



Texas Influenza Surveillance Report 2017–2018 Season/2017 MMWR Week 52

(Dec. 24, 2017 – Dec. 30, 2017)

Report produced on 1/05/2018

Summary

Influenza activity is increasing 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 has marginally decreased. The percentage of specimens testing positive for influenza reported by public health laboratories has slightly increased. No influenza-associated pediatric deaths were reported. Seven ILI or influenza-associated outbreaks were reported. In addition to flu, other respiratory viruses—especially respiratory syncytial virus (RSV)—were detected in Texas during week 52.

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	▼2.35%	34.22%	36.57%	1
Percentage of specimens positive for influenza by public health laboratories	▲9.11%	82.26%	73.15%	2
Percentage of visits due to ILI (ILINet)	▼1.96%	12.41%	14.37%	4
Number of regions reporting increased flu/ILI activity	▲1	8	7	6
Number of regions reporting decreased flu/ILI activity	No change	0	0	6
Number of variant/novel influenza infections	No cases reported	0	0	6
Number of ILI/influenza outbreaks	▼7	7	14	6
Number of pediatric influenza deaths	No new cases reported	0	0	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 52	Season to Date Week Ending: Dec. 30, 2017
Number of labs reporting flu tests	7	
Number of specimens tested	2884	36113
Number of positive specimens (%)†	987 (34.22%)	5585 (15.47%)
Percentage of total tests that were antigen detection tests	21.01%	
Positive specimens by type/subtype [n (%)]		
Influenza A	879 (89.06%)	4730 (84.69%)
Subtyping performed	142 (16.15%)	843 (17.82%)
A (H1N1)	34 (23.94%)	217 (25.74%)
A (H3N2)	108 (76.06%)	626 (74.26%)
Subtyping not performed	737 (83.85%)	3887 (82.18%)
Influenza B	108 (10.94%)	855 (15.31%)

