

Texas Influenza Surveillance Report 2018-2019 Season/2019 MMWR Week 20

(May 12, 2019 – May 18, 2019) Report produced on 5/24/2019

Summary

Influenza activity is low across the state of Texas. The influenza season appears to have peaked in mid-February. Compared to the previous week, the percentage of patient visits due to influenza-like illness (ILI) has marginally increased. The percentage of specimens testing positive for influenza reported by hospital laboratories slightly decreased. No influenza-associated pediatric deaths were reported. No ILI/influenza-associated outbreaks were reported. In addition to flu, other respiratory viruses—especially rhinovirus/enterovirus—were detected in Texas during week 20.

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	Sporadic	Sporadic	
Statewide ILINet Activity Indicator assigned by CDC (intensity of influenza-like illness)	No change	Minimal	Minimal	
Percentage of specimens positive for influenza by hospital laboratories	▼0.93%	5.18%	6.11%	1
Percentage of visits due to ILI (ILINet)	▲0.14%	2.64%	2.50%	4
Number of regions reporting increased flu/ILI activity	No change	0	0	7
Number of regions reporting decreased flu/ILI activity	No change	5	5	7
Number of variant/novel influenza infections	No cases reported	0	0	7
Number of ILI/influenza outbreaks	▼ 4	0	4	7
Number of pediatric influenza deaths	No new cases reported	0	0	8

[†]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 20	Season to Date Week Ending: May 18, 2019
Number of labs reporting flu tests	29	
Number of specimens tested	1584	141591
Number of positive specimens (%) [†]	82 (5.18%)	26429 (18.67%)
Percentage of total tests that were antigen detection tests	33.71%	
Positive specimens by type/subtype [r	1 (%)]	
Influenza A	20 (24.39%)	23150 (87.59%)
Subtyping performed	5 (25.00%)	20104 (9.09%)
A (H1N1)	3 (60.00%)	616 (29.28%)
A (H3N2)	2 (40.00%)	1488 (70.72%)
Subtyping not performed	15 (75.00%)	21046 (90.91%)
Influenza B	62 (75.61%)	3279 (12.41%)

†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

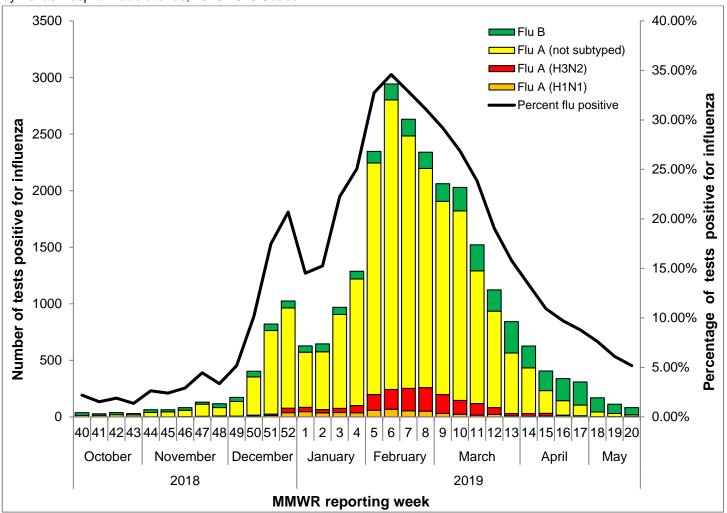


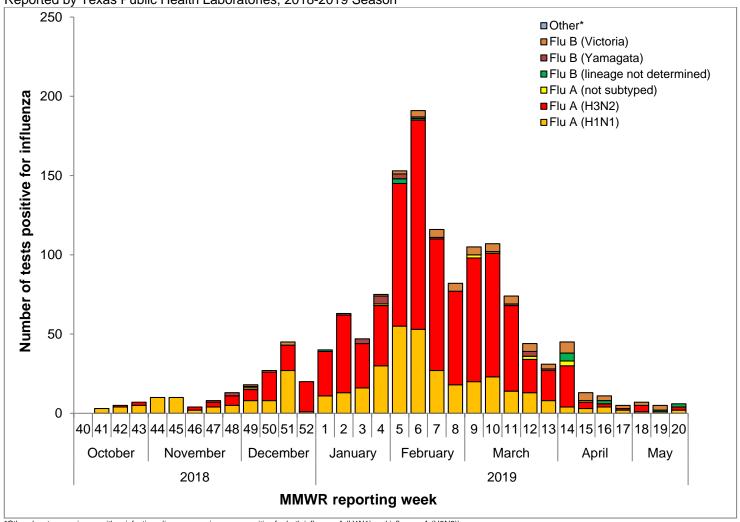
Table 3: Influenza Testing Performed by Texas Public Health Laboratories for the Current Week

