

# PHFPC Briefing

**Varun Shetty, MD, MBA, MS**

**Chief State Epidemiologist**

**Texas Department of State Health Services**

**February 12, 2025**

# DISCLAIMER

The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change.

February 12, 2025

# Discussion Topics

- Respiratory Virus Illnesses
- H5N1
- Enhanced Influenza Surveillance
- Measles

# Respiratory Virus Illnesses



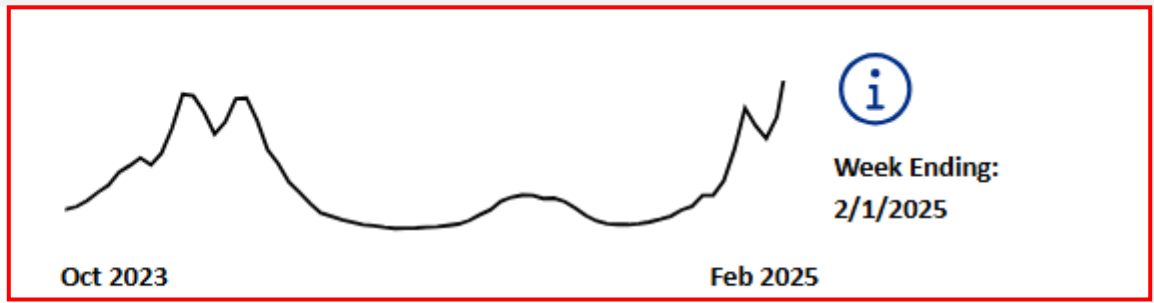
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# Texas Respiratory Illness Interactive Dashboard

## Statewide Snapshot

Percent Change from Previous Week



Last Updated on 2/6/2025

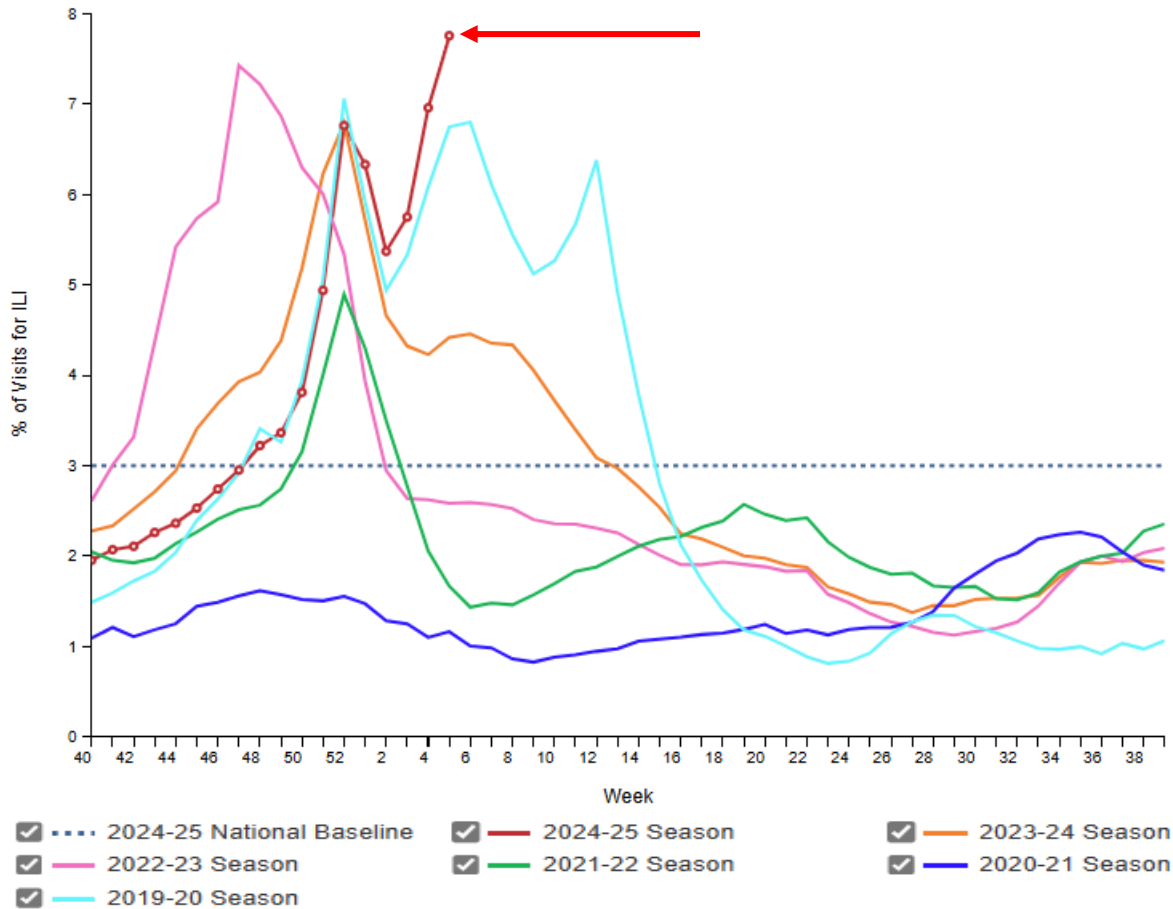
Click on respective tiles or scroll down for additional information

Available: [Texas Respiratory Illnesses Dashboard](#), accessed 2/11/2025

Emergency Department Visits Data through 2/1/2025	Hospitalizations Data through 2/1/2025	Deaths Data through 1/18/2025
COVID-19: ▲ +12.62%	COVID-19: ▲ +15.00%	COVID-19: ▼ -29.29%
Influenza: ▲ +15.95%	Influenza: ▲ +38.00%	Influenza: ▲ +72.73%
RSV: ▼ -27.59%	RSV: - 0.00%	RSV: ▼ -12.50%