†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, 2017–2018 Season

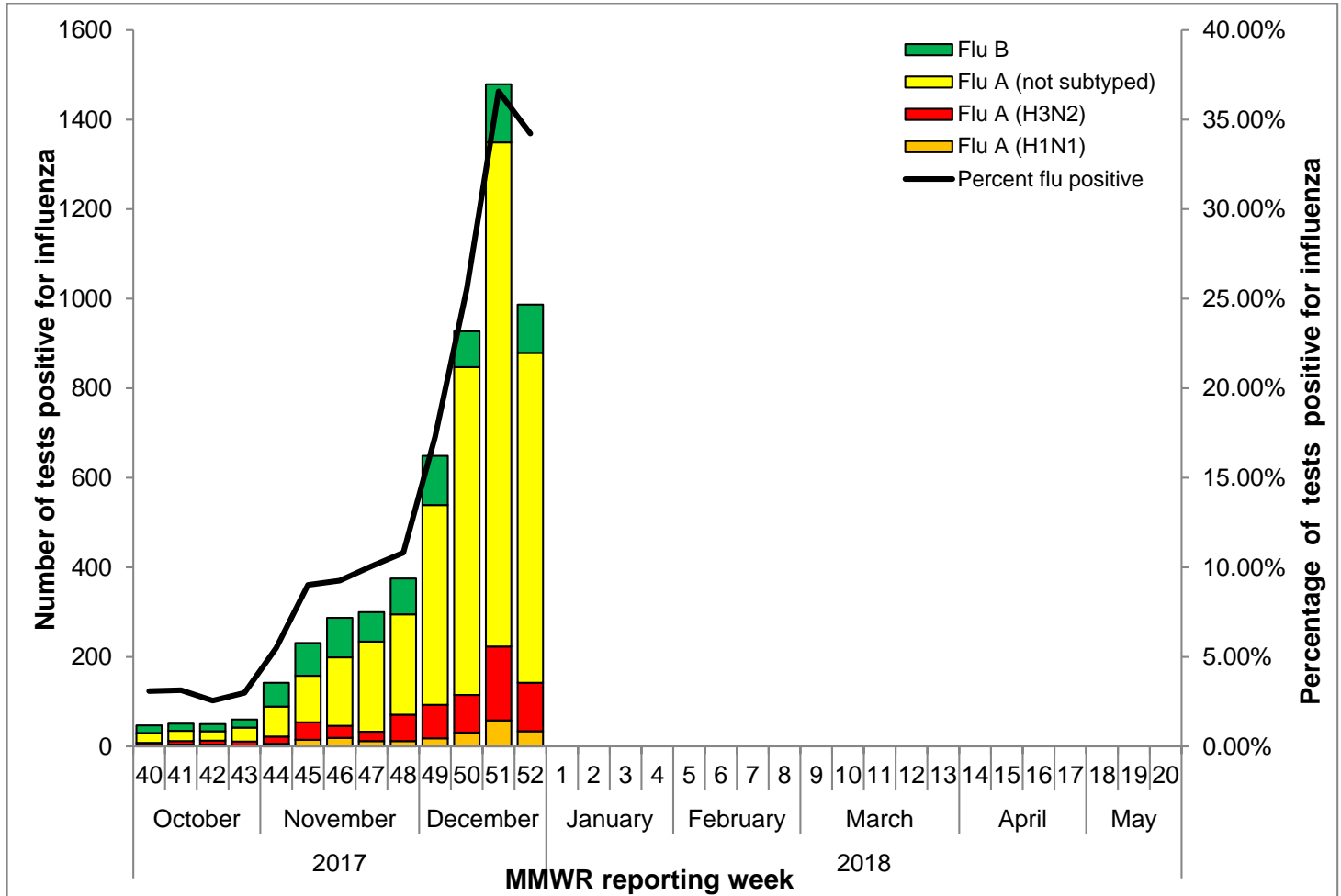


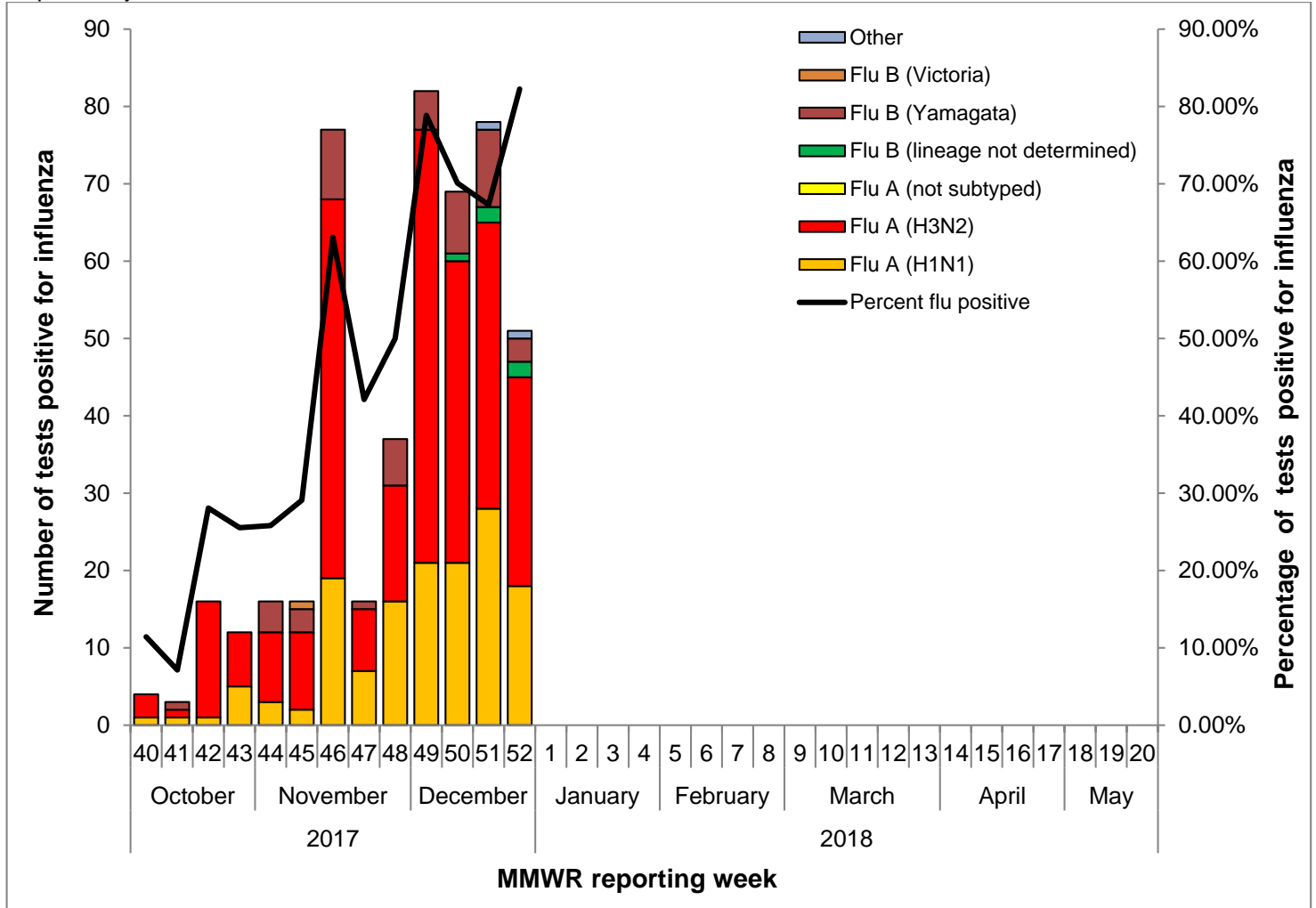
Table 3: Influenza Testing Performed by Texas Public Health Laboratories for the Current Week

