

Texas Influenza Surveillance Report 2018-2019 Season/2019 MMWR Week 07

(February 10, 2019 – February 16, 2019) Report produced on 2/22/2019

Summary

Influenza activity remains high across the state of Texas. Compared to the previous week, the percentage of patient visits due to influenza-like illness (ILI) and the percentage of specimens testing positive for influenza reported by hospital laboratories slightly decreased. One influenza-associated pediatric death was reported. Thirteen ILI/influenza-associated outbreaks were reported. In addition to flu, other respiratory viruses—especially rhinovirus/enterovirus—were detected in Texas during week 07.

Table 1: Summary of Texas Influenza (Flu) and Influenza-like Illness (ILI) Activity for the Current Week

Texas Surveillance Component	Change from Previous Week	Current Week	Previous Week [†]	Page of Report
Statewide influenza activity level reported to CDC (geographic spread of influenza)	No change	Widespread	Widespread	
Statewide ILINet Activity Indicator assigned by CDC (intensity of influenza-like illness)	No change	High	High	
Percentage of specimens positive for influenza by hospital laboratories	▼3.05%	31.00%	34.05%	1
Percentage of visits due to ILI (ILINet)	▼0.03%	10.03%	10.06%	4
Number of regions reporting increased flu/ILI activity	▼4	3	7	6
Number of regions reporting decreased flu/ILI activity	▲ 3	4	1	6
Number of variant/novel influenza infections	No cases reported	0	0	6
Number of ILI/influenza outbreaks	▼1	13	14	6
Number of pediatric influenza deaths	New case reported	1	1	7

[†]Data displayed have been updated since last week's flu report with any new reports received.

Laboratory Results

Influenza

Hospital laboratories across Texas voluntarily report influenza tests (antigen, culture, and PCR) to the National Respiratory and Enteric Virus Surveillance System (NREVSS). Providers throughout Texas also submit specimens for influenza testing (PCR) to Texas public health laboratories, including the Texas Department of State Health Services (DSHS) state laboratory in Austin and the nine Texas Laboratory Response Network (LRN) laboratories. The results reported by Texas NREVSS participants and public health laboratories for the current week are summarized in the two tables below. Additional influenza test results (rapid tests, culture, PCR) and ILI activity were reported from providers and public health departments throughout the state (see county map at the end of this report).

Table 2: Influenza Testing Performed by Texas Hospital Laboratories for the Current Week

	Week 07	Season to Date Week Ending: Feb. 16, 2019
Number of labs reporting flu tests	16	
Number of specimens tested	5025	75260
Number of positive specimens (%) [†]	1558 (31.00%)	12775 (16.97%)
Percentage of total tests that were antigen detection tests	47.84%	
Positive specimens by type/subtype [n	(%)]	
Influenza A	1490 (95.64%)	11865 (92.88%)
Subtyping performed	192 (12.89%)	1047 (8.82%)
A (H1N1)	49 (25.52%)	406 (38.78%)
A (H3N2)	143 (74.48%)	641 (61.22%)
Subtyping not performed	1298 (87.11%)	10818 (91.18%)
Influenza B	68 (4.36%)	910 (7.12%)

†Laboratory data in 2016-2017 and 2017-2018 season reports may not be comparable to reports from seasons previous to 2016-2017 because the data only includes hospital laboratories data for the current season.

Figure 1: Number and Percentage of Tests (Antigen, Culture, PCR) Positive for Influenza by Type and Subtype Reported by Texas Hospital Laboratories, 2018-2019 Season

