



## Texas Influenza Surveillance Report 2021-2022 Season/ 2022 MMWR Week 12

(March 20, 2022 – March 26, 2022)  
Report produced on 4/1/2022

### Summary

\*Please note, some aspects of influenza surveillance may be affected by current COVID-19 response activities. For information about COVID-19 in Texas, please visit [www.dshs.texas.gov/coronavirus](http://www.dshs.texas.gov/coronavirus).

Compared to the previous week, the percentage of specimens testing positive for influenza reported by hospital laboratories has decreased. The percentage of patient visits due to influenza-like illness (ILI) has decreased. No influenza-associated pediatric deaths were reported. One influenza-associated institutional outbreak was reported but no school closures were reported.

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 <sup>†</sup>	Page of Report
Statewide ILINet Activity Indicator assigned by CDC (intensity of influenza-like illness)	Decrease	Low	Moderate	-
Percentage of specimens positive for influenza by hospital laboratories	▼ 5.58%	17.31%	22.89%	1
Percentage of visits due to ILI (ILINet)	▼ 0.29%	2.93%	3.22%	4
Number of regions reporting increased flu/ILI activity	▲ 1	3	2	6
Number of regions reporting decreased flu/ILI activity	No change	4	4	6
Number of variant/novel influenza infections	No cases reported	0	0	6
Number of ILI/influenza outbreaks	► 1	1	1	6
Number of pediatric influenza deaths	No change	0	0	7

### Laboratory Results

#### Influenza

\*In response to the COVID-19, influenza testing at Texas Public Health Laboratories has significantly decreased to increase capacity for SARS-CoV-2 testing. Please note, this will affect data in Table 3 and Figure 2.

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 12	Season to Date Week Ending: Mar. 26, 2022
Number of labs reporting flu tests	18	
Number of specimens tested	5337	207923
Number of positive specimens (%) <sup>†</sup>	<b>924 (17.31%)</b>	<b>13858 (6.66%)</b>
Percentage of total tests that were antigen detection tests	33.67%	
<b>Positive specimens by type/subtype [n (%)]</b>		
<b>Influenza A</b>	<b>913 (98.81%)</b>	<b>13437 (96.36%)</b>
Subtyping performed	91 (9.97%)	1807 (13.45%)
A (H1N1)	0 (0.00%)	19 (1.05%)
A (H3N2)	91 (100.00%)	1788 (98.95%)
Subtyping not performed	822 (90.03%)	11630 (86.55%)
<b>Influenza B</b>	<b>11 (1.19%)</b>	<b>421 (3.04%)</b>

Figure 1: Number and Percentage of Tests (Antigen, Culture, PCR) Positive for Influenza by Type and Subtype Reported by Texas Hospital Laboratories, 2021-2022 Season