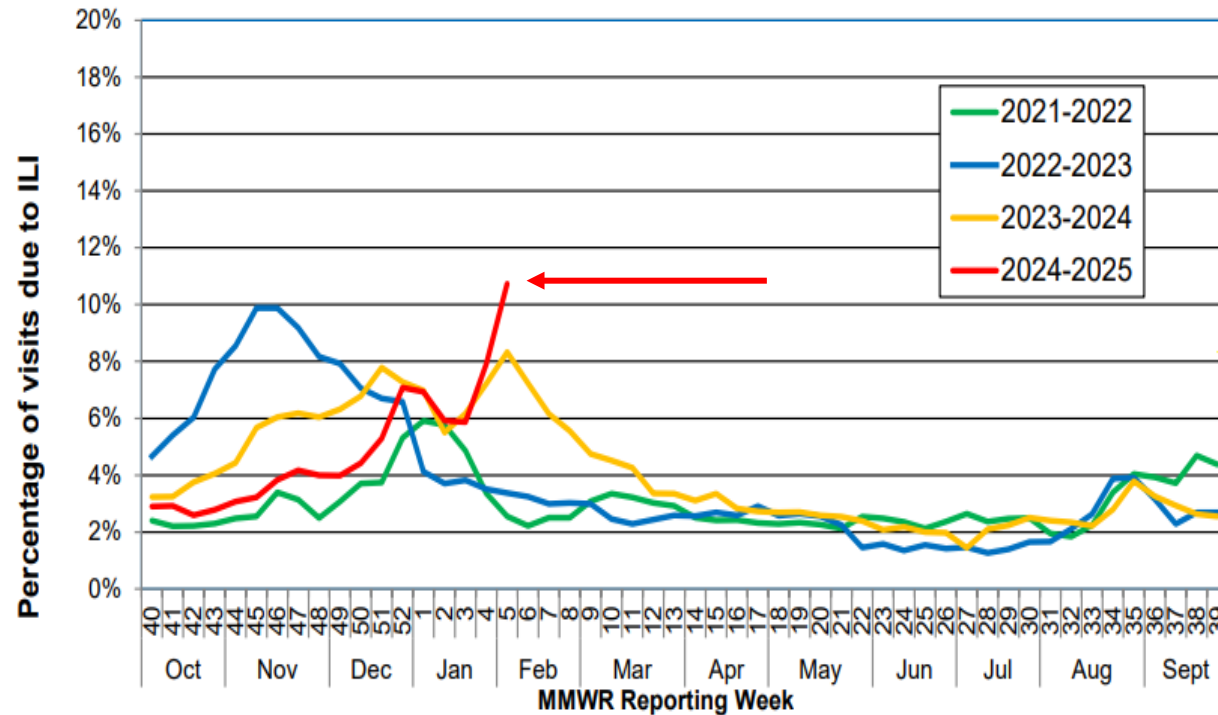
# Influenza Surveillance

Percentage of Outpatient Visits for Respiratory Illness Reported by The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)



Available: [Weekly US Influenza Surveillance Report: Key Updates for Week 5, ending February 1, 2025 | FluView | CDC](#), accessed 2/11/2025

Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2021–2025 Season



Available: [The flu activity code for CDC week 41 ending October 15, 2005 is 1, indicating sporadic activity](#), accessed 2/11/2025

# Texas Respiratory Illness Interactive Dashboard

## Influenza-Associated Emergency Department Visits

Select a Geography:

Select a Respiratory Illness:

Select a Date Range:

Statewide

Influenza

10/1/2024

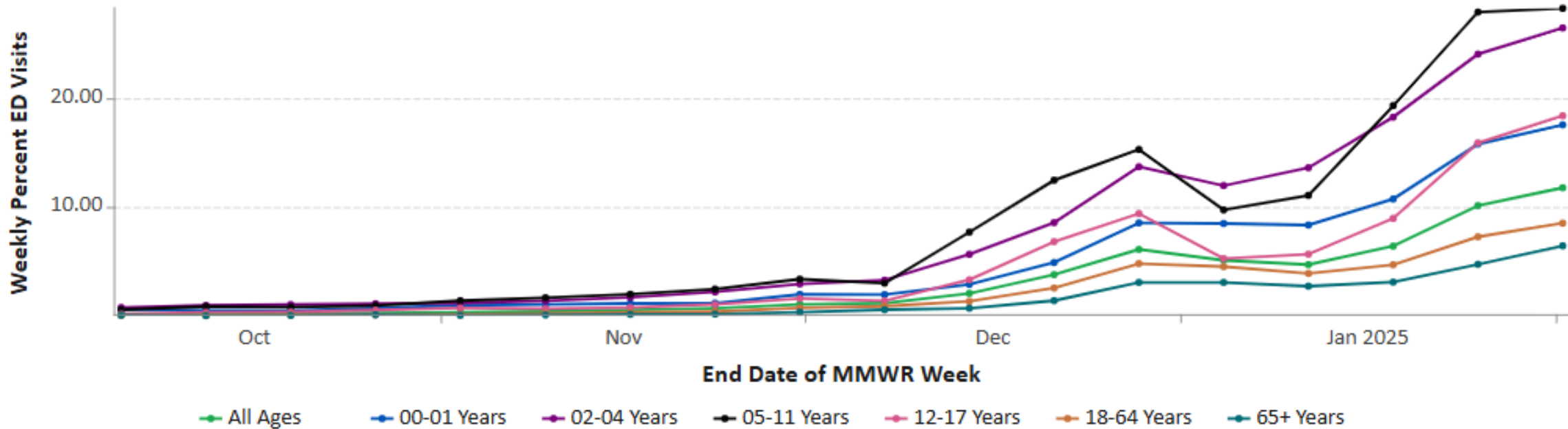
and

02/11/2025

Apply

Cancel

### Weekly Emergency Department Visits by Age Group and Respiratory Illness, as a Percent of All Emergency Department Visits

