adult deaths <sup>6</sup>	0	0	0	0	1	0 (+0 Wk 18)	19
Possible influenza-associated deaths <sup>7</sup>	0	0	0	0	0	0 (+0 Wk 18)	2

\*Indicates preliminary results which are subject to change with late-arriving data from surveillance sites designated for DCHHS’ seasonal influenza program; <sup>1</sup> Includes positive rapid antigen, PCR, DFA, or culture results; <sup>2</sup> Further subtyping is performed only for specimens referred by institutions for PCR-testing; <sup>3</sup> Non-differentiated refers to rapid test results which did not differentiate between influenza A and B; <sup>4</sup> Reflects all influenza-associated hospitalizations reported from hospitals located within Dallas County by week of positive test; <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, compatible symptoms, and clear progression from illness to death, or 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.

**Figure 1. Percent Positive Influenza Tests by Week, Dallas County: 2012–2014 Seasons**

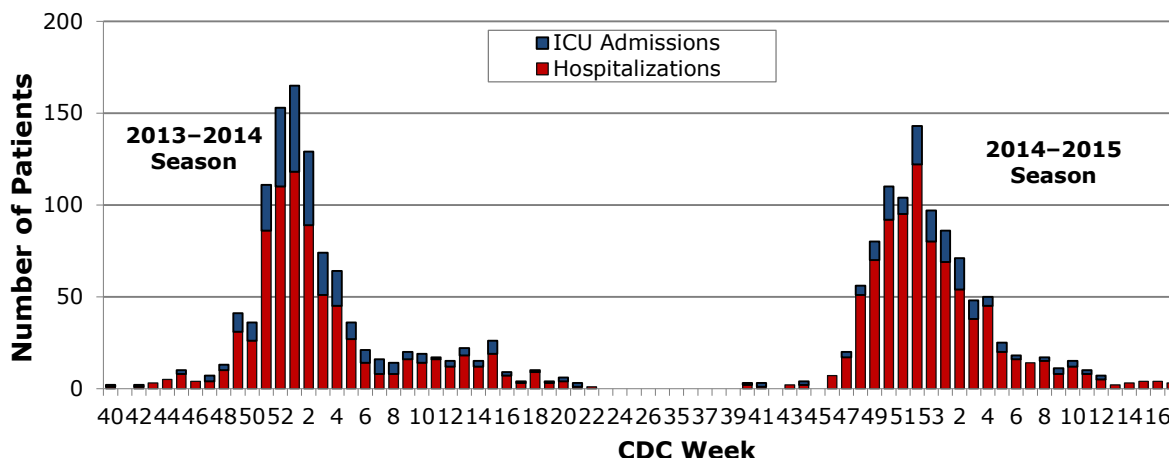


**Figure 2. Syndromic Surveillance of Emergency Department Visits for Influenza-like Illness (ILI), Dallas County: September 1, 2014 – April 23, 2015\***



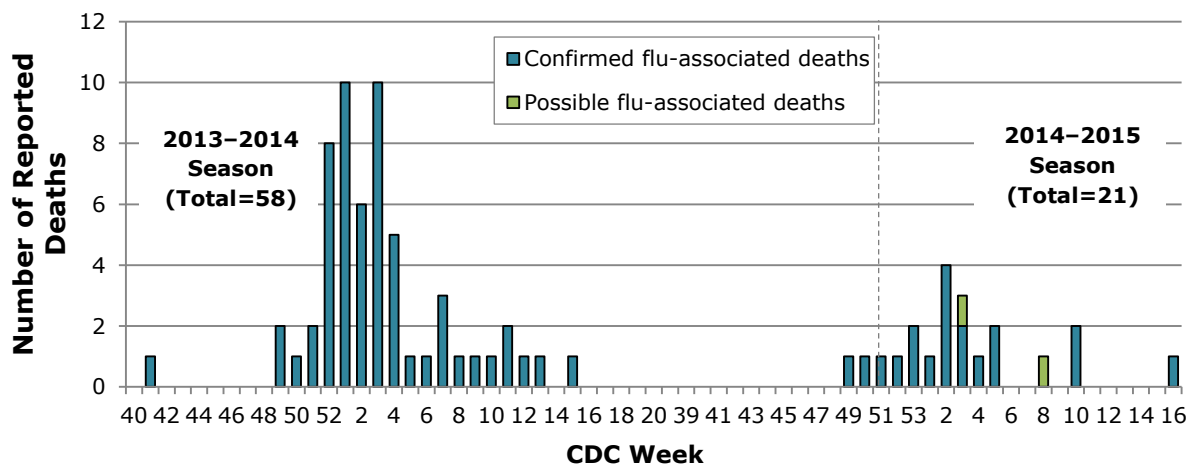
Data source: 18 emergency departments in Dallas County hospitals participating in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) voluntarily reporting the numbers of persons presenting with self-reported chief complaints of ILI. \*Updated data is pending due to technical problems with surveillance system. \*Updated data is pending due to technical problems with the surveillance system.