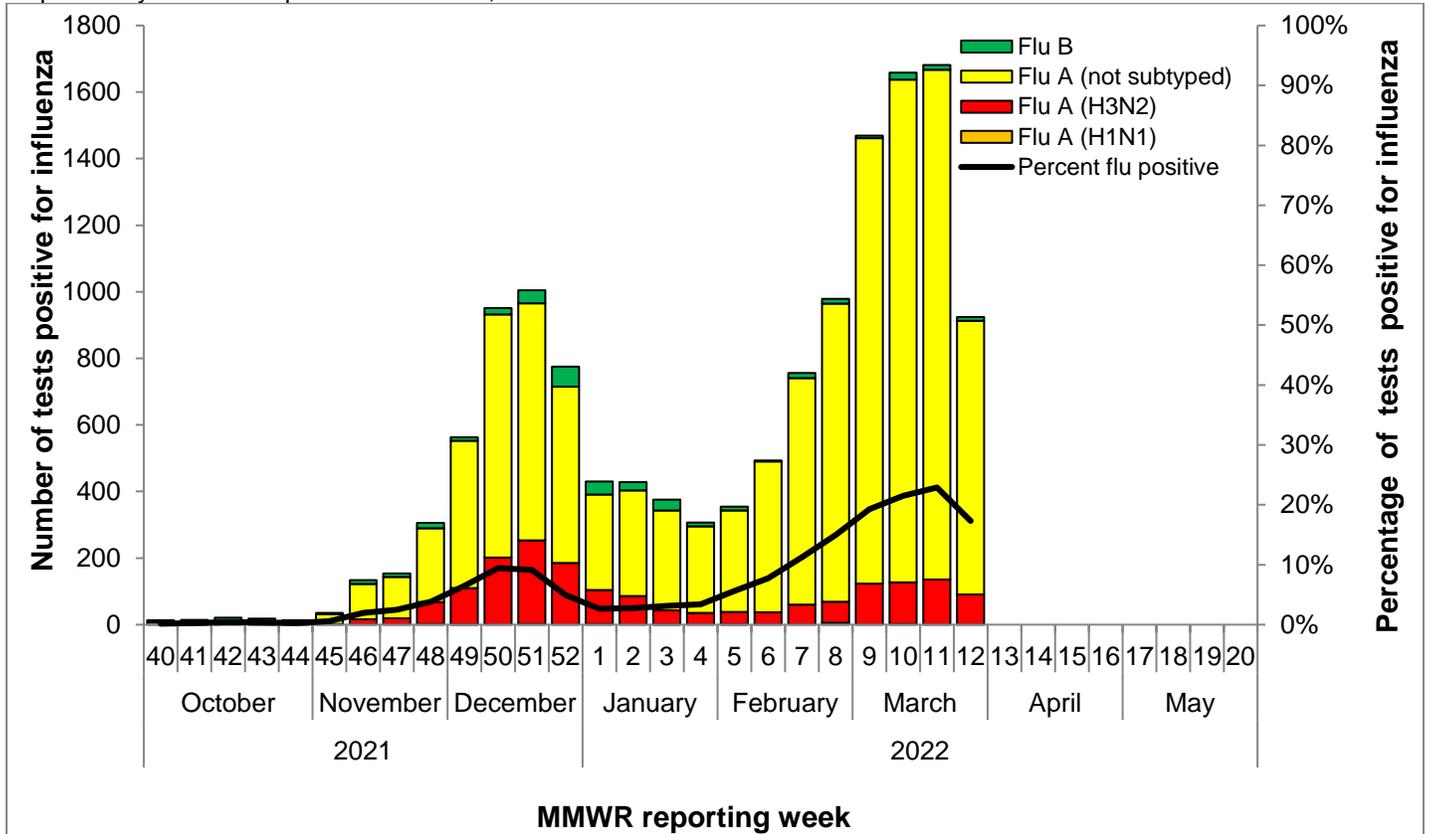
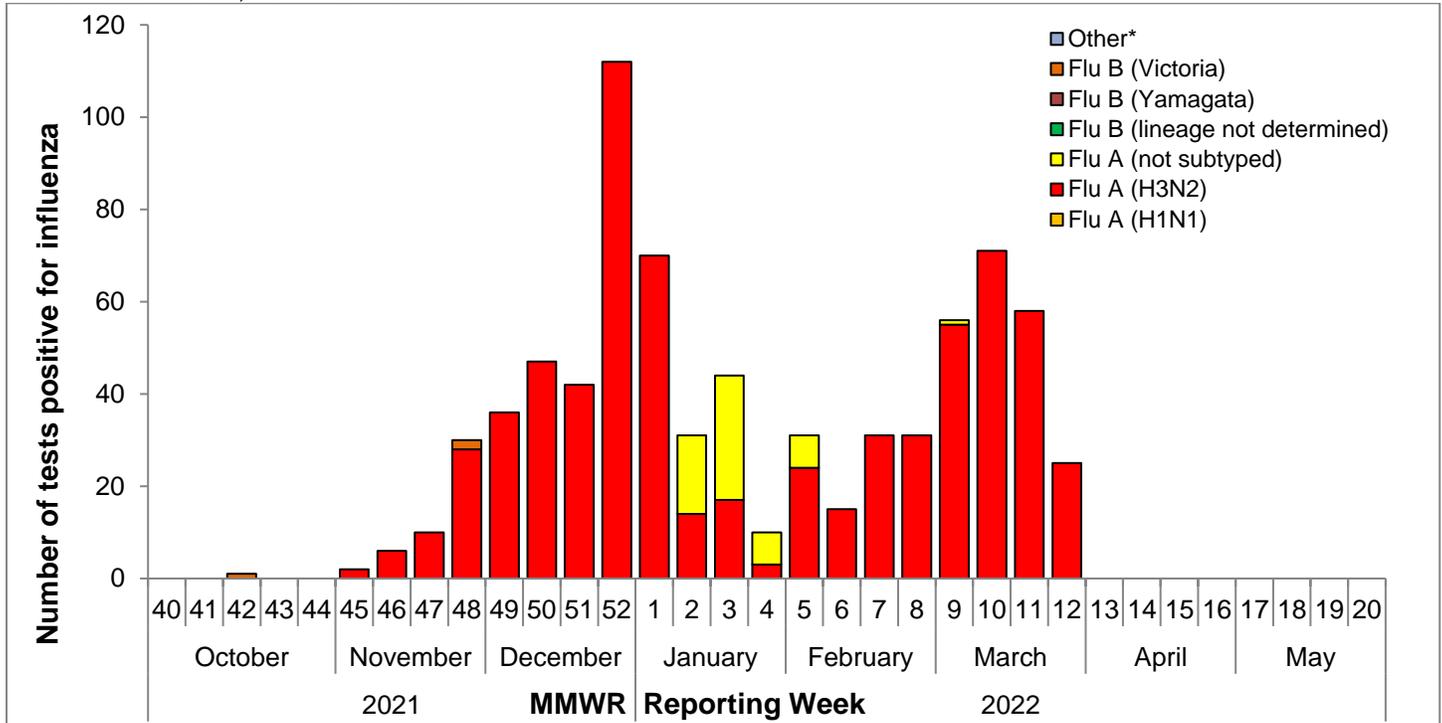