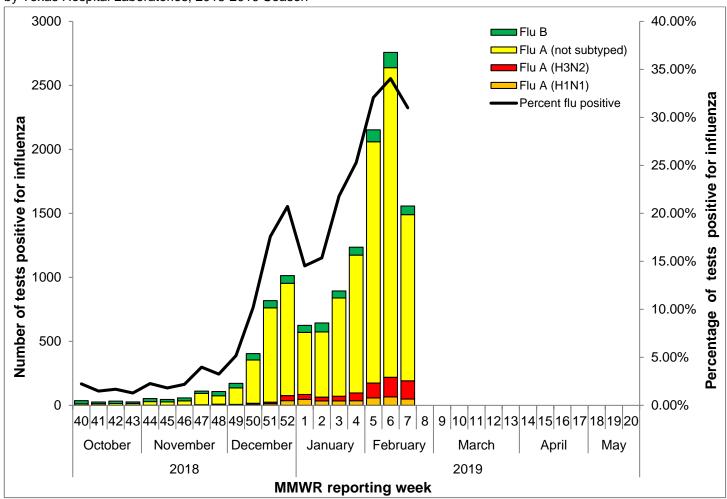


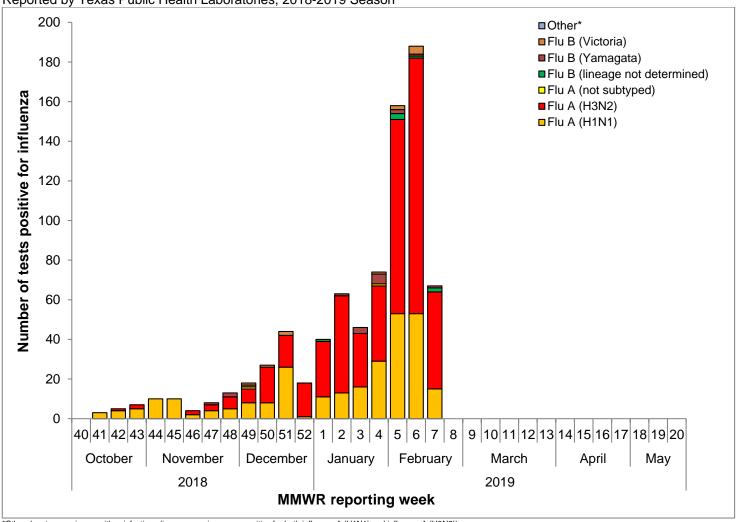
Table 3: Influenza Testing Performed by Texas Public Health Laboratories for the Current Week

	Week 07	Season to Date Week Ending: Feb. 16, 2019
Number of labs reporting flu tests	6	
Number of specimens tested	107	1508
Number of positive specimens (%) [†]	67 (62.62%)	803 (53.25%)
Positive specimens by type/subtype/	lineage [n (%)]	
Influenza A	64 (95.52%)	768 (95.64%)
Subtyping performed	64 (100.00%)	766 (99.74%)
A (H1N1)	15 (23.44%)	276 (36.03%)
A (H3N2)	49 (76.56%)	490 (63.97%)
Subtyping not performed	0 (0.00%)	2 (0.26%)
Influenza B	3 (4.48%)	35 (4.36%)
Lineage testing performed	1 (33.33%)	28 (80.00%)
B/Victoria	0 (0.00%)	11 (39.29%)
B/Yamagata	1 (100.00%)	17 (60.71%)
Lineage testing not performed	2 (66.67%)	7 (20.00%)
Other*	0 (0.00%)	0 (0.00%)

[†]Laboratory data in 2016-2017 and 2017-2018 season reports may not be comparable to reports from seasons previous to 2016-2017 because the data only includes hospital laboratories data for the current season

^{*}Other denotes specimens with coinfections (i.e. one specimen was positive for both influenza A (H1N1) and influenza A (H3N2))

Figure 2: Number and Percentage of Tests (Antigen, Culture, PCR) Positive for Influenza by Type, Subtype, and Lineage Reported by Texas Public Health Laboratories, 2018-2019 Season



^{*}Other denotes specimens with coinfections (i.e. one specimen was positive for both influenza A (H1N1) and influenza A (H3N2))

Other Respiratory Viruses

The NREVSS system collects information on a variety of respiratory viruses in addition to influenza including parainfluenza virus, respiratory syncytial virus (RSV), rhinovirus, human metapneumovirus (HMPV), seasonal coronavirus, and respiratory adenovirus. The results for the current week are summarized below.