	Week 52	Season to Date Week Ending: Dec. 30, 2017
Number of labs reporting flu tests	4	
Number of specimens tested	62	902
Number of positive specimens (%) [†]	51 (82.26%)	477 (52.88%)
Positive specimens by type/subtype/lineage [n (%)]		
Influenza A	45 (88.24%)	419 (87.84%)
Subtyping performed	45 (100.00%)	419 (100.00%)
A (H1N1)	18 (40.00%)	143 (34.13%)
A (H3N2)	27 (60.00%)	276 (65.87%)
Subtyping not performed	0 (0.00%)	0 (0.00%)
Influenza B	5 (9.80%)	56 (11.74%)
Lineage testing performed	3 (60.00%)	51 (91.07%)
B/Victoria	0 (0.00%)	1 (1.96%)
B/Yamagata	3 (100.00%)	50 (98.04%)
Lineage testing not performed	2 (40.00%)	5 (8.93%)
Other*	1 (1.96%)	2 (0.42%)

[†]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, 2017-2018 Season



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)	4	765	26	3.40%
HMPV	4	549	40	7.29%
Parainfluenza virus	4	765	15	1.96%
Rhinovirus	4	510	59	11.57%
RSV ^{†^}	7	2309	480	20.79%
Seasonal coronavirus (does not include MERS-CoV)	2	445	35	7.87%

[†]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 October 01, 2017, CDC has reported antigenic characterization results from eight influenza A (H3N2) viruses, three influenza A (H1N1) viruses and three influenza B virus 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) [8]

- Eight (100.0%) viruses were related to A/Hong Kong/4801/2014 virus, the influenza A (H3N2) component of the 2017-2018 Northern Hemisphere influenza vaccine.

Influenza A (H1N1) [3]

- Three (100%) viruses were related to A/Michigan/45/2015 (H1N1). This virus strain was included in the 2017-2018 influenza vaccine for the Northern Hemisphere.

Influenza B [3]

- Victoria lineage [0]
- Yamagata lineage [3]: Three (100.00%) influenza B/Yamagata-lineage virus has been characterized from Texas. A B/Phuket/3073/2013-like virus, which belongs to the B/Yamagata lineage, is included as an influenza B component of the 2017-2018 Northern Hemisphere quadrivalent influenza vaccine.