Table 3: Influenza Testing Performed by Texas Public Health Laboratories for the Current Week

	Week 12	Season to Date Week Ending: Mar. 26, 2022
Number of labs reporting flu tests	5	
Number of specimens tested	110	13529
Number of positive specimens (%) <sup>†</sup>	<b>25 (22.73%)</b>	<b>759 (5.61%)</b>
<b>Positive specimens by type/subtype/lineage [n (%)]</b>		
<b>Influenza A</b>	<b>25 (100.00%)</b>	<b>756 (99.60%)</b>
Subtyping performed	25 (100.00%)	697 (92.20%)
A (H1N1)	0 (0.00%)	0 (0.00%)
A (H3N2)	25 (100.00%)	697 (100.00%)
Subtyping not performed	0 (0.00%)	59 (7.80%)
<b>Influenza B</b>	<b>0 (0.00%)</b>	<b>3 (0.40%)</b>
Lineage testing performed	0 (0.00%)	3 (100.00%)
B/Victoria	0 (0.00%)	3 (100.00%)
B/Yamagata	0 (0.00%)	0 (0.00%)
Lineage testing not performed	0 (0.00%)	0 (0.00%)
<b>Other</b>	<b>0 (0.00%)</b>	<b>0 (0.00%)</b>

<sup>†</sup>Other denotes specimens with coinfections (i.e. one specimen was positive for both influenza A (H1N1) and influenza A (H3N2))

Figure 2: Number of Tests (PCR) Positive for Influenza by Type, Subtype, and Lineage Reported by Texas Public Health Laboratories, 2021-2022 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)	15	2024	106	5.24%
HMPV	14	1340	16	1.19%
Parainfluenza virus	15	1342	75	5.59%
Rhino/enterovirus	13	1324	381	28.78%
RSV <sup>†</sup>	16	2590	59	2.28%
Seasonal coronavirus (does not include MERS-CoV or COVID-19)	12	934	76	8.14%

<sup>†</sup>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.

<sup>^</sup>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

No antigenic characterization data for Texas specimens are currently available. The DSHS Laboratory sends a representative sample of influenza viruses to the CDC throughout the flu season.

#### Antiviral Resistance

No antiviral resistance testing data for Texas specimens are available presently.

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

\* Please note, the COVID-19 pandemic is affecting healthcare seeking behavior. The number of persons and their reasons for seeking care in the outpatient and ED settings is changing. These changes impact data from ILINet in ways that are difficult to differentiate from changes in illness levels, therefore ILINet data should be interpreted with caution.