**Figure 3. Hospitalized Influenza Patients by Week of Admission, Dallas County: 2013–2014 Season Compared with 2014–2015 Season**



Data from 2013 through the current reporting period reflect all patients from hospitals located within Dallas County with influenza as documented by any positive influenza test (rapid antigen, PCR, DFA, or culture).

**Figure 4. Influenza-associated Deaths by Week of Death, Dallas County: 2013–2014 Season Compared with 2014–2015 Season**



Data source(s): Data from 2013 through the current reporting period reflect deaths reported from the ME with PCR-confirmation of influenza, or reported from hospitals with any laboratory-confirmed influenza (rapid antigen, PCR, DFA, or culture). Confirmed influenza death is defined by a positive lab test, compatible symptoms, and clear progression from illness to death, or determination by the ME of no alternate cause of death.

**Table 2. Influenza-associated Pediatric and Adult Deaths, Dallas County: 2009–2014 Seasons**

Confirmed Deaths	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015
Pediatric	5	2	1	3	3	0
Adult	23	3	0	6	55	19

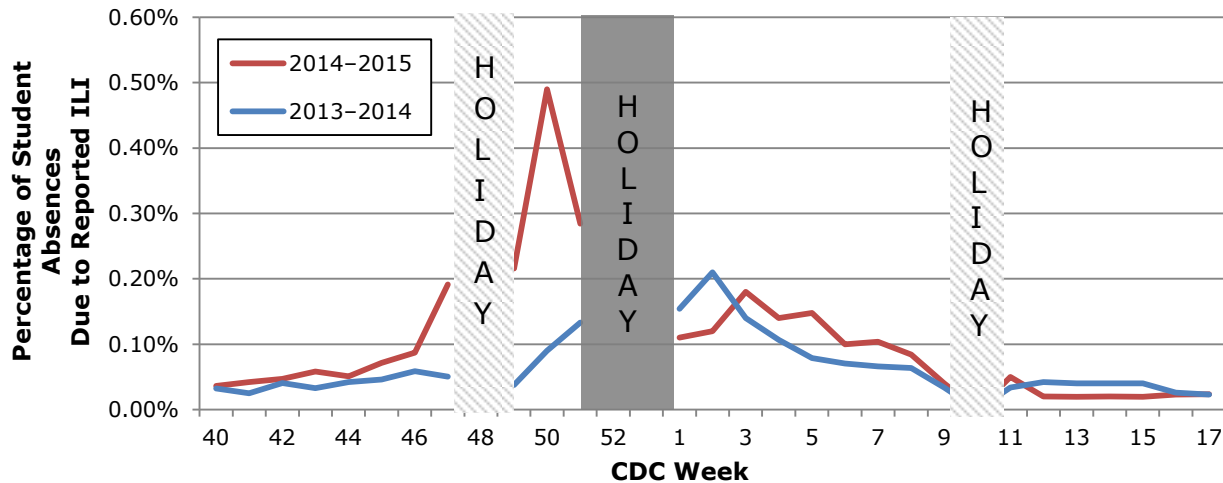
Data source(s): Reports of confirmed influenza-associated deaths, as defined above.

**Table 3. Influenza Typing and Subtyping from Cumulative Dallas County, Texas, and U.S. Laboratory Surveillance Data: 2014–2015 Season**

	Dallas <sup>1</sup> (n=341)	Texas <sup>2</sup> (n=16,789)	U.S. <sup>3</sup> (n=123,252)
Influenza A	329 (97.0%)	13,856 (82.5%)	103,937 (84.3%)
H1N1 2009 subtype	1 (0.3%)	19 (0.7%)	238 (0.5%)
H3N2 subtype	328 (99.7%)	2,643 (99.3%)	52,064 (99.5%)
Not subtyped	0	11,194	51,634
Influenza B	12 (3.0%)	2,933(17.5%)	19,315 (15.7%)

<sup>1</sup> DCHHS LRN laboratory PCR testing of designated Dallas County surveillance site isolates; <sup>2</sup> DSHS 2013–2014 Texas Influenza Surveillance Information Activity Report available at <http://www.dshs.state.tx.us/idcu/disease/influenza/surveillance/2015/>; <sup>3</sup> CDC FluView Weekly Influenza Surveillance Report available at <http://www.cdc.gov/flu/weekly/>.

