

Texas Influenza Summer Surveillance Report 2016–2017 Season/2017 MMWR Week 21

(May 21, 2017– May 27, 2017)

Report produced on 6/02/2017

Summary

Influenza (flu) activity has decreased the past few months in Texas; it appears to have peaked in mid-February. Compared to the previous week, the percentage of specimens testing positive for influenza reported by hospital and public health laboratories and patient visits due to influenza-like illness (ILI) slightly decreased. One influenza outbreak was reported. No influenza-associated pediatric deaths were reported. In addition to flu, other respiratory viruses—especially rhino/enteroviruses—were detected in Texas during week 21.

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)	Not determined during the summer	N/A	N/A	--
Statewide ILINet Activity Indicator assigned by CDC (intensity of influenza-like illness)	Not determined during the summer	N/A	N/A	--
Percentage of specimens positive for influenza by hospital laboratories	▼0.84%	3.77%	4.61%	1
Percentage of specimens positive for influenza by public health laboratories	▼11.11%	22.22%	33.33%	2
Percentage of visits due to ILI (ILINet)	▼0.04%	3.00%	3.04%	2
Number of regions reporting increased flu/ILI activity	No change	0	0	4
Number of regions reporting decreased flu/ILI activity	▼3	1	4	4
Number of variant/novel influenza infections	No new cases reported	0	0	4
Number of ILI/influenza outbreaks	No change	1	1	4
Number of pediatric influenza deaths	No new cases reported	0	1	5

[†]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 Laboratories for the Current Week

	Week 21	Season to Date
Number of labs reporting flu tests	11	
Number of specimens tested	876	96572
Number of positive specimens (%) [†]	33 (3.77%)	15208 (15.75%)
Percentage of total tests that were antigen detection tests	37.67%	
Positive specimens by type/subtype/lineage [n (%)]		
Influenza A	11 (33.33%)	11244 (73.93%)
Subtyping performed	5 (45.45%)	2309 (20.54%)
A (H1N1)	0 (0.00%)	378 (16.37%)
A (H3N2)	5 (100.00%)	1931 (83.63%)
Subtyping not performed	6 (54.55%)	8935(79.46%)
Influenza B	22 (66.67%)	3964 (26.07%)

[†]Laboratory data in 2016-2017 season reports may not be comparable to reports from previous seasons because of the inclusion of DSHS and LRN laboratory data for the current season.

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

	Week 21	Season to Date
Number of labs reporting flu tests	3	
Number of specimens tested	9	3499
Number of positive specimens (%) [†]	2 (22.22%)	1843 (52.67%)
Positive specimens by type/subtype/lineage [n (%)]		
Influenza A	0 (0.00%)	1495 (81.12%)
Subtyping performed	0 (0.00%)	1487 (99.46%)
A (H1N1)	0 (0.00%)	211 (14.19%)
A (H3N2)	0 (0.00%)	1276 (85.81%)
Subtyping not performed	0 (0.00%)	8 (0.54%)
Influenza B	2 (100.00%)	348 (18.88%)
Lineage testing performed	0 (0.00%)	339 (97.41%)
B/Victoria	0 (0.00%)	76 (22.42%)
B/Yamagata	0 (0.00%)	263 (77.58%)
Lineage testing not performed	2 (100.00%)	9 (2.59%)

[†]Laboratory data in 2016-2017 season reports may not be comparable to reports from previous seasons because the data only includes DSHS and LRN laboratory data for the current 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)	5	529	22	4.16%
HMPV	6	486	44	9.05%
Parainfluenza virus	6	709	49	6.91%
Rhinovirus	5	406	117	28.82%
RSV ^{†^}	11	652	12	1.84%
Seasonal coronavirus (does not include MERS-CoV)	3	363	6	1.65%

[†]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 <http://www.dshs.texas.gov/IDCU/disease/rsv/Data.doc>.