Table 6: Texas ILINet Reporting and Patient Visit Summary for the Current Week

Week 12	
Number of providers reporting	63
Number of providers reporting patient visits	63
Number (%) of providers with at least one ILI case	57 (90.48%)
Percentage of all visits due to ILI	2.93%
Texas ILINet baseline <sup>‡</sup> , 2021-2022	4.57%

<sup>‡</sup>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

Special Note: The case definition was changed to capture respiratory pathogens causing illness, including CoVID-19, through the ILINet. The Influenza-like Illness (ILI) case definition for the 2021-2022 Season has changed to: fever ( $\geq 100^{\circ}\text{F}$ ,  $37.8^{\circ}\text{C}$ ) AND cough and/or sore throat. There is no longer a restriction on the cause.

Table 7: Percentage of Visits for Influenza-like Illness Reported by Texas ILINet Providers (as of 3/31/2022 9:16 AM)

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+			
202140	76	452	470	222	77	41	1262	53014	2.38%
202141	72	392	422	199	79	50	1142	52090	2.19%
202142	77	417	435	179	75	36	1142	51438	2.22%
202143	60	446	415	139	41	41	1082	47134	2.30%
202144	72	452	535	187	61	40	1275	51562	2.47%
202145	74	486	592	196	66	60	1400	52757	2.65%
202146	73	563	802	228	88	55	1736	53084	3.27%
202147	71	559	458	234	90	51	1392	44627	3.12%
202148	73	426	506	226	83	57	1298	53164	2.44%
202149	74	544	629	241	105	98	1617	53332	3.03%
202150	71	538	664	313	119	83	1717	49112	3.50%
202151	74	611	541	351	114	99	1716	47821	3.59%
202152	66	1001	873	919	389	196	3378	63588	5.31%
202201	68	745	997	881	346	152	3121	58555	5.33%
202202	73	594	1164	790	326	212	3086	58205	5.30%
202203	72	491	713	601	241	171	2217	50184	4.42%
202204	71	377	501	340	160	110	1488	48560	3.06%
202205	68	249	363	184	79	74	949	39479	2.40%
202206	73	242	358	206	68	72	946	44362	2.13%
202207	71	329	510	205	64	50	1158	47173	2.45%
202208	71	300	564	196	64	49	1173	47025	2.49%
202209	66	310	728	237	69	45	1389	45033	3.08%
202210	65	382	771	264	84	55	1556	47895	3.25%
202211	66	439	597	370	91	62	1559	48388	3.22%
202212	63	376	669	270	78	55	1448	49419	2.93%

