

Texas Influenza Surveillance Report 2015–2016 Season/2016 MMWR Week 05

(Jan. 31, 2016 – Feb. 06, 2016)

Report produced on 2/12/2016

Summary

Influenza activity remains low in the state of Texas, but it has been slowly increasing over the past few weeks. Compared to the previous week, the percentage of specimens positive for influenza slightly increased and the percentage of patient visits due to influenza-like illness (ILI) marginally decreased. No ILI/influenza-associated outbreaks or influenza-associated pediatric deaths were reported. In addition to flu, other respiratory viruses were detected in Texas during week 05.

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	Regional	Regional	--
Statewide ILINet Activity Indicator assigned by CDC (intensity of influenza-like illness)	No change	Low	Low	--
Percentage of specimens positive for influenza	▲2.12%	7.70%	5.58% [†]	1
Percentage of visits due to ILI (ILINet)	▼0.24%	6.07%	6.31% [†]	3
Number of regions reporting increased flu/ILI activity	▲1	5	4	5
Number of regions reporting decreased flu/ILI activity	▲1	1	0	5
Number of variant/novel influenza infections	No change	0	0	5
Number of ILI/influenza outbreaks	No change	0	0	5
Number of Pneumonia and Influenza (P&I) Deaths	No New Deaths Reported	0	0	5
Number of pediatric influenza deaths	No New Cases Reported	0	0	6

[†]Data displayed have been updated since last week's flu report with any new reports received.