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

Table 5: Texas ILINet Reporting and Patient Visit Summary for the Current Week

	Week 21
Number of providers reporting [†]	88
Number of providers reporting patient visits	87
Number (%) of providers with at least one ILI case	74 (85.06%)
Percentage of all visits due to ILI	3.00%
Texas ILINet baseline [‡] , 2016–2017	6.64%

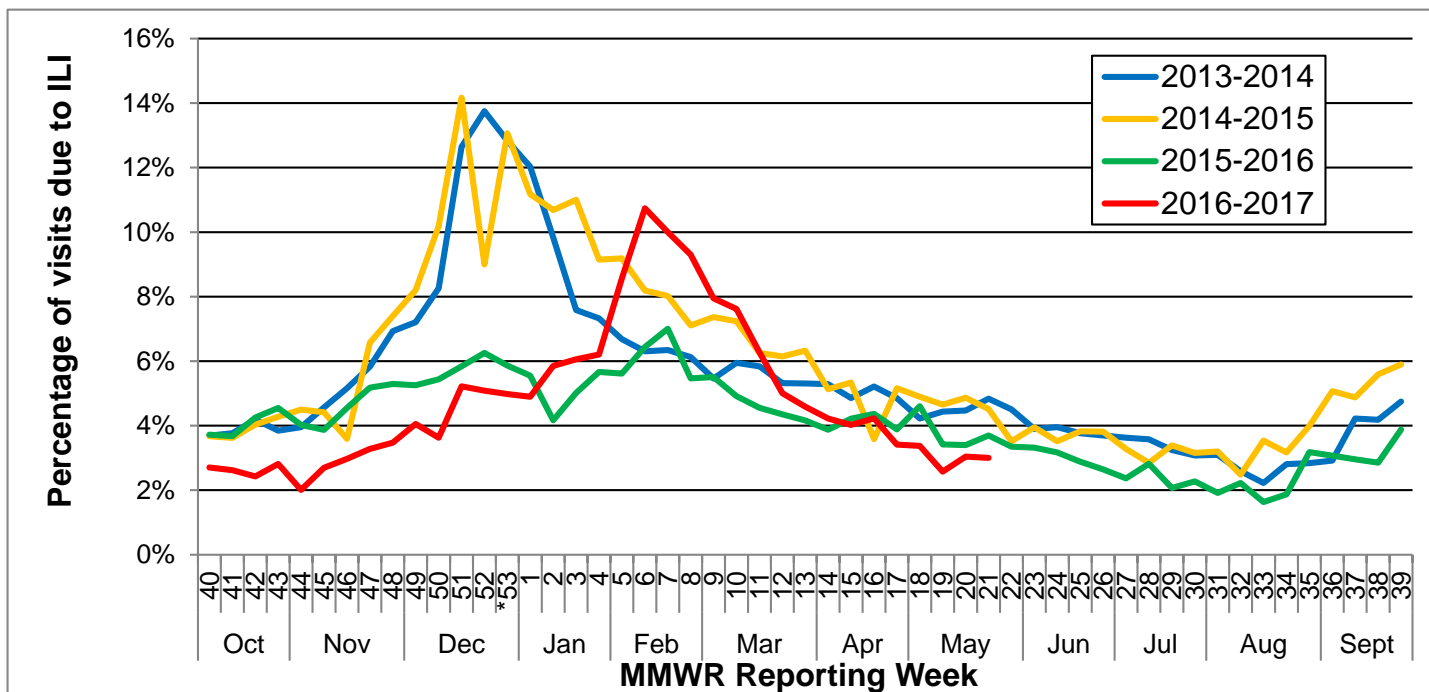
[†]Reporting providers include both ILINet and RVSP providers.

[‡]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 06/01/17 9:00 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+			
201640	125	166	345	142	106	145	904	33457	2.70%
201641	123	140	303	151	87	137	818	31233	2.62%
201642	119	132	263	127	118	109	749	30871	2.43%
201643	119	138	314	149	139	125	865	30754	2.81%
201644	112	115	295	102	36	33	581	28878	2.01%
201645	121	153	273	167	104	133	830	30824	2.69%
201646	121	186	357	143	116	148	950	31953	2.97%
201647	119	146	215	141	115	116	733	22334	3.28%
201648	117	197	302	185	165	192	1041	29957	3.47%
201649	118	226	337	219	182	196	1160	28629	4.05%
201650	112	241	377	184	93	67	962	26540	3.62%
201651	113	232	342	316	210	200	1300	24910	5.22%
201652	114	180	233	357	220	185	1175	23112	5.08%
201701	118	188	316	394	222	212	1332	27199	4.90%
201702	117	223	628	420	296	243	1810	30922	5.85%
201703	117	242	731	413	255	225	1866	30815	6.06%
201704	109	261	933	424	176	74	1868	30099	6.21%
201705	118	380	1422	680	354	270	3106	36254	8.57%
201706	118	418	1739	938	476	326	3897	36284	10.74%
201707	93	201	1267	779	444	264	2955	29550	10.00%
201708	111	339	1212	744	397	224	2916	31344	9.30%
201709	112	291	1042	683	323	226	2565	32282	7.95%
201710	110	225	969	645	331	204	2374	31148	7.62%
201711	108	213	502	456	245	151	1567	24988	6.27%
201712	108	175	509	389	240	180	1493	29832	5.00%
201713	105	161	467	314	183	170	1295	28234	4.59%
201714	106	159	427	283	150	151	1170	27705	4.22%
201715	103	120	432	220	142	141	1055	26214	4.02%
201716	87	151	329	147	128	142	897	21223	4.23%
201717	104	133	338	224	152	140	987	28898	3.42%
201718	96	127	286	212	119	117	861	25505	3.38%
201719	97	89	188	134	99	121	631	24522	2.57%
201720	98	110	229	160	102	146	747	24570	3.04%
201721	88	103	209	143	99	109	663	22082	3.00%