Table 4: Non-Influenza Respiratory Virus Testing Performed by Texas NREVSS Laboratories for the Current Week

Virus	Number of Laboratories Testing	Tests Performed	Positive Tests	Percentage of Tests Positive
Adenovirus (respiratory)	9	1297	62	4.78%
HMPV	10	1372	84	6.12%
Parainfluenza virus	10	1603	70	4.37%
Rhinovirus	9	965	207	21.45%
RSV [†]	16	2663	143	5.37%
Seasonal coronavirus (does not include MERS-CoV)	5	833	59	7.08%

[†]RSV tests displayed in the table are a combination of antigen detection, PCR, and culture tests. Some non-NREVSS reporters also contribute to the RSV data.

^Numbers and percentage may differ from the weekly RSV report. The weekly RSV report may be accessed at https://www.dshs.state.tx.us/RSV/disease/rsv-Data.aspx.

Antigenic Characterization

Since September 30, 2018, CDC has reported antigenic characterization results from three influenza A (H3N2) viruses, ten influenza A (H1N1) viruses and one influenza B viruses received from the Texas Department of State Health Services (DSHS) Laboratory, the Dallas County Health and Human Services Laboratory Response Network (LRN) Laboratory, and the San Antonio LRN Laboratory. The DSHS Laboratory and the two LRN laboratories send a representative sample of influenza viruses to the CDC throughout the flu season.

Influenza A (H3N2) [3]

• Three (100%) viruses were related to A/Singapore/INFIMH-16-0019/2016-LIKE (H3N2). This virus strain was included in the 2018-2019 influenza vaccine for the Northern Hemisphere

Influenza A (H1N1) [10]

• Ten (100%) viruses were related to A/Michigan/45/2015 (H1N1). This virus strain was included in the 2018-2019 influenza vaccine for the Northern Hemisphere.

Influenza B [1]

- Victoria lineage [0]
- Yamagata lineage [1]
 - o One (100%) virus was related to B/Phuket/3073/2013-LIKE. This virus strain was included in the quadrivalent but not trivalent 2018-2019 influenza vaccine for the Northern Hemisphere.

Antiviral Resistance

No antiviral resistance testing data for Texas specimens are available at this time.

U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)

Table 5: Texas ILINet Reporting and Patient Visit Summary for the Current Week

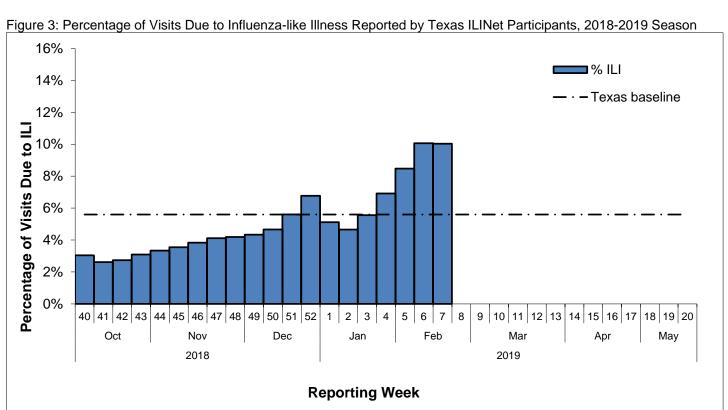
	Week 06
Number of providers reporting [†]	102
Number of providers reporting patient visits	101
Number (%) of providers with at least one ILI case	96 (95.05%)
Percentage of all visits due to ILI	10.03%
Texas ILINet baseline [‡] , 2018-2019	5.60%

[†]Reporting providers include both ILINet and RVSP providers.

[‡]The baseline is the mean percentage of patient visits for ILI during non-influenza weeks for the previous three seasons plus two standard deviations. A "non-influenza week" is defined as a week that accounted for less than 2% of the season's total number of specimens that tested positive for influenza

Table 6: Percentage of Visits for Influenza-like Illness Reported by Texas ILINet Providers (as of 2/21/2019 9:10 AM)