Figure 3: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2021-2022 Season

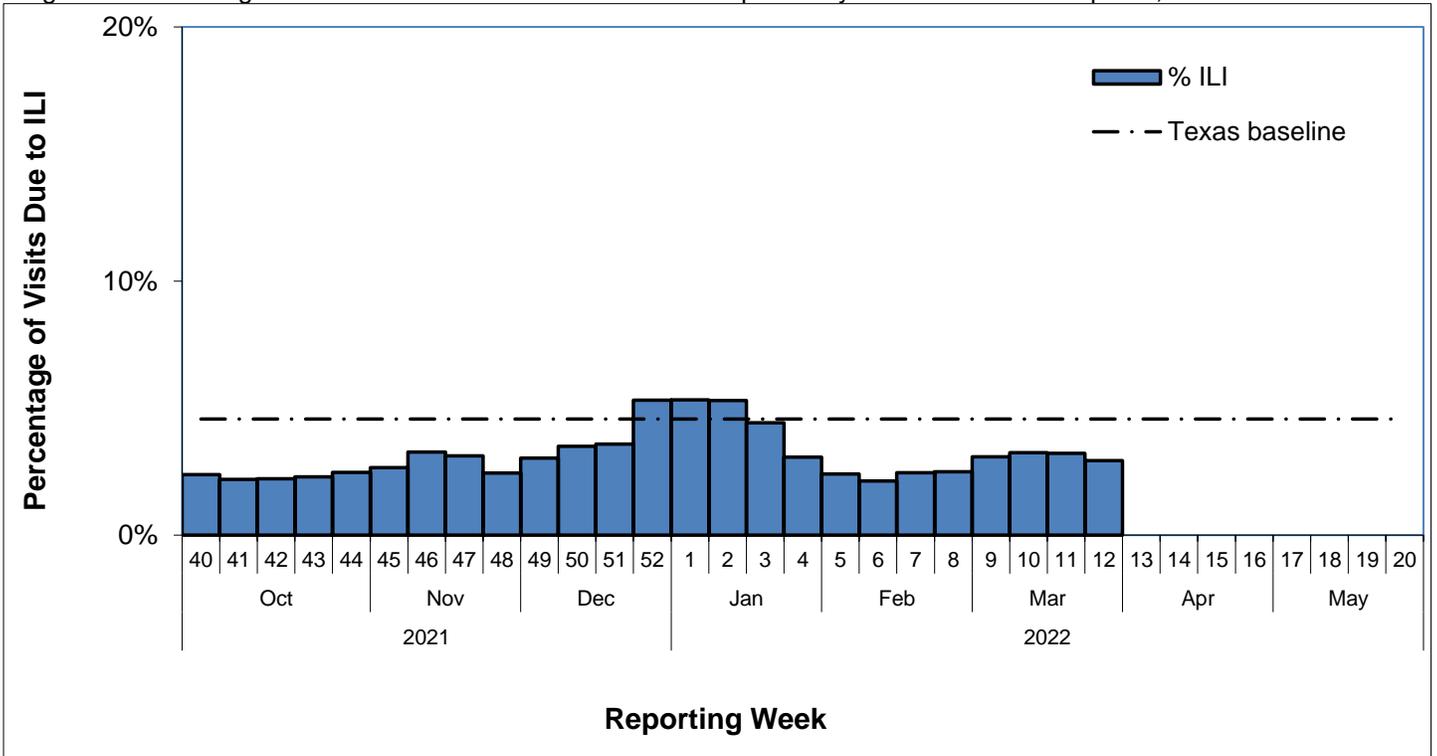
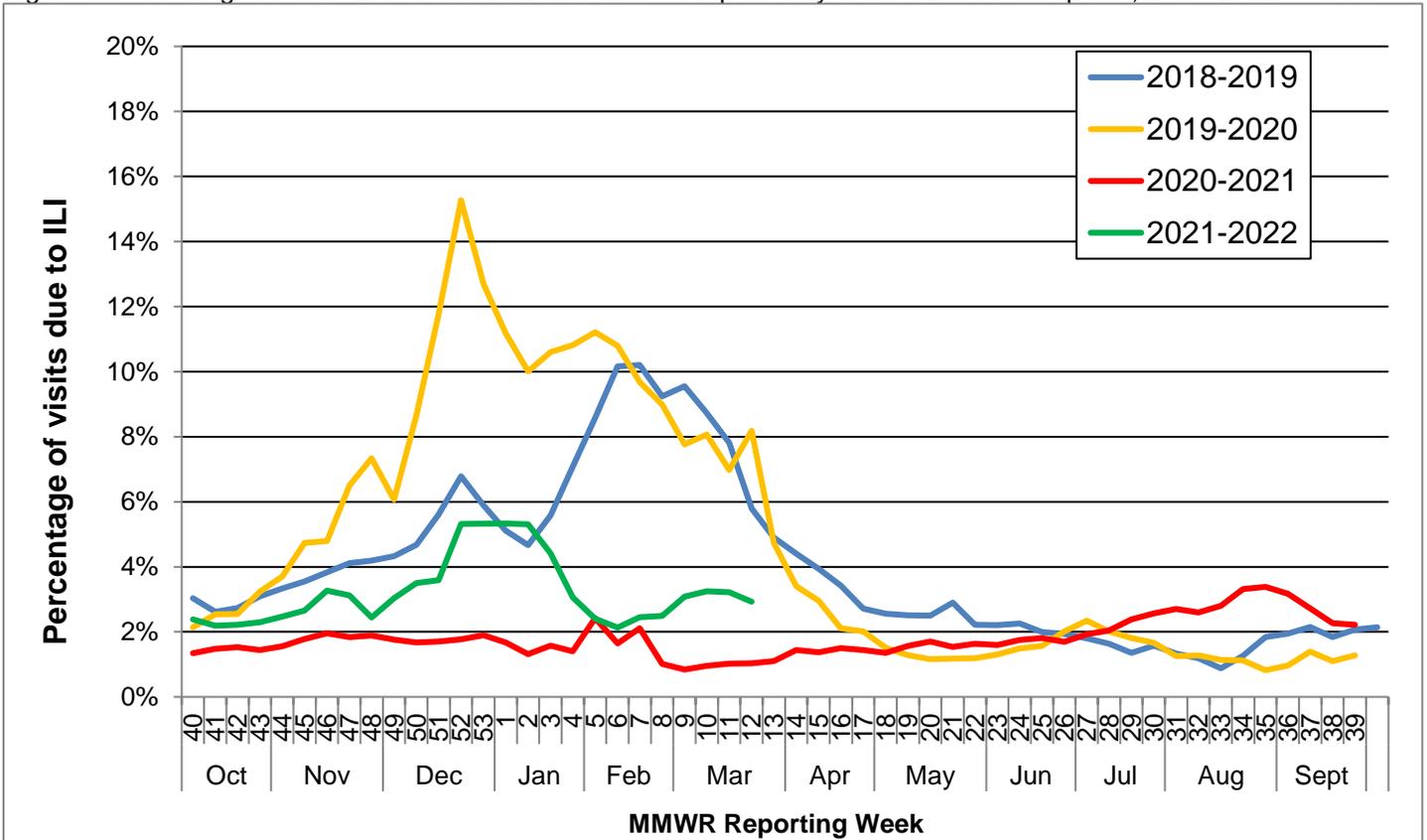