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 52
Number of providers reporting [†]	59
Number of providers reporting patient visits	57
Number (%) of providers with at least one ILI case	56 (98.25%)
Percentage of all visits due to ILI	12.41%
Texas ILINet baseline [‡] , 2017-2018	6.41%

[†]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 1/04/18 3:00 PM)

Week	Providers Reporting	Number of ILI Cases by Age Group (Years)					Total ILI (all ages)	Total Patients	ILI
		0-4	5-24	25-49	50-64	65+			
201740	114	165	325	166	119	140	915	31551	2.90%
201741	116	171	286	186	130	155	928	31119	2.98%
201742	113	153	281	186	113	127	860	31227	2.75%
201743	108	185	293	135	60	26	699	29868	2.34%
201744	78	206	381	156	116	142	1001	25511	3.92%
201745	111	221	495	292	164	130	1302	31758	4.10%
201746	114	292	627	365	179	192	1655	32782	5.05%
201747	114	230	390	309	143	107	1179	23444	5.03%
201748	109	298	575	421	167	73	1534	28926	5.30%
201749	110	292	617	435	272	242	1858	28227	6.58%
201750	109	350	1145	801	364	260	2920	29522	9.89%
201751	101	350	1472	1244	631	394	4091	28464	14.37%
201752	59	279	447	548	342	251	1867	15041	12.41%