	Week 20	Season to Date Week Ending: May 18, 2019
Number of labs reporting flu tests	6	
Number of specimens tested	19	2478
Number of positive specimens (%) [†]	6 (31.58%)	1390 (56.09%)
Positive specimens by type/subty	/pe/lineage [n (%)]	
Influenza A	4 (66.67%)	1286 (92.52%)
Subtyping performed	4 (100.00%)	1275 (99.14%)
A (H1N1)	2 (50.00%)	405 (31.76%)
A (H3N2)	2 (50.00%)	870 (68.24%)
Subtyping not performed	0 (0.00%)	11 (0.86%)
Influenza B	2 (33.33%)	104 (7.48%)
Lineage testing performed	0 (0.00%)	89 (85.58%)
B/Victoria	0 (0.00%)	66 (74.16%)
B/Yamagata	0 (0.00%)	23 (25.84%)
Lineage testing not performed	2 (100.00%)	15 (14.42%)
Other*	0 (0.00%)	0 (0.00%)

[†]Laboratory data in 2016-2017, 2017-2018, and 2018-2019 seasons 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)	14	843	71	8.42%
HMPV	15	888	42	4.73%
Parainfluenza virus	15	1042	74	7.10%
Rhinovirus	13	621	166	26.73%
RSV [†]	26	1031	33	3.20%
Seasonal coronavirus (does not include MERS-CoV)	9	508	9	1.77%

[†]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 eighteen influenza A (H3N2) viruses, fourteen influenza A (H1N1) viruses and seventeen 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) [18]

• Eighteen (100.00%) 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) [14]

• Fourteen (100.00%) 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 [17]

- Victoria lineage [10]
 - Ten (58.82%) virus was related to B/Colorado/06/2017-LIKE. This virus strain was included in the 2018-2019 influenza vaccine for the Northern Hemisphere.
- Yamagata lineage [7]
 - Seven (41.18%) viruses were 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

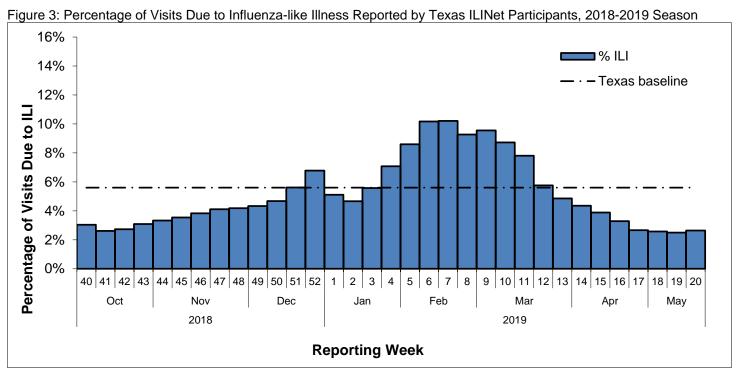
	Week 20
Number of providers reporting [†]	94
Number of providers reporting patient visits	92
Number (%) of providers with at least one ILI case	75 (81.52%)
Percentage of all visits due to ILI	2.64%
Texas ILINet baseline [‡] , 2018-2019	5.60%

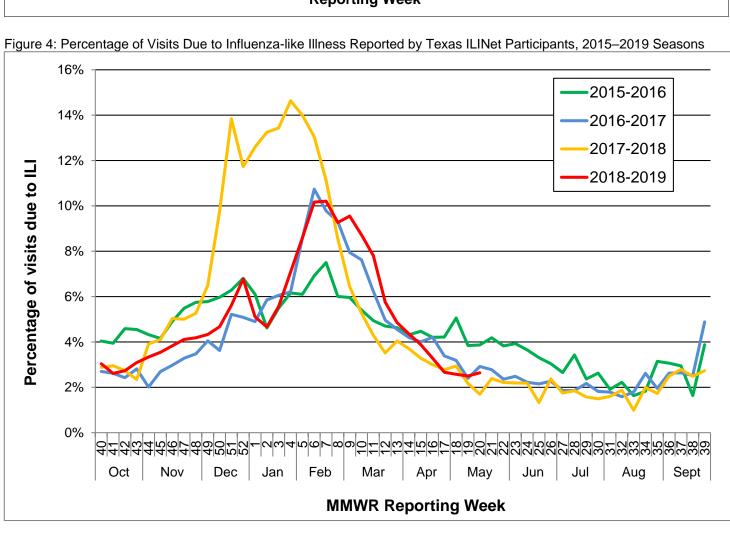
[†]Reporting providers include both ILINet and RVSP providers.