Week	Providers	Nun	Number of ILI Cases by Age Group (Years)			Total ILI	Total	ILI	
Week	Reporting	0-4	5-24	25-49	50-64	65+	(all ages)	Patients	161
201840	113	139	341	169	132	135	916	30116	3.04%
201841	112	155	216	185	116	98	770	29435	2.62%
201842	112	126	275	180	92	120	793	28991	2.74%
201843	111	165	335	209	108	128	945	30540	3.09%
201844	113	168	357	230	121	139	1015	30404	3.34%
201845	115	225	388	253	118	136	1120	31559	3.55%
201846	115	227	374	278	168	130	1177	30694	3.83%
201847	115	199	249	236	134	125	943	22915	4.12%
201848	114	261	396	310	213	179	1359	32441	4.19%
201849	114	217	406	303	188	199	1313	30298	4.33%
201850	114	254	493	304	167	157	1375	29506	4.66%
201851	106	266	471	362	206	213	1518	27082	5.61%
201852	106	238	432	404	202	165	1441	21287	6.77%
201901	110	196	305	462	173	108	1244	24322	5.11%
201902	110	218	403	443	165	99	1328	28515	4.66%
201903	112	245	655	467	151	73	1591	28636	5.56%
201904	113	263	951	503	192	95	2004	28974	6.92%
201905	110	286	1446	573	194	73	2572	30352	8.47%
201906	106	341	1801	690	247	71	3150	31309	10.06%
201907	102	350	1617	761	213	101	3042	30320	10.03%



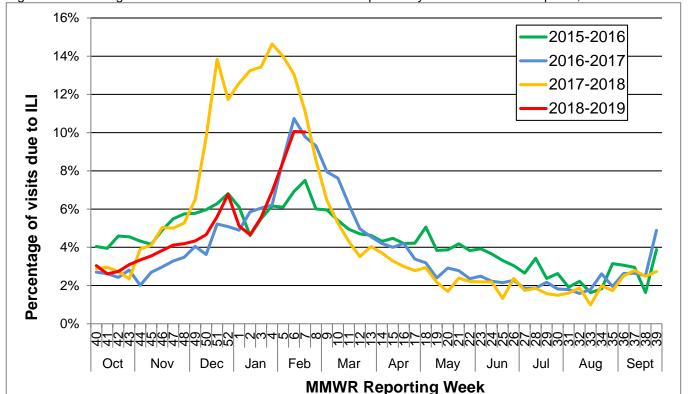


Figure 4: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2015–2019 Seasons

Reports from Health Service Regions

Reports were received from all Health Service Regions (HSRs) during week 07.

Table 7: Influenza Activity Compared to week 06 by Health Service Region (HSR)

Influenza Activity Comparison	Health Service Region (HSR)
Increased	1, 6/5S, and 11
Same	8
Decreased	2/3, 4/5N, 7, and 9/10
Unsure	

Variant Influenza Viruses

No variant or novel influenza viruses have been detected in Texas during the 2018-2019 season.

Institutional Outbreaks and School Closures

Seven institutional outbreaks were reported in three different HSRs during week 07. Three influenza-associated outbreaks were reported in HSR 2/3 at long-term care facilities. The first outbreak reported three residents with positive test results for influenza A by rapid test. The second outbreak reported four residents and 4 staff with symptoms of ILI. Of those, four residents and one staff tested positive for influenza A by rapid test. The third outbreak had three residents who tested positive for influenza A by rapid test. Three outbreaks were reported in HSR 4/5N in long-term care facilities. The first outbreak reported eight residents who tested positive for influenza A and one resident who tested positive for influenza B by rapid test. The second outbreak reported six residents and one staff with positive test results for influenza A by rapid test. The final outbreak had six residents who tested positive for influenza A by rapid test. HSR 8 reported one outbreak with five residents with symptoms of ILI at a hospital. Two patients tested positive for influenza A by an unknown test type. Control measures included isolation of the ill and prophylaxis given, among other control measures.

Two school closures, three school outbreaks, and one daycare outbreak was reported during week 07 in four different HSRs. One school closure was reported in HSR 1. One school closure was reported in HSR 2/3. One school outbreak was reported in HSR 7. Two school outbreaks and one daycare outbreak was reported in HSR 8.

P&I Mortality Surveillance Data

Pneumonia and influenza (P&I) death data are obtained from death certificates of Texas residents whose underlying or contributing cause(s) of death is reported as pneumonia or influenza. P&I deaths are identified based on ICD-10 multiple cause of death codes. In particular, P&I deaths are based on ICD-10 pneumonia and influenza mortality codes.