Figure 3: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2017–2018 Season

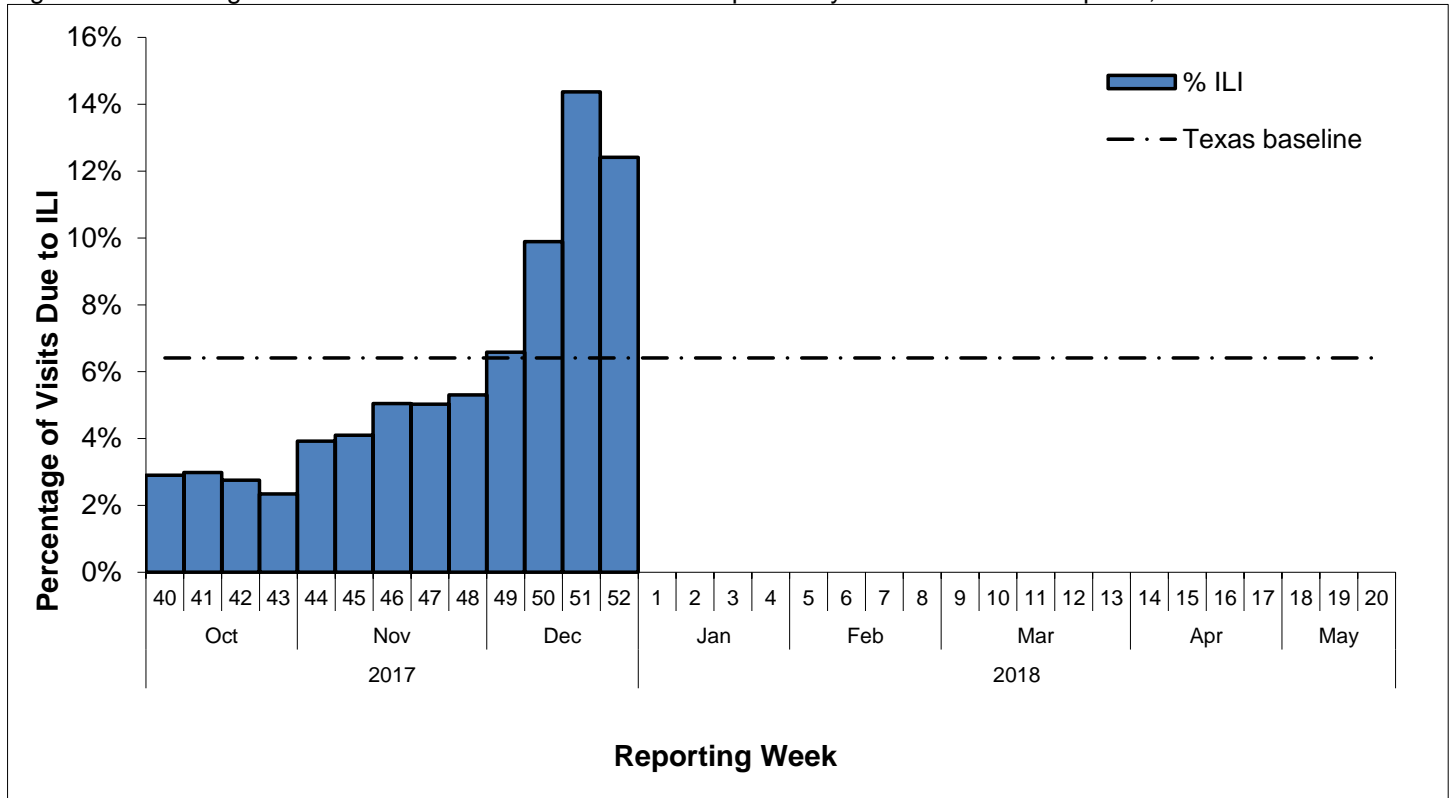
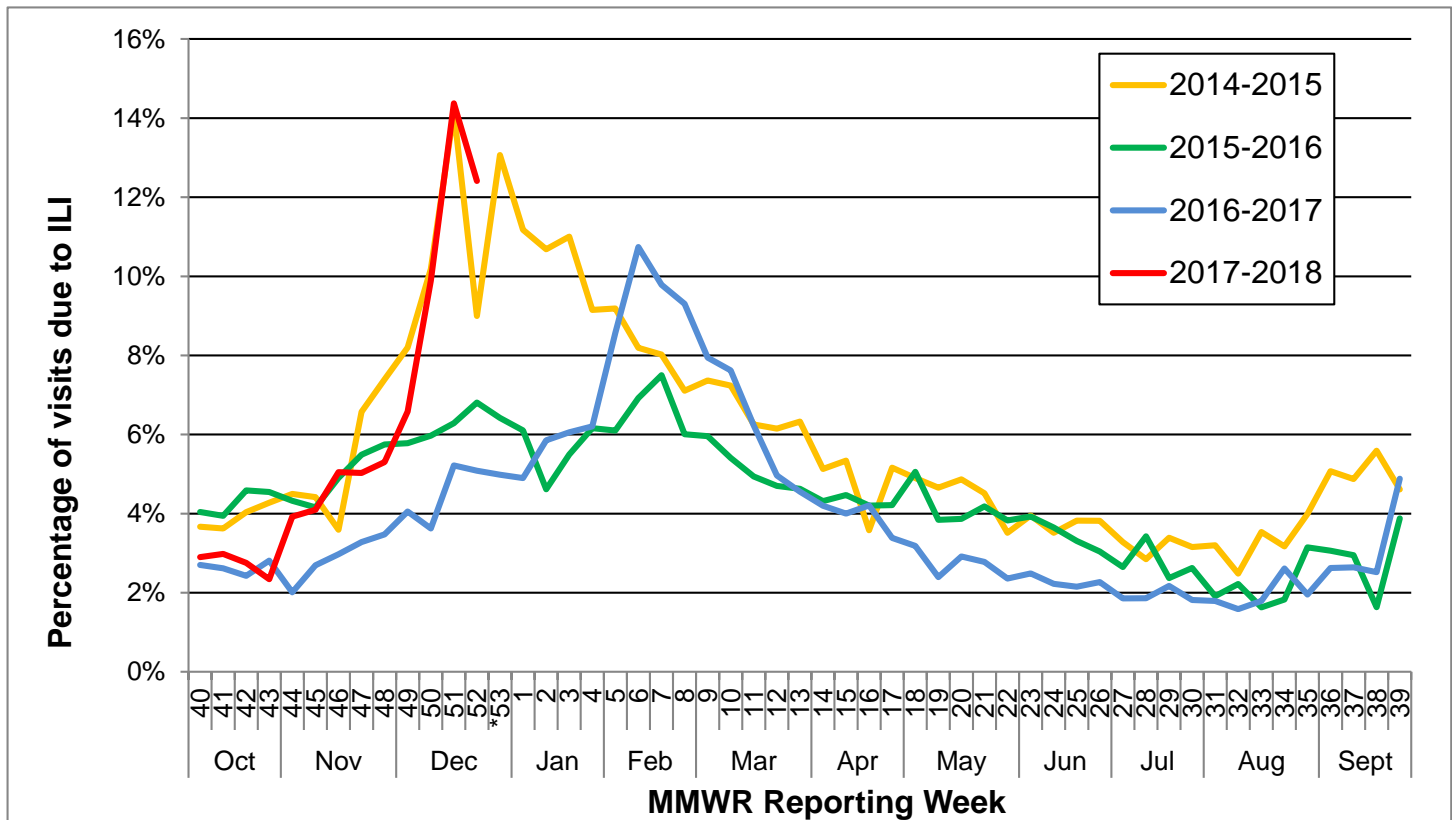