Figure 1: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2013–2017 Seasons*



*There was a week 53 in the 2014-2015 influenza season, but there is not a week 53 in the 2016-2017 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 six Health Service Regions (HSRs) during week 21.

Table 7: Influenza Activity Compared to Week 20 by Health Service Region (HSR)

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

Variant Influenza Viruses

No new variant influenza viruses were reported during week 21.

One human infection with an influenza A variant virus was reported during week 17 (week ending April 29, 2017). The infection was in a child less than 5 years of age who is a resident of HSR 8. The child was infected with an influenza A (H3N2) variant (H3N2v) virus. This H3N2v virus was detected through the Department of Defense Global, Laboratory-based Influenza Surveillance Program. The child became ill with respiratory symptoms in February 2017, was not hospitalized, and has fully recovered from their illness. Swine contact at an agricultural event was reported in the week preceding illness onset.

Influenza viruses that circulate in swine are called swine influenza viruses when isolated from swine, but are called variant influenza viruses when isolated from humans. Early identification and investigation of human infections with novel influenza A viruses are critical so that the risk of infection can be more fully understood and appropriate public health measures can be taken. Additional information on influenza in swine, variant influenza infection in humans, and strategies to interact safely with swine can be found at <http://www.cdc.gov/flu/swineflu/index.htm>.

Institutional Outbreaks and School Closures

During week 21, one institutional influenza outbreak was reported at a long-term care facility in HSR 6/5S. seven residents tested positive for influenza A by rapid test. Various control measures, such as such as isolation of the ill, were implemented.

No school closures were reported during week 21.

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 multiple ICD-10 cause of death codes. In particular, P&I deaths are based on ICD-10 pneumonia and influenza mortality codes.

Six thousand six hundred and forty-nine P&I deaths have been reported in Texas during the 2016-2017 influenza season.

Table 8: Texas P&I Deaths Occurring Oct. 02, 2016- May 31, 2017* by Age

Age Category (years)	Number of P&I Deaths ⁺	Mortality Rate (per 100,000)
0 - 4	31	1.50
5 - 17	19	0.35
18 - 49	379	2.98
50 - 64	1089	21.58
65 +	5131	146.09
Overall	6649	23.09

*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. 02, 2016- May 31, 2017* by Health Service Region (HSR)

HSR	Number of P&I Deaths ⁺	Mortality Rate (per 100,000)
1	289	31.76
2/3	1807	21.70
4/5N	514	32.03
6/5S	1459	19.42
7	755	21.60
8	769	25.82
9/10	395	25.43
11	659	27.27
Unknown	<10	N/A
Overall	6649	23.09

*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 new influenza-associated pediatric deaths were reported in Texas during week 21.

Six influenza-associated pediatric deaths have been reported in Texas during the 2016-2017 influenza season. Cases of influenza-associated pediatric mortality (children <18 years of age) are reportable year-round and by law in Texas.