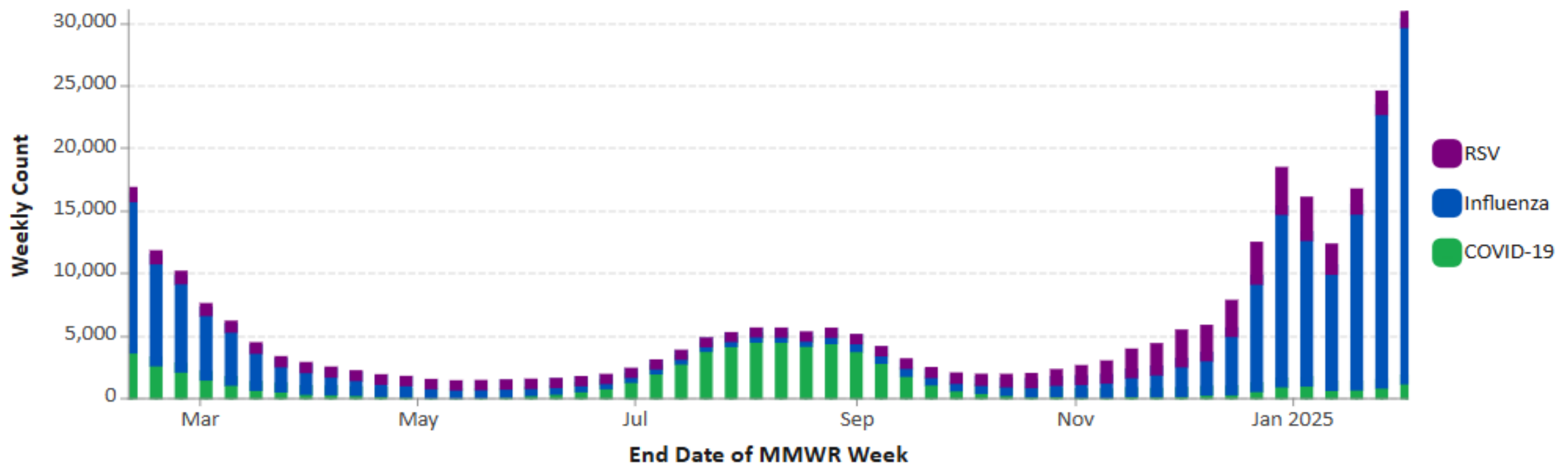


# Texas Respiratory Illness Interactive Dashboard

## Emergency Department Visits

Select a Geography: Statewide  
Select an Age Group: All Ages  
Select a Date Range: 02/10/2024 and 02/11/2025  
Apply Cancel

### Weekly Emergency Department Visits by Age Group



Available at: [Texas Statewide Emergency Department Visits for Respiratory Illnesses](#) | Texas Respiratory Illnesses Dashboard (arcgis.com); accessed 2/11/2025

[Download Data](#)



# Texas Respiratory Illness Interactive Dashboard

## COVID-19, Flu, and RSV Hospitalization Rates

Select a Geography:

Select a Date Range:

Statewide

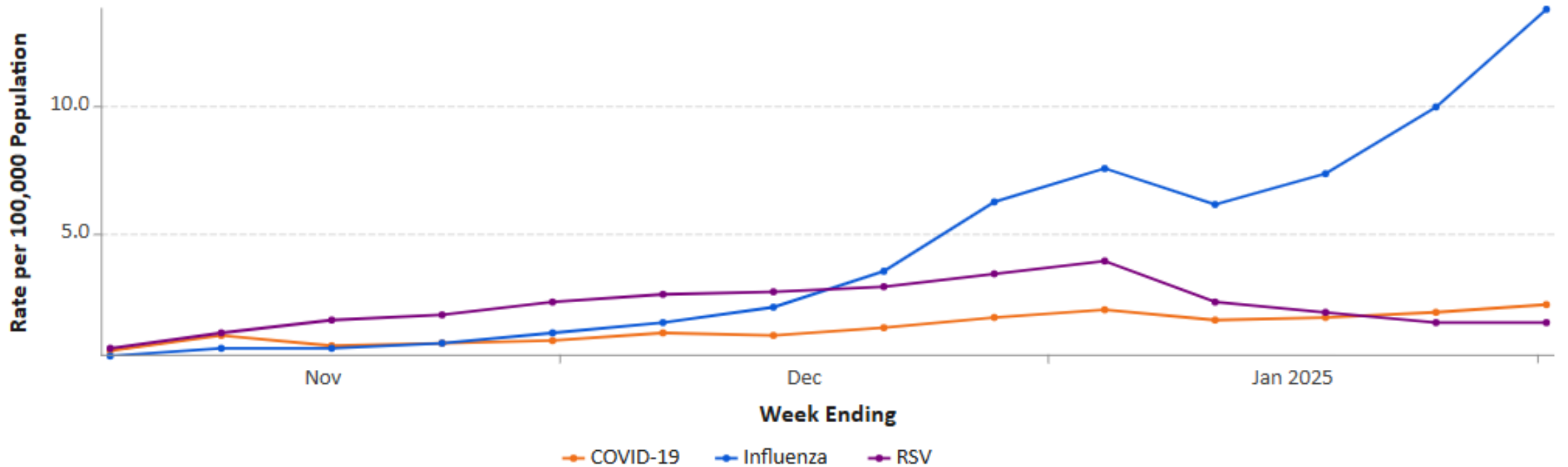
11/2/2024

and 02/11/2025

Apply

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### COVID-19, Influenza, and RSV New Hospitalization Rates



# Texas Respiratory Illness Interactive Dashboard

## Influenza-Associated Hospitalizations

Select a Date Range:

11/2/2024



and

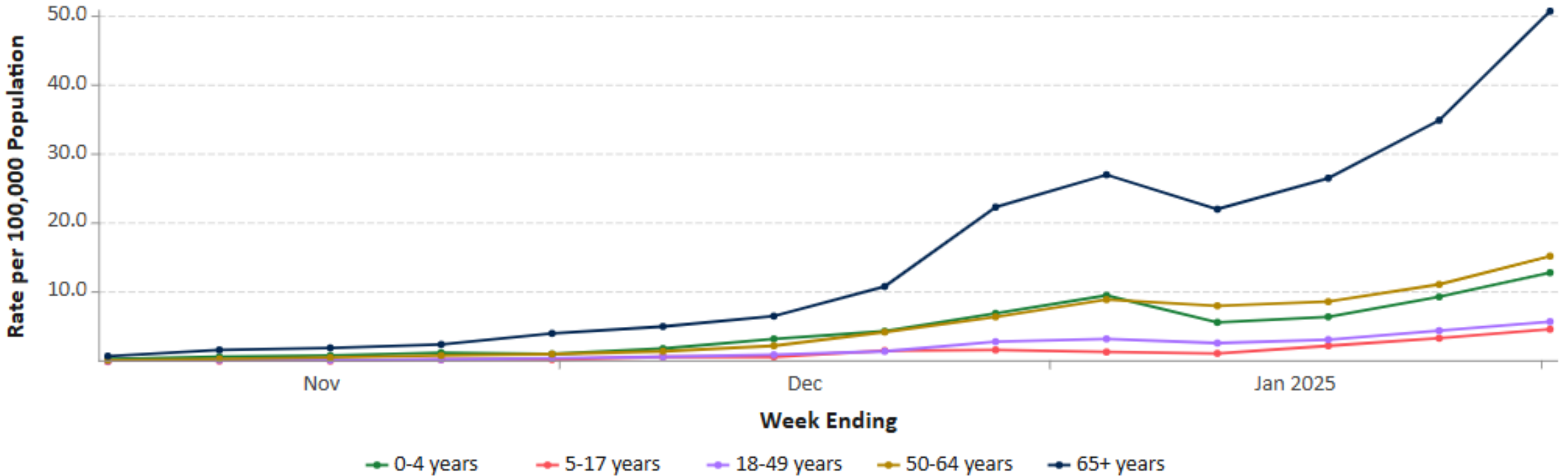
02/11/2025



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### Influenza New Hospitalizations, by Age Group



# Texas Respiratory Illness Interactive Dashboard

## COVID-19 Associated Hospitalizations

Select a Date Range:

11/2/2024



and

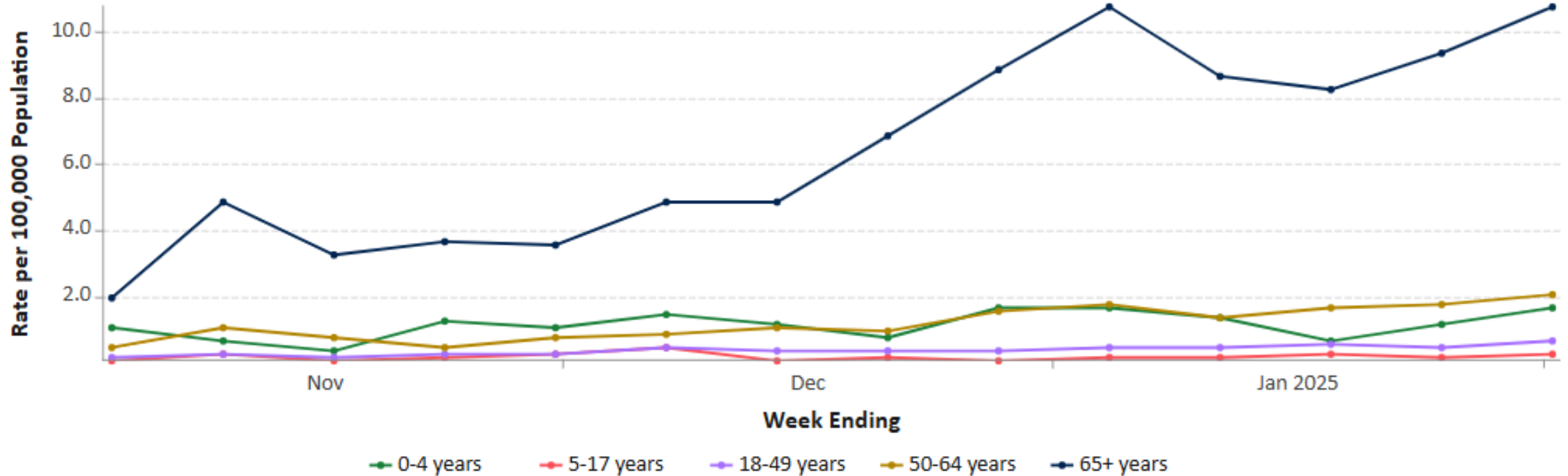
02/11/2025



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### COVID-19 New Hospitalization Rates, by Age Group



Available: [Current Hospitalizations Data](#) | Texas Respiratory Illnesses Dashboard, accessed 2/11/2025

Download Data

# Texas Statewide Trends in Viral Respiratory Deaths

Select a Date Range:

02/3/2024



and

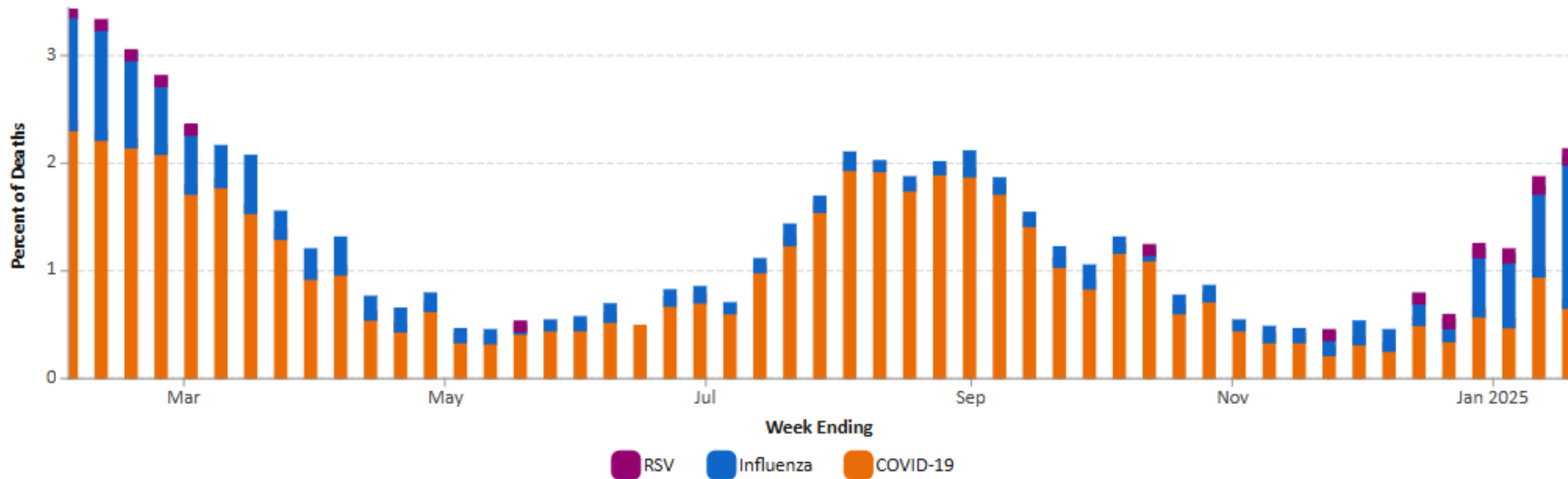
02/11/2025



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## Trends in Viral Respiratory Deaths in Texas



# Texas Statewide Trends in Viral Respiratory Deaths, by Age

Select a Date Range:

02/3/2024



and

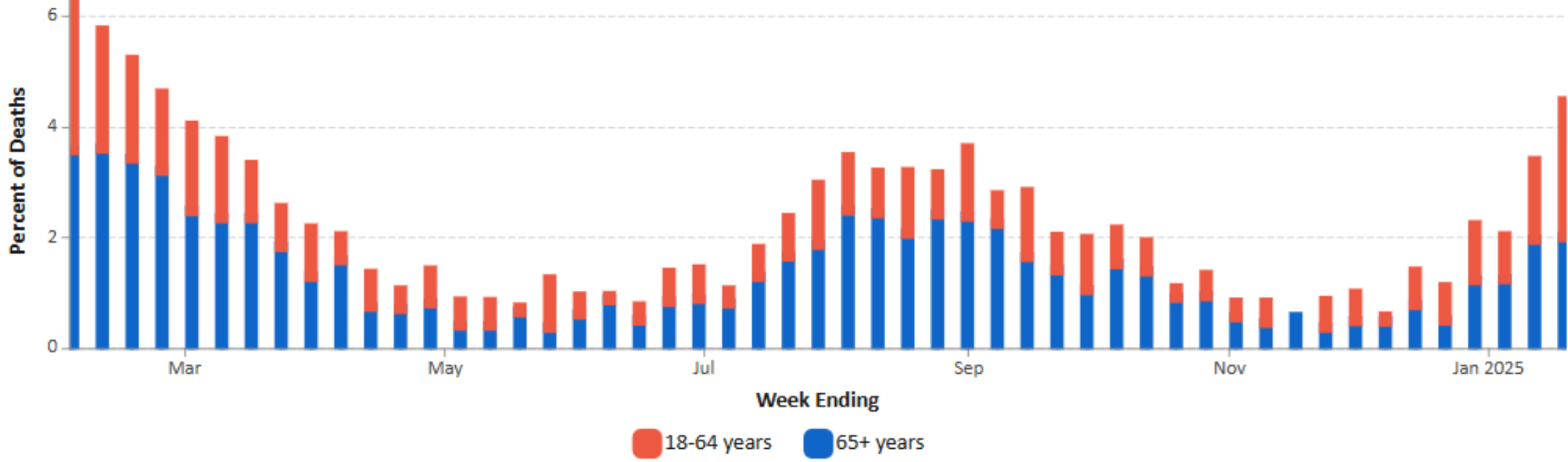
02/11/2025



Apply

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## Trends in Deaths for Viral Respiratory Illness, by Age





# Fall and Winter Immunization Guide

## COVID-19 and Flu Updated 2024-25 Vaccines

Everyone 6 months  
and older



[cdc.gov/respiratory-viruses/prevention/immunizations.html](https://cdc.gov/respiratory-viruses/prevention/immunizations.html)

## RSV Immunization to Protect Babies

*Vaccine*  
Pregnant parents  
during weeks 32-36  
of pregnancy  
September-January

OR

*Monoclonal Antibodies*  
Babies younger than  
8 months entering or  
born during the RSV  
season



## RSV Vaccine for Older Adults

(currently, older adults only need to get  
the RSV vaccine once; not annually)

People ages 60 and  
over at high risk of  
severe RSV

AND

Everyone ages 75  
and older



# H5N1



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# H5N1 (Bird Flu) Human: At-A-Glance United States

Available at: [H5 Bird Flu: Current Situation | Bird Flu | CDC](#), accessed on: 2/11/2025