Figure 4: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2014–2018 Seasons*



*There was a week 53 in the 2014-2015 influenza season, but there is not a week 53 for the 2017-2018 influenza season or the other previous seasons; therefore, the week 53 data point for those seasons is an average of week 52 and 1.

Reports from Health Service Regions

Reports were received from all Health Service Regions (HSRs) during week 52.

Table 7: Influenza Activity Compared to Week 51 by Health Service Region (HSR)

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

Variant Influenza Viruses

No variant or novel influenza viruses have been detected in Texas during the 2017-2018 season.

Institutional Outbreaks and School Closures

Four influenza-associated outbreaks in institutional settings were reported during week 52 at 2 different HSRs all at long-term care facilities. Three outbreaks were reported in HSR 11. The first outbreak reported 9 residents who tested positive for influenza A by rapid test. The second outbreak in HSR 11 reported 2 cases who tested positive for influenza by rapid test. The third outbreak in HSR 11 reported 2 residents who tested positive for influenza A by rapid test. The final outbreak was reported in HSR 9/10. Two residents tested positive for influenza, one for influenza A and one for influenza B, by rapid test. Various control measures such as limiting the movement of staff, limiting group activities, and distributing prophylaxis were implemented at the facilities.

No school closures were reported but 3 ILI/influenza-associated outbreaks were reported in schools during week 52 in HSR 6/5S. Three outbreaks were reported in HSR 6/5S. In the first reported outbreak in HSR 6/5S, 67 students and 8 staff members reported symptoms of ILI. In the second outbreak, 43 students reported symptoms of ILI. In the final outbreak, 25 students reported symptoms of ILI. Various control measures, such as posting educational material, were done at the schools.

TX 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 one hundred and fifty-five P&I deaths have been reported in Texas during the 2017-2018 influenza season.

Table 8: Texas P&I Deaths Occurring Oct. 01, 2017-Jan. 03, 2018* by Age

Age Category (years)	Number of P&I Deaths ⁺	Mortality Rate (per 100,000)
0 - 4	<10	0.24
5 - 17	<10	0.09
18 - 49	67	0.52
50 - 64	183	3.58
65 +	895	24.38
Overall	1155	3.93

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

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

Table 9: Texas P&I Deaths Occurring Oct. 01, 2017- Jan. 03, 2018* by Health Service Region (HSR)

HSR	Number of P&I Deaths	Mortality Rate (per 100,000)
1	48	5.21
2/3	323	3.80
4/5N	95	5.86
6/5S	258	3.36
7	139	3.88
8	116	3.82
9/10	63	4.00
11	113	4.58
Overall	1155	3.93

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

Influenza-Associated Pediatric Mortality

No influenza-associated pediatric deaths were reported during week 52.