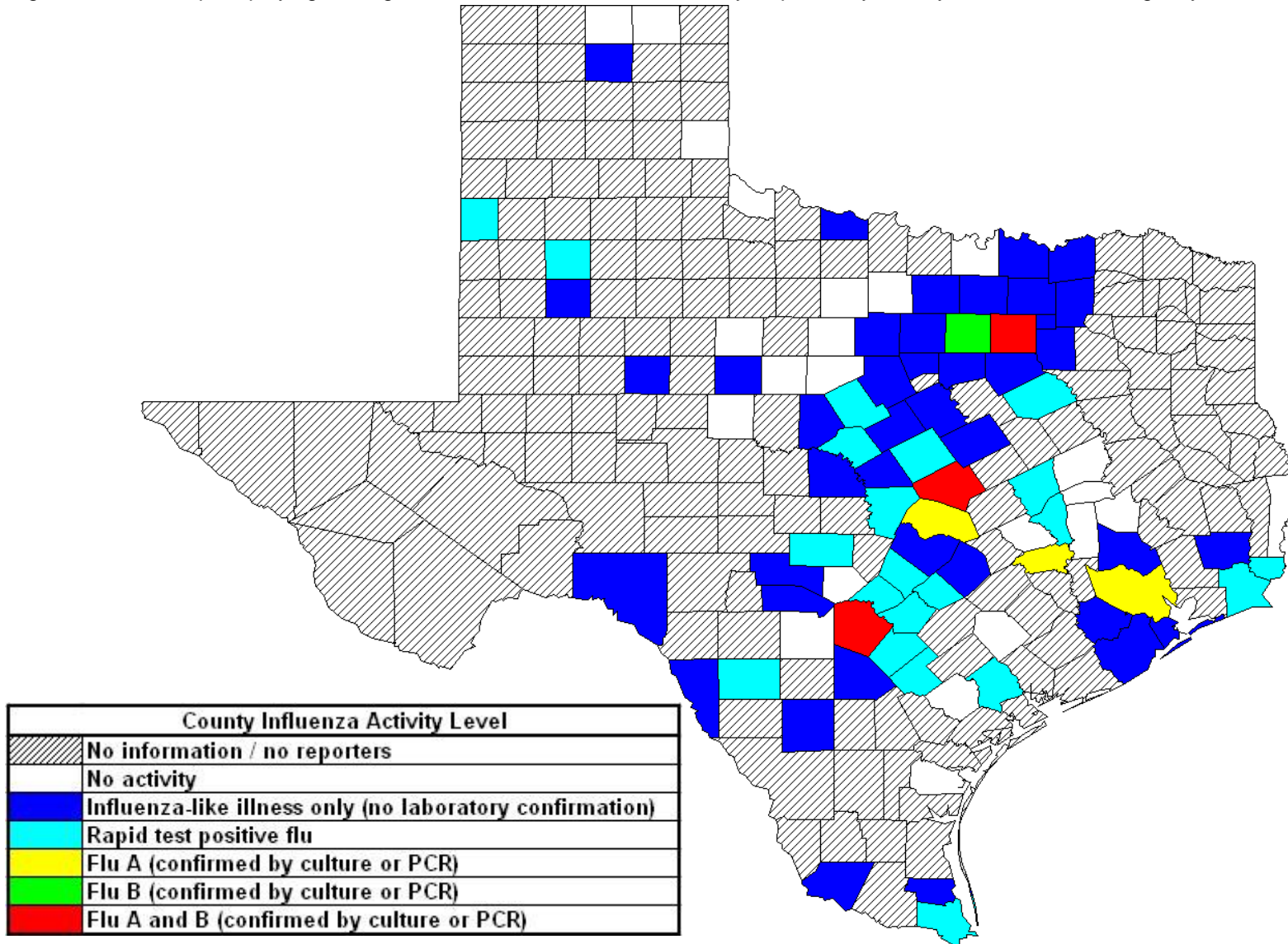
Table 10: Influenza-Associated Pediatric Deaths Reported in Texas during the 2016–2017 Season

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
2016							
October	0	0	0	0	0	0	0
November	0	0	0	0	0	0	0
December	0	0	0	1	0	0	1
2017							
January	0	0	0	0	0	0	0
February	0	1	0	0	0	0	1
March	0	2	0	0	0	0	2
April	1	0	0	1	0	0	2
May	0	0	0	0	0	0	0
Total	1	3	0	2	0	0	6

[#]Based upon additional information, the influenza-associated pediatric mortality reported earlier in the season was determined to be a non-Texas resident and will not be counted as a Texas case.

Statewide Influenza Activity Map

Figure 2: Texas Map Displaying the Highest Level of Influenza or ILI Activity Reported by County for the Week Ending May 27, 2017 (MMWR Week 21)



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, and childcare 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 and novel influenza viruses: <http://www.cdc.gov/flu/avianflu/index.htm>; <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/>