Figure 4: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2018–2022 Seasons



Note: The 2020-2021 Flu Season contains MMWR week 202053. For graphical display compatibility with seasons containing 52 weeks, average values were generated using MMWR week 52 and 1 for Seasons: 2018-2019, 2019-2020, and 2021-2022.

## Reports from Health Service Regions

Reports were received from all Health Service Regions (HSRs) during week 12.

Table 8: Influenza Activity compared to week 11 by Health Service Region (HSR)

Influenza Activity Comparison	
Increased	6/5S, 8, and 11
Same	1
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 2021-2022 season.

## Institutional Outbreaks and School Closures

One outbreak was reported in week 12.

This outbreak occurred in an elementary school located in region 6/5S and was linked to a previous outbreak that had occurred the week prior in the same school. The outbreak was reported the day before the school broke for spring break, meaning no students would be returning for the duration. Parents were still notified, as had all parents the previous week due to the prior outbreak. No hospitalizations or deaths were reported. Both outbreaks are closed.

## P&I Mortality Surveillance Data

**\*Deaths due to COVID-19 may be classified as pneumonia deaths or influenza deaths (deaths due to “flu” or “flu-like illness”) in the absence of positive SARS-CoV-2 test results.**

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. P&I deaths are based on ICD-10 pneumonia and influenza mortality codes.

Four thousand five hundred and fifteen (4,515) P&I deaths have been reported in Texas during the 2021-2022 influenza season.

Table 8: Texas P&I Deaths Occurring October 3, 2021 – March 26, 2022\* by Age

Age Category (years)	Number of P&I Deaths <sup>+</sup>	Mortality Rate (per 100,000)
0 - 4	19	0.87
5 - 17	10	0.18
18 - 49	299	2.21
50 - 64	793	15.18
65 +	3394	80.06
Overall	4515	14.72

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

<sup>+</sup> 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 October 3, 2021 – March 26, 2022\* by Health Service Region (HSR)

HSR	Number of P&I Deaths	Mortality Rate (per 100,000)
1	209	22.03
2/3	1311	14.67
4/5N	415	26.73
6/5S	979	11.83
7	535	14.34
8	465	14.31
9/10	240	14.76
11	359	15.27
Unknown	2	-
Overall	4515	14.72

\*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 12.