**Figure 5. Percentage of Student Absences Due to ILI by Week, Dallas County: 2013–2014 and 2014–2015**



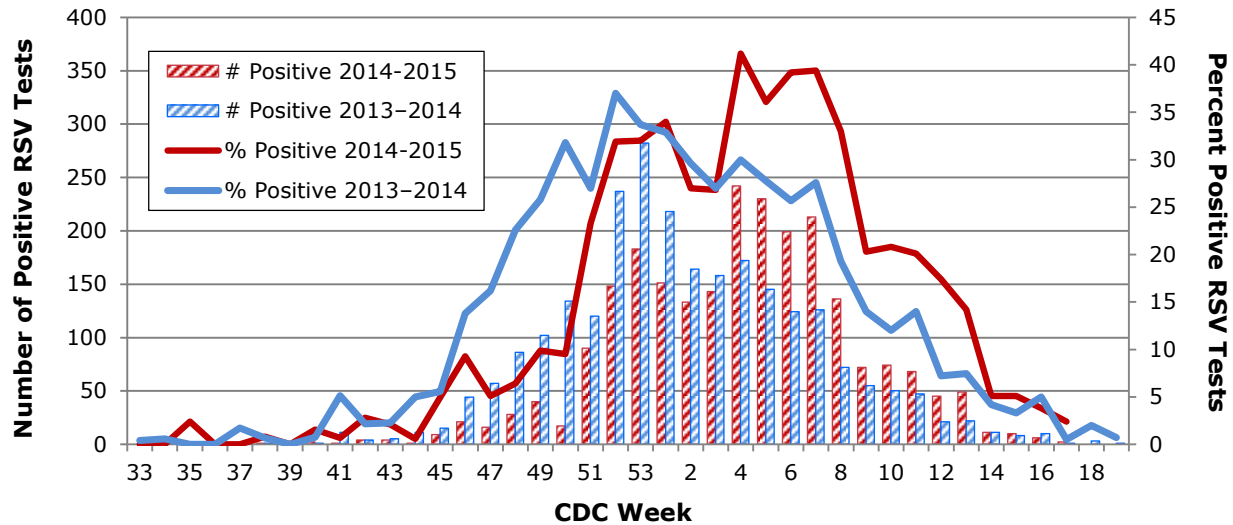
Data source: Voluntary reporting from Independent School Districts representing over 510 elementary, middle, and secondary schools and over 420,000 students in Dallas County.

**Table 4: Non-Influenza Respiratory Virus Testing by North Texas Laboratories Reported to NREVSS, Week 17**

Virus	Number of Laboratories Reporting	Tests Performed	Total Positive Tests	Percentage of Tests Positive
Adenovirus (respiratory)	4	58	3	5.2%
HMPV	4	58	5	8.6%
Parainfluenza virus	4	58	10	17.2%
Rhinovirus/enterovirus	4	58	13	22.4%
RSV (Antigen tests only)	4	8	0	0.0%

Data source: National Respiratory and Enteric Virus Surveillance System (NREVSS)

**Figure 6. Number and Percent Positive RSV Rapid Antigen and PCR Tests by Week, NREVSS Surveillance Data, North Texas: August 14, 2013 – May 2, 2015**



Data source: National Respiratory and Enteric Virus Surveillance System (NREVSS)

**Table 5. Number and Percent Positive RSV Rapid Antigen and PCR Tests by Week, NREVSS Surveillance Data, North Texas: August 16, 2014 – May 2, 2015**

Week Ending	3/28	4/4	4/11	4/18	4/25	5/2	8/16–Present
CDC Week	12	13	14	15	16	17	
RSV tests performed weekly	258	346	217	235	6	2	11,204
Total positive RSV tests	45	49	11	12	160	82	2,353
Percent positive RSV tests	17.4	14.2	5.1	5.1	3.8	2.4	

\*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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