Texas Department of State Health Services

68 Confirmed Total Reported Human Cases in the United States

1 Death Associated with H5N1 Bird Flu Infection in the United States

Confirmed human case summary since 2024, by state and exposure source

Exposure Source

State	Exposure Associated with Commercial Agriculture and Related Operations			Exposure Source Unknown <sup>†</sup>	State Total
	Dairy Herds (Cattle)	Poultry Farms and Culling Operations	Other Animal Exposure <sup>†</sup>		
California	36	0	0	2	38
Colorado	1	9	0	0	10
Iowa	0	1	0	0	1
Louisiana	0	0	1	0	1
Michigan	2	0	0	0	2
Missouri	0	0	0	1	1
<b>Nevada</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Oregon	0	1	0	0	1
Texas	1	0	0	0	1
Washington	0	11	0	0	11
Wisconsin	0	1	0	0	1
Source Total	41	23	1	3	68

NOTE: One additional case was previously detected in a poultry worker in Colorado in 2022. Louisiana reported the [first H5 bird flu death](#) in the U.S.

<sup>†</sup>Exposure was related to other animals such as backyard flocks, wild birds, or other mammals

<sup>†</sup>Exposure source was not able to be identified

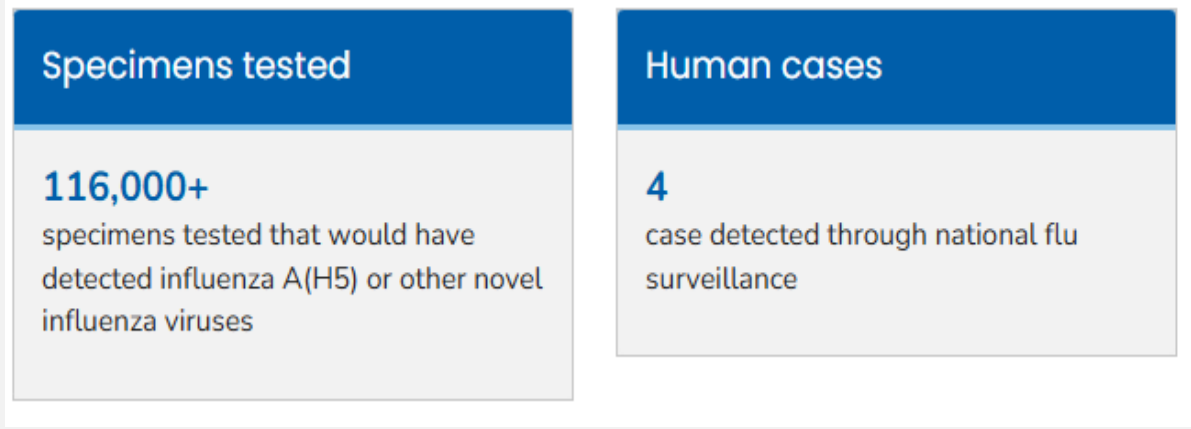
- On February 10, 2024, [Nevada](#) reported their first human case of influenza A(H5N1).
  - The individual is an adult who was exposed to infected dairy cattle while working at a dairy farm.
  - The person had conjunctivitis with no other reported symptoms and is recovering.



# H5N1 (Bird Flu) Human: At-A-Glance United States

Available at: [H5 Bird Flu: Current Situation | Bird Flu | CDC](#), accessed on: 2/11/2025

## National flu surveillance (since February 25, 2024)



## Targeted H5 surveillance (since March 24, 2024)



Texas Department of State Health Services

# Enhanced Influenza Surveillance



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- On January 16, 2025, Centers for Disease Control and Prevention (CDC) issued a health advisory: **Accelerated Subtyping of Influenza A in hospitalized Patients.**

- CDC is recommending a shortened timeline for subtyping all influenza A specimens among hospitalized patients and increasing efforts at clinical laboratories to identify non-seasonal influenza.
- Clinicians and laboratorians are reminded to test for influenza in patients with suspected influenza and, going forward, to now expedite the subtyping of influenza A-positive specimens from hospitalized patients, particularly those in an intensive care unit (ICU).
- This approach can help prevent delays in identifying human infections with avian influenza A(H5N1) viruses, supporting optimal patient care and timely infection control and case investigation.

## Accelerated Subtyping of Influenza A in Hospitalized Patients

[Print](#)



Distributed via the CDC Health Alert Network  
January 16, 2025, 10:00 AM ET  
CDCHAN-00520

### Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to clinicians and laboratories due to sporadic human infections with avian influenza A(H5N1) viruses amid high levels of seasonal influenza activity. CDC is recommending a shortened timeline for subtyping all influenza A specimens among hospitalized patients and increasing efforts at clinical laboratories to identify non-seasonal influenza. Clinicians and laboratorians are reminded to test for influenza in patients with suspected influenza and, going forward, to now expedite the subtyping of influenza A-positive specimens from hospitalized patients, particularly those in an intensive care unit (ICU). This approach can help prevent delays in identifying human infections with avian influenza A(H5N1) viruses, supporting optimal patient care and timely infection control and case investigation.

### Background

A panzootic of highly pathogenic avian influenza A(H5N1) viruses is currently affecting wild birds. In the United States, there have been outbreaks with these viruses among poultry and dairy cows, as well as infections among other animals. Since 2022, 67 total human cases of avian influenza A(H5) virus infection have been identified in the United States, with 66 of these cases occurring in 2024. Most infections in humans have been clinically mild, but [one fatality](#) has been reported. Many individuals infected with avian influenza A(H5) viruses have reported unprotected workplace exposures, such as handling infected or sick dairy cows or poultry without using [recommended personal protective equipment](#). However, one case involved exposure to backyard poultry or wild birds. The source of the exposure in two confirmed cases in the United States could not be determined.

