

Texas Department of State Health Services

2016-2017 Influenza Season Key Points

By Hailey Rucas, MPH

Virology



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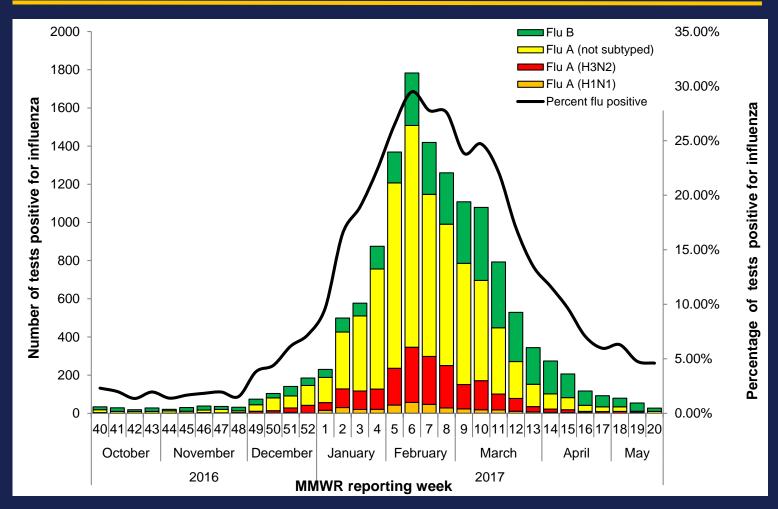
- ➤ Influenza viruses circulating
 - ▶Predominant virus: Influenza A (H3N2)

➤ Both lineages of influenza B circulated throughout the season



Number and Percentage of Tests (Antigen, Culture, PCR) Positive for Influenza by Type and Subtype Reported by Texas Hospital Laboratories, 2016–2017 Season

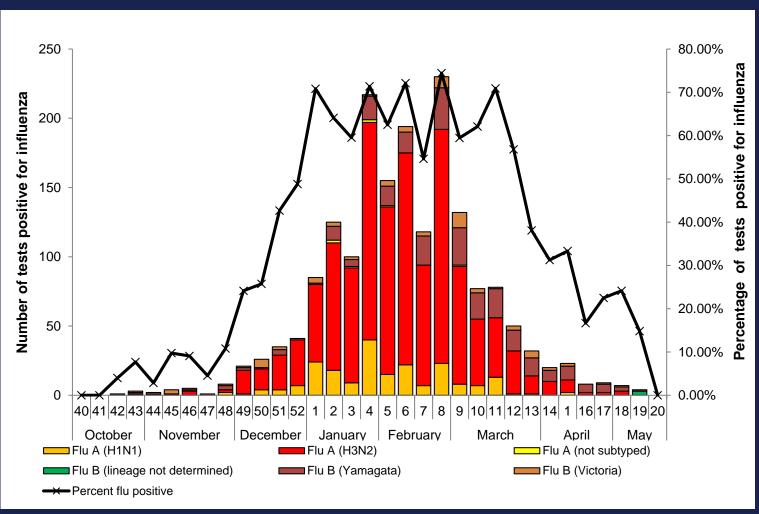




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Number and Percentage of Tests (Culture, PCR) Positive for Influenza by Type, Subtype, and Lineage Reported by Texas Public Health Laboratories, 2016–2017 Season



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Flu Activity

▶Peak of Flu Activity

- ➤ According to laboratory data, flu peaked in Texas in February 2017
- ➤ Predominant strain was influenza A (H3N2)



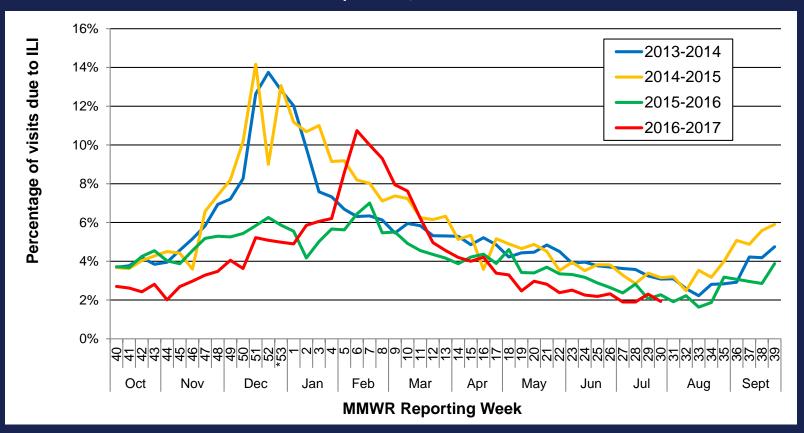
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ILI Activity

Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2013–2017 Seasons*



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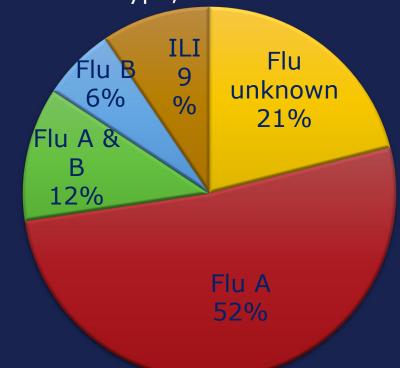
ILI/Flu-associated Outbreaks*



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- ➤ The number of reported outbreaks in Texas increased by 313% when compared to the last flu season >95* in 2016-17 season vs 23 in 2015-16 season
- ➤ Over 75% of the outbreaks were reported in LTCF

Number of Reported ILI/Influenzaassociated Outbreaks* in Texas by Influenza Type, 2016-17 Season



2016-17 Influenza-Associated Pediatric Mortality

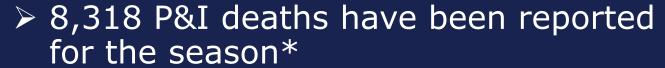


- More than half of the children were positive for influenza A
- 2 (25%) children had no underlying health conditions
 - ➤ 2015-16 season: 3 out of 7 (~47%) had no underlying health conditions
- None of the children with a known vaccination status were vaccinated for influenza



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Pneumonia & Influenza (P&I) Mortality Data



- ▶ 65+ age group had the highest age group mortality rate (182.96* per 100,000)
- HSR 4/5N had the highest region mortality rate (40.25* per 100,000)



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2016-17 Influenza Vaccine Effectiveness (VE) Estimate

- ➤ 2016-17 vaccine was less effective than the 2015-16 influenza vaccine
 - Adjusted* overall VE is 42%^ vs. 47% for last season
- Individual influenza virus strains adjusted* overall VEs
 - A/H1N1- Not enough data to determine
 - \rightarrow A/H3N2- 34% (24% to 42%)
 - ➢ B viruses- 56% (47% to 64%)



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^Estimate from Nov 28, 2016–April 14, 2017
*Multivariate logistic regression models adjusted for site, age
categories (6m-8y, 9-17y 18-49y, 50-64y, ≥65y), sex, race/Hispanic
ethnicity, self-rated general health status, interval from onset to
enrollment, and calendar time (biweekly intervals)





- 1.1 case identified in a child under 5 years of age during week 17
 - a. Resident of HSR 8
 - b. Had respiratory symptoms in February 2017
 - c. Patient not hospitalized and fully recovered
- 2. Patient reported exposure to swine at an agricultural event
- 3. Detected through the Department of Defense Global, Laboratory-based Influenza Surveillance Program



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Thank you

Hailey Rucas, MPH
Hailey.rucas@dshs.texas.gov

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