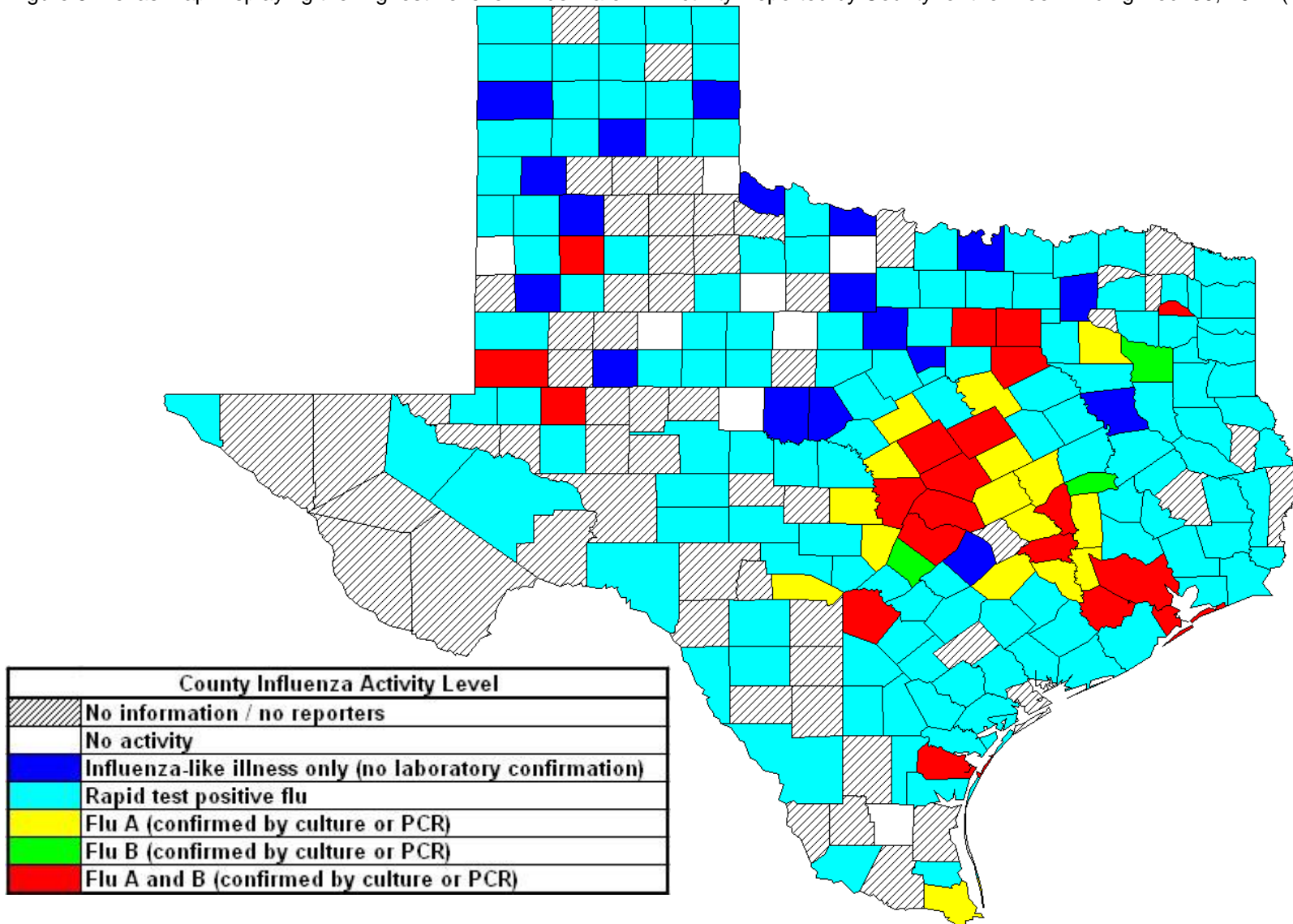
One influenza-associated pediatric death has been reported in Texas during the 2017-2018 influenza season. Cases of influenza-associated pediatric mortality (children <18 years of age) are reportable year-round and by law in Texas.

Table 10: Influenza-Associated Pediatric Deaths Reported in Texas during the 2017–2018 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
2017							
October	0	0	0	0	0	0	0
November	0	1	0	0	0	0	1
December	0	0	0	0	0	0	0
Total	0	1	0	0	0	0	1

Statewide Influenza Activity Map

Figure 5: Texas Map Displaying the Highest Level of Influenza or ILI Activity Reported by County for the Week Ending Dec. 30, 2017 (MMWR Week 52)



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/avianflu/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/>