One thousand eight hundred and sixty-five P&I deaths have been reported in Texas during the 2018-2019 influenza season.

Table 8: Texas P&I Deaths Occurring Sept. 30, 2018- Jan. 02, 2019* by Age

Age Category	Number of P&I	Mortality Rate
(years)	Deaths ⁺	(per 100,000)
0 - 4	<10	0.05
5 - 17	<10	0.11
18 - 49	112	0.84
50 - 64	315	6.07
65 +	1431	37.31
Overall	1865	6.23

^{*}NOTE: Data are provisional and subject to change, errors, and duplicates

Table 9: Texas P&I Deaths Occurring Sept. 30, 2018- Jan. 02, 2019*by Health Service Region (HSR)

10000001	on z came c c caming copin co	3, <u>,,,,,,, </u>
		Mortality Rate (per
HSR	Number of P&I Deaths	100,000)
1	56	6.01
2/3	573	6.61
4/5N	137	8.36
6/5S	438	5.59
7	207	5.64
8	207	6.70
9/10	96	6.00
11	151	6.01
Overall	1865	6.23

^{*}NOTE: Data are provisional and subject to change, errors, and duplicates

Influenza-Associated Pediatric Mortality

One influenza-associated pediatric death was reported during week 07 but occurred during week 05 in a 7-year-old resident of HSR 2/3 with underlying health conditions. A specimen collected from the child was positive for influenza A by rapid test. The child was not vaccinated for the current season.

Six influenza-associated pediatric deaths have been reported in Texas during the 2018-2019 influenza season. Cases of influenza-associated pediatric mortality (children <18 years of age) are reportable year-round and by law in Texas.

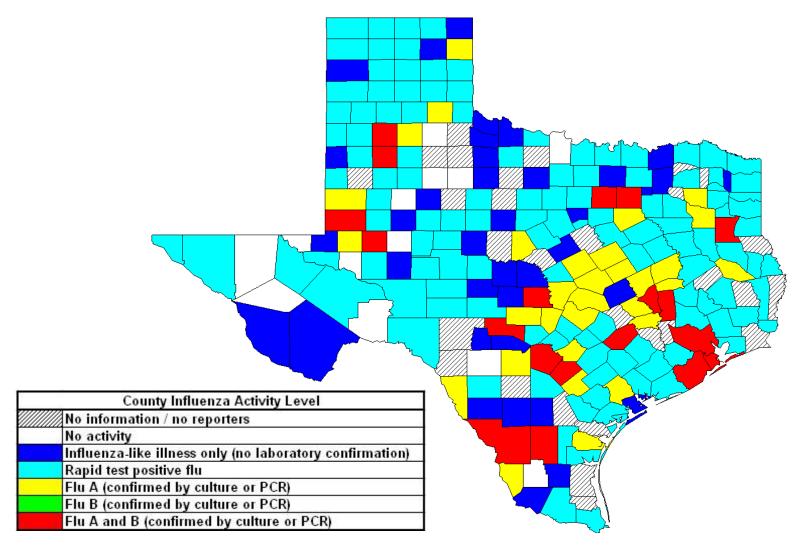
Table 10: Influenza-Associated Pediatric Deaths Reported in Texas during the 2018-2019 Season

Month of Pediatric Death	Influenza A (H1N1)	Influenza A (H3N2)	Influenza A (Not Subtyped)	Influenza B	Influenza, Not Typed / Not Differentiated	Influenza virus co-infection: A (not subtyped) and B	Total, All Influenza Types / Subtypes
2018							
October	1	0	0	0	0	0	1
November	0	0	0	0	0	0	0
December	0	0	0	0	0	0	0
2019							
January	0	0	4	0	0	0	4
February	0	0	1	0	0	0	1
Total	1	0	5	0	0	0	6

⁺ If the cell count is less than 10, the number of P&I deaths is suppressed and <10 is written in the cell.

Statewide Influenza Activity Map

Figure 5: Texas Map Displaying the Highest Level of Influenza or ILI Activity Reported by County for the Week Ending Feb. 16, 2019 (MMWR Week 07)



Please note: The majority of influenza cases are not reportable by law in Texas. This map contains data from sentinel sites and only displays influenza and ILI cases that were reported to public health. Positive laboratory results are reported according to specimen collection date, or date received in the laboratory if the former is unknown.