CDC has routinely recommended [influenza testing for hospitalized patients](#) with suspected influenza. In light of the ongoing avian influenza A(H5) virus animal outbreak in the United States, CDC now recommends subtyping of all influenza A virus-positive specimens from hospitalized patients on an accelerated basis. This accelerated subtyping is part of a comprehensive strategy to identify severe human infections with avian influenza A(H5) viruses, in addition to characterizing seasonal influenza viruses in a timely fashion.

Enhancing and expediting influenza A virus subtyping of specimens from hospitalized patients, especially from those in an ICU, can help avoid potential delays in identifying human infections with avian influenza A(H5) viruses. Such delays are more likely while seasonal influenza activity is high, as it is now, due to high patient volumes and general burden on healthcare facilities. Additional testing also ensures optimal patient care along with timely infection control. Furthermore, expediting transportation of such specimens to commercial or public health laboratories for additional testing may also accelerate public health investigation of severe A(H5) cases and sharing of information about these viruses.



Texas Department of State Health Services

Available: [Health Alert Network \(HAN\) - 00520 | Accelerated Subtyping of Influenza A in Hospitalized Patients](#); accessed January 30, 2025

# DSHS Enhanced Flu Surveillance, 2024-2025 Influenza Season

## Enhanced Flu Surveillance, 2024-2025 Influenza Season

With one confirmed human case of H5N1 influenza in Texas in March 2024 and additional human cases reported around the United States, the Texas Department of State Health Services (DSHS) has begun enhanced flu surveillance. The goal of enhanced flu surveillance is to promptly detect any human cases of H5N1 flu, also known as bird flu. That will help a public health investigation quickly identify the affected person, the potential source of the infection, and any contacts so they can be tested and get appropriate therapy.

One key part of the effort is performing more subtyping of specimens that are positive for influenza A to determine if the sample is influenza A(H5). DSHS is asking health care providers to partner with public health in multiple ways:

- Healthcare providers should consider getting influenza A specimens subtyped. Public health laboratories can serve as a resource to perform subtyping.
- Healthcare providers that engage in point-of-care testing should consider collecting an additional specimen for PCR testing and subtyping.
- Influenza A specimens that are unable to be subtyped should be sent to public health laboratories for further identification.

This enhanced surveillance augments Texas' typical efforts to monitor seasonal flu. DSHS tracks influenza activity across Texas based on reports from a network of health care partners including clinics and doctor's offices, public and private laboratories, hospital emergency departments, long-term care facilities and schools. These partners send weekly reports of laboratory results and counts of individuals presenting with influenza-like illness.

For additional questions, or if you're interested in participating in enhanced flu surveillance, please contact DSHS at [FluTexas@dshs.texas.gov](mailto:FluTexas@dshs.texas.gov).



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# Measles



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# DSHS Health Alert Confirmed Cases of Measles



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- On January 23, 2022, Texas Department of Health Services (DSHS) issued a **Health Alert** relating to [Confirmed Case of Measles - January 2025](#) | [Texas DSHS](#)

## Confirmed Case of Measles - January 2025

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**HEALTH ALERT** January 23, 2025  
**Summary**

The Texas Department of State Health Services (DSHS) is reporting two confirmed cases of measles in residents of Harris County. These are the first confirmed cases of measles reported in Texas since 2023.

Due to the highly contagious nature of this disease, additional cases may occur. We advise clinicians to follow the recommendations below and report any suspected cases to your local health department immediately, preferably while the patient is in your presence.

### Background

The Houston Health Department (HHD) has identified two confirmed cases of measles associated with recent international travel. Both individuals are adults who reside in the same household and were unvaccinated against measles. HHD has published a list of possible exposure locations and dates where members of the public may have been exposed to measles during the patients' infectious periods. People who visited those locations at those times should ensure they are up to date on the measles vaccine and monitor themselves for measles symptoms. HHD will continue to update the exposure locations at [Houston Measles Advisory \(whoustonhealth.org\)](#).

Measles is a highly contagious respiratory illness. The virus is transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. Measles virus can remain infectious in the air for up to two hours after an infected person leaves an area. Illness onset (high fever, cough, runny nose, and red, watery eyes) begins a week or two after someone is exposed. A few days later, the telltale rash breaks out as flat, red spots on the face and then spreads down the neck and trunk to the rest of the body. A person is contagious about four days before the rash appears to four days after. People with measles should stay home from work or school during that period.

The best way to prevent getting sick is to be immunized with two doses of a measles-containing vaccine, which is primarily administered as the combination measles-mumps-rubella (MMR) vaccine. Two doses of the MMR vaccine are highly effective at preventing measles. Some vaccinated people can occasionally develop measles, however symptoms are generally milder, and they are less likely to spread the disease to other people. Texas Department of State Health Services (DSHS) and the Centers for Disease Control and Prevention (CDC)'s Advisory Committee on Immunization Practices (ACIP) recommend children receive one dose of MMR at 12 to 15 months of age and another at 4 to 6 years. Children too young to be vaccinated are more likely to have severe complications if they get infected with the measles virus. However, each MMR dose lowers the risk of infection and severity of illness if infected.

### Recommendations For Health Care Professionals:

Healthcare providers should consider measles in patients presenting with the following symptoms, particularly those who have traveled abroad or had contact with known measles cases:

- Fever  $\geq 101^{\circ}\text{F}$  ( $38.3^{\circ}\text{C}$ ) **AND**
- Generalized maculopapular rash lasting  $\geq 3$  days **AND**
  - Rash begins at the hairline/scalp and progresses down the body
- Cough, runny nose, or conjunctivitis **OR** Koplik spots (bluish-white specks or a red-rose background appearing on the buccal and labial mucosa usually opposite the molars)

**Immediately report any suspected measles cases** to your local health department (contacts by county at [Disease Reporting Contacts](#)). If possible, please report while the patient is present to facilitate testing and the public health investigation, including follow-up of potential exposures.