[‡]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 5/23/2019 1:00 PM)

	Providers			Cases by Ag			Total ILI	Total	,
Week	Reporting	0-4	5-24	25-49	50-64	65+	(all ages)	Patients	ILI
201840	114	139	341	169	132	135	916	30158	3.04%
201841	113	155	216	185	116	98	770	29476	2.61%
201842	113	126	275	180	92	120	793	29031	2.73%
201843	112	165	335	209	108	128	945	30576	3.09%
201844	114	168	357	230	121	139	1015	30443	3.33%
201845	116	225	388	253	118	136	1120	31595	3.54%
201846	116	227	374	278	168	130	1177	30725	3.83%
201847	116	199	249	236	134	125	943	22934	4.11%
201848	115	261	396	310	213	179	1359	32471	4.19%
201849	115	217	406	303	188	199	1313	30324	4.33%
201850	115	254	494	308	167	157	1380	29536	4.67%
201851	107	267	472	363	206	213	1521	27103	5.61%
201852	107	238	433	406	202	165	1444	21301	6.78%
201901	111	196	305	462	173	108	1244	24340	5.11%
201902	111	219	405	443	165	99	1331	28543	4.66%
201903	114	258	665	472	153	73	1621	29076	5.58%
201904	116	288	980	521	202	101	2092	29554	7.08%
201905	114	318	1521	605	203	83	2730	31267	8.73%
201906	116	383	1896	734	265	85	3363	33075	10.17%
201907	116	407	1709	799	235	119	3269	32027	10.21%
201908	114	344	1424	777	268	72	2885	31108	9.27%
201909	117	354	1483	827	274	117	3055	31990	9.55%
201910	119	325	1376	678	255	100	2734	31343	8.72%
201911	116	288	846	637	223	115	2109	26992	7.81%
201912	119	237	694	523	215	95	1764	30442	5.79%
201913	114	236	603	388	125	59	1411	28825	4.90%
201914	116	194	558	319	126	35	1232	27964	4.41%
201915	118	181	535	298	92	46	1152	29229	3.94%
201916	112	150	408	237	72	35	902	26927	3.35%
201917	96	67	257	227	65	32	648	23977	2.70%
201918	112	135	310	168	70	39	722	27804	2.60%
201919	94	115	265	132	53	26	591	23645	2.50%
201920	94	101	223	134	36	36	530	20078	2.64%





Reports from Health Service Regions

Reports were received from all Health Service Regions (HSRs) during week 20.

Table 7: Influenza Activity Compared to Week 19 by Health Service Region (HSR)

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

No influenza-associated outbreaks were reported during week 20.

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)

HSR	Number of P&I	Mortality Rate (per	
HOR	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

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

Influenza-Associated Pediatric Mortality

No influenza-associated pediatric deaths were reported during week 20.

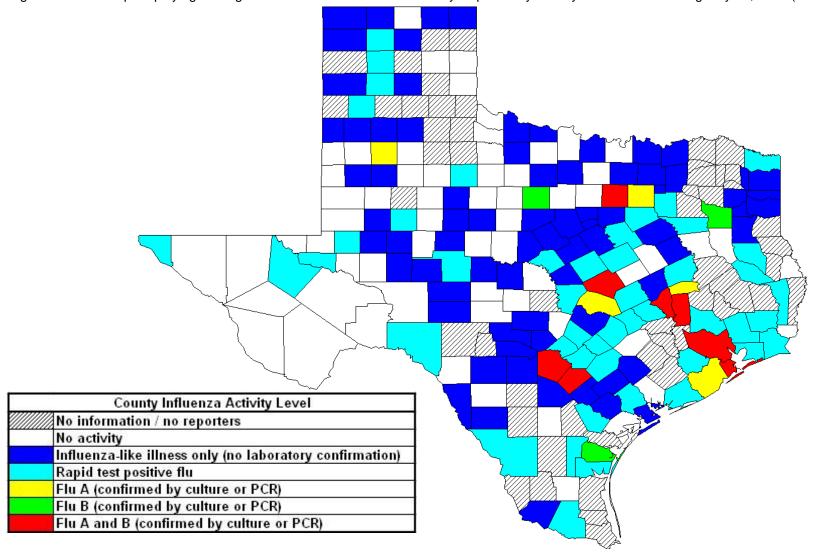
Ten influenza-associated pediatric deaths have been reported in Texas during the 2018-2019 influenza season. Cases of influenza-associated pediatric mortality (children <18 years of age) are reportable year-round and by law in Texas.

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	2	1	0	0	3
March	0	0	1	0	0	0	1
April	0	0	0	1	0	0	1
May	0	0	0	0	0	0	0
Total	1	0	7	2	0	0	10

Statewide Influenza Activity Map

Figure 5: Texas Map Displaying the Highest Level of Influenza or ILI Activity Reported by County for the Week Ending May 18, 2019 (MMWR Week 20)



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. https://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/