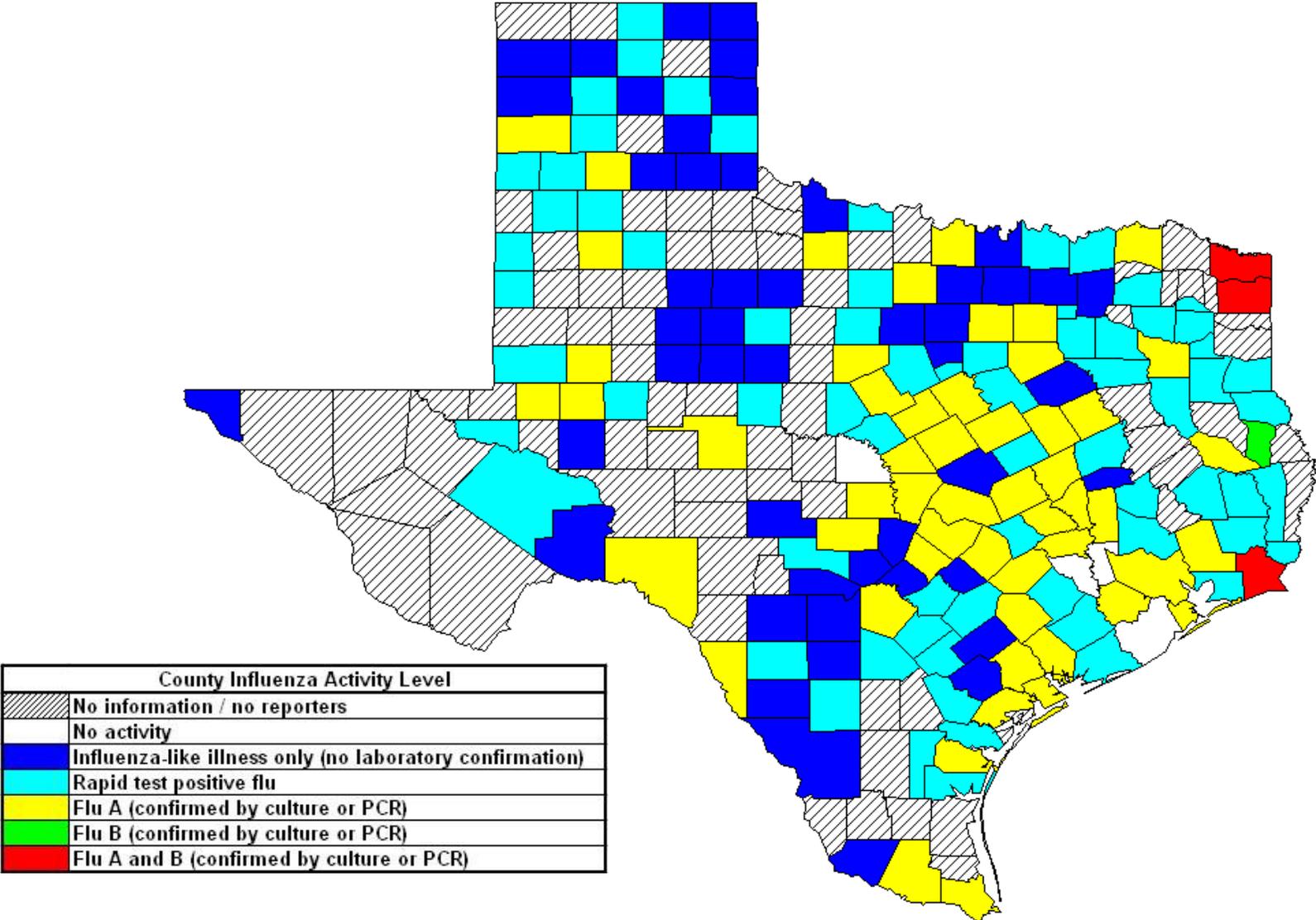
No influenza-associated pediatric mortalities have been reported in Texas during the 2021-2022 influenza season. Cases of influenza-associated pediatric mortality (children <18 years of age) are reportable year-round by law in Texas.

Table 10: Influenza-Associated Pediatric Deaths Reported in Texas during the 2021-2022 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
<b>2021</b>							
October	0	0	0	0	0	0	0
November	0	0	0	0	0	0	0
December	0	0	0	0	0	0	0
<b>2022</b>							
January	0	0	0	0	0	0	0
February	0	0	0	0	0	0	0
March	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Statewide Influenza Activity Map

Figure 5: Texas Map Displaying the Highest Level of Influenza or ILI Activity Reported by County for the Week Ending Mar. 26, 2022 (MMWR Week 12)



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/>