- On January 30, 2025, DSHS issued a **news release** on additional measles cases [State health officials urge vigilance as additional measles cases are identified](#) | [Texas DSHS](#)

## State health officials urge vigilance as additional measles cases are identified

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**NEWS RELEASE** January 30, 2025  
**Health alert was issued on Jan. 23, 2025**

The Texas Department of State Health Services is announcing two confirmed cases of measles in residents of Gaines County. Both cases are in unvaccinated school age children who were hospitalized in Lubbock and have since been discharged. DSHS is supporting the South Plains Public Health District and Lubbock Public Health in the disease investigation. These newly identified cases are in addition to two confirmed measles cases reported in unvaccinated residents of Harris County earlier this month. The Harris County cases were the first confirmed measles cases in Texas since 2023.

Measles is a highly contagious respiratory illness, which can cause life-threatening illness to anyone who is not protected against the virus. Measles can be transmitted by direct contact with infectious droplets or by airborne spread when an infected person breathes, coughs, or sneezes. The virus can remain infectious in the air for up to two hours after an infected person leaves an area. People who are infected will begin to have symptoms within a week or two after being exposed. Early symptoms include high fever, cough, runny nose, and red, watery eyes. A few days later, the telltale rash breaks out as flat, red spots on the face and then spreads down the neck and trunk to the rest of the body. A person is contagious about four days before the rash appears to four days after. People who could have measles should stay home during that period.

People who think they have measles or may have been exposed to measles should isolate themselves and call their health care provider before arriving to be tested. It is important to let the provider know that the patient may have measles and to get instructions on how to come to the office for diagnosis without exposing other people to the virus.

The best way to prevent getting sick is to be immunized with two doses of a measles-containing vaccine, which is primarily administered as the combination measles-mumps-rubella or MMR vaccine. Two doses of the MMR vaccine prevent more than 97 percent of measles infections. A small number of vaccinated people can occasionally develop measles. In these cases, the symptoms are generally milder, and they are less likely to spread the disease to other people. DSHS and the Centers for Disease Control and Prevention recommend children receive one dose of MMR at 12 to 15 months of age and another at 4 to 6 years. Children too young to be vaccinated are more likely to have severe complications if they get infected with the measles virus. However, each MMR dose lowers the risk of infection and the severity of illness if infected.

Health care providers can find recommendations for infection control and diagnostic testing in the [health alert issued last week](#). Providers should report any suspected cases to their local health department immediately, preferably while the patient is still with the provider.

# DSHS **Health Alert**: Measles Outbreak in Gaines County, TX

- On February 5, 2022, Texas Department of Health Services (DSHS) issued a [Health Alert: Measles Outbreak in Gaines County, Texas | Texas DSHS](#) reporting an outbreak of measles in Gaines County.
- **Due to the highly contagious nature of this disease, additional cases are likely to occur in Gaines County and the surrounding communities.**
- **DSHS advises clinicians to follow the measles immunization recommendations provided in the health alert for the communities affected by the outbreak and immediately report any suspected cases to your local health department, preferably while the patient is in your presence.**

## Health Alert: Measles Outbreak in Gaines County, Texas

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 HEALTH ALERT

February 5, 2025

### Summary

The Texas Department of State Health Services (DSHS) is reporting an outbreak of measles in Gaines County. At this time, six cases have been identified with symptom onset within the last two weeks, all among unvaccinated school-aged children who are residents of Gaines County.

**Due to the highly contagious nature of this disease, additional cases are likely to occur in Gaines County and the surrounding communities. DSHS advises clinicians to follow the below measles immunization recommendations for the communities affected by the outbreak and immediately report any suspected cases to your local health department, preferably while the patient is in your presence.**

To immediately increase the measles immunity and prevent disease occurrence in the affected communities, DSHS advises the following immunization recommendations for residents of Gaines County:

- Infants ages 6 to 11 months:
  - Administer an **early dose** of measles, mumps, and rubella (MMR) vaccine.
  - Follow the CDC's recommended schedule and get:
    - Another dose at 12 through 15 months.
    - A final dose at 4 through 6 years.
- Children over 12 months old:
  - If the child has not been vaccinated, administer one dose immediately and follow with a second dose at least 28 days after the first.
  - If the child has received one dose, administer the second dose as soon as possible, at least 28 days after the first.
- Teen and adults with no evidence of immunity:

Administer one dose immediately and follow with a second dose at least 28 days after the first.

# DSHS News Release: Measles Outbreak in Gaines County, TX

## Measles Outbreak

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### NEWS UPDATES

February 11, 2025

The Texas Department of State Health Services is reporting an outbreak of measles in Gaines County. At this time, 24 cases have been identified with symptom onset within the last two weeks. Nine of the patients have been hospitalized. All of the cases are unvaccinated and residents of Gaines County. Due to the highly contagious nature of this disease, additional cases are likely to occur in Gaines County and the surrounding communities. DSHS is working with South Plains Public Health District and Lubbock Public Health to investigate the outbreak.

County	0-4 years	5-17 years	18+ years	Total Cases
Gaines	6	16	2	24

The best way to prevent getting sick is to be immunized with two doses of a vaccine against measles, which is primarily administered as the combination measles-mumps-rubella vaccine. Two doses of the MMR vaccine are highly effective at preventing measles.

Additional information for the public and health care providers is available at the links below:

[DSHS News Release](#)

[DSHS Health Alert](#)

You can find data on vaccination coverage levels in schools here:

[School Coverage](#)

[Conscientious Exemptions](#)

We will post updates on Tuesdays and Fridays if there are new cases to report.

Available: [Measles Outbreak | Texas DSHS](#), accessed on: 2/11/2025



**Thank You**