Texas Influenza Surveillance Components and Measures

Activity codes (see http://www.cdc.gov/flu/weekly/overview.htm)

Statewide influenza activity level

A code reported weekly by states and territories to CDC indicating the geographic spread of influenza in the state. Levels are no activity, sporadic, local, regional, and widespread.

ILINet Activity Indicator

A statewide level of influenza-like illness intensity (on a scale of 1-10, with 1 being the lowest level) assigned to each state weekly by CDC based on data reported through ILINet.

Morbidity

Novel/variant influenza

Thorough investigations are performed on all cases of novel/variant influenza. This condition is reportable by law in Texas.

Texas ILINet

Providers voluntarily report weekly to CDC's ILINet system on the number of outpatient visits for ILI and total outpatient visits. Providers may submit up to 5 specimens per month for influenza testing. See http://www.dshs.state.tx.us/idcu/disease/influenza/surveillance/ILINet/ for information on how to become an ILINet provider.

ILI activity

Non-ILINet providers report ILI or influenza data weekly to local or regional health departments.

Outbreaks

Healthcare, schools, childcare, and correctional facilities report ILI and influenza outbreaks to health departments in Texas. This condition is reportable by law in Texas.

Mortality

Pneumonia and Influenza (P&I) Mortality Surveillance

The DSHS Vital Statistics Unit collects death certificate information for all deaths on Texas residents from various partners such as funeral homes and local registrars around the state. The death certificates are then sent to the National Center for Health Statistics (NCHS) where the cause of death and underlying causes of death on the death certificates are coded with ICD-10 mortality codes. Once death certificates are coded, the information is sent back to DSHS Center for Health Statistics (CHS). CHS produces a Weekly Pneumonia and Influenza (P&I) Death Report and sends it to the State Influenza Surveillance Coordinator for inclusion in the Texas Weekly Flu Report. P&I deaths are identified based on ICD-10 multiple cause of death codes, and in particular, pneumonia and influenza mortality codes. Delays inherent in death reporting and coding practices may cause the number of reported P&I deaths to vary considerably each week.

Influenza-associated pediatric deaths

Deaths that are associated with influenza in children < 18 years of age are reported to health departments in Texas. *This condition is reportable by law in Texas.* http://www.dshs.state.tx.us/idcu/disease/IAPM/

Laboratory

DSHS Austin laboratory

Providers voluntarily submit specimens to the DSHS Austin laboratory for influenza PCR testing throughout the season. Providers sign up for this program through their local health departments.

Laboratory Response Network (LRN) laboratories

Providers voluntarily submit specimens to one of the 9 Texas LRNs for influenza PCR testing throughout the season. Providers sign up for this program through their local health departments.

NREVSS

Laboratories voluntarily report influenza and other respiratory virus data weekly through the CDC's online NREVSS reporting system.

Laboratories sign up for this program by contacting DSHS. http://www.cdc.gov/surveillance/nrevss/

Recommended Resources

Texas Department of State Health Services DSHS influenza page: http://www.texasflu.org/

Influenza surveillance data and reports: http://www.dshs.state.tx.us/idcu/disease/influenza/surveillance/

Map of Texas Health Service Regions: http://www.dshs.state.tx.us/regions/state.shtm

Centers for Disease Control and Prevention

National FluView weekly flu report: http://www.cdc.gov/flu/weekly/ Variant influenza viruses: http://www.cdc.gov/flu/swineflu/variant.htm Avian influenza viruses: http://www.cdc.gov/flu/swineflu/index.htm Swine influenza viruses: http://www.cdc.gov/flu/swineflu/index.htm

Infection Control in Healthcare Facilities: http://www.cdc.gov/flu/professionals/infectioncontrol/

Seasonal Flu Information for Schools and Childcare Providers: http://www.cdc.gov/flu/school/index.htm

World Health Organization

Influenza page: http://www.who.int/topics/influenza/en/
Disease Outbreak News: http://www.who.int/csr/don/en/