Laboratory Results

Influenza

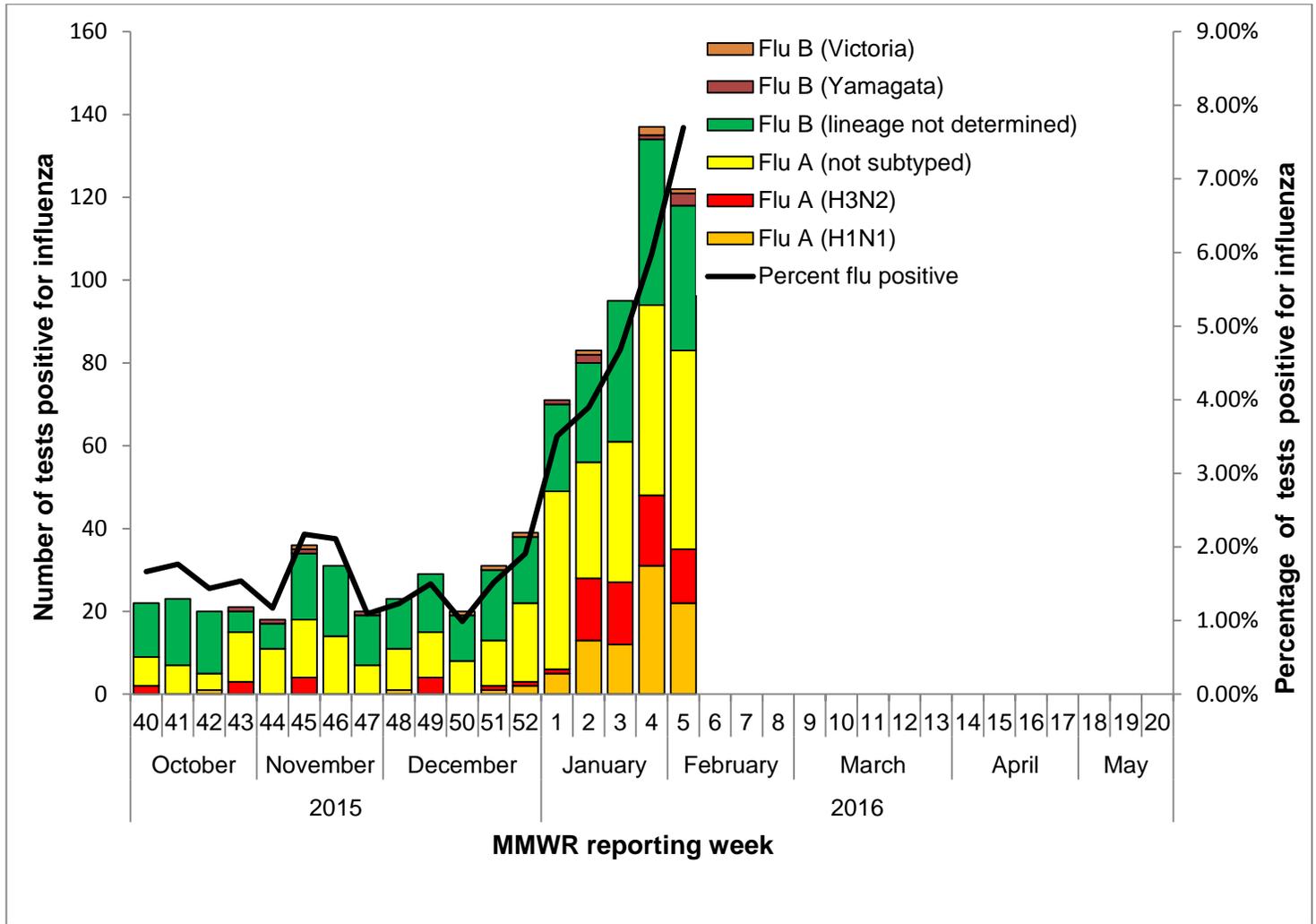
Hospital laboratories across Texas voluntarily report influenza tests (antigen, culture, and PCR) to the National Respiratory and Enteric Virus Surveillance System (NREVSS). Providers throughout Texas also submit specimens for influenza testing (PCR) to Texas public health laboratories, including the Texas Department of State Health Services (DSHS) laboratory in Austin and the nine Texas Laboratory Response Network (LRN) laboratories. The results reported by these labs are summarized below. Additional influenza test results (rapid tests, culture, PCR) 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 05	Season to Date
Number of labs reporting flu tests	16	
Number of specimens tested	1585	31854
Number of positive specimens (%) [†]	122 (7.70%)	841 (2.64%)
Percentage of total tests that were antigen detection tests	49.78%	
Positive specimens by type/subtype/lineage [n (%)]		
Influenza A	83 (68.03%)	498 (59.22%)
Subtyping performed	35 (42.17%)	164 (32.93%)
A (H1N1)	22 (62.86%)	88 (53.66%)
A (H3N2)	13 (37.14%)	76 (46.34%)
Subtyping not performed	48 (57.83%)	334 (67.07%)
Influenza B	39 (31.97%)	343 (40.78%)
Lineage testing performed	4 (10.26%)	19 (5.54%)
B/Victoria	1 (25.00%)	8 (42.11%)
B/Yamagata	3 (75.00%)	11 (57.89%)
Lineage testing not performed	35 (89.74%)	324 (94.46%)

[†]Laboratory data in 2015-2016 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.

Figure 1: Number and Percentage of Tests (Antigen, Culture, PCR) Positive for Influenza by Type, Subtype, and Lineage Reported by Texas Laboratories, 2015–2016 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 3: 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)	6	641	43	6.71%
HMPV	5	628	24	3.82%
Parainfluenza virus	6	633	12	1.90%
Rhinovirus	4	466	138	29.61%
RSV ^{†^}	10	1195	292	24.44%
Seasonal coronavirus (does not include MERS-CoV)	3	449	22	4.90%

[†]RSV tests displayed in the table are antigen detection tests only. 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 October 04, 2015, CDC has reported antigenic characterization results from one influenza A (H1N1) virus, four influenza A (H3N2) viruses and two influenza B viruses received from the Texas Department of State Health Services (DSHS) Laboratory. The DSHS Laboratory sends a representative sample of influenza viruses to the CDC throughout the flu season.

Influenza A (H1N1) [1]

- One (100%) virus was related to A/California/07/2009. This virus strain was included in the 2015-2016 influenza vaccine for the Northern Hemisphere.

Influenza A (H3N2) [4]

- Four (100.0%) viruses were related to A/Switzerland/9715293/2013, the influenza A (H3N2) component of the 2015-2016 Northern Hemisphere influenza vaccine.

Influenza B [2]

- Yamagata lineage [2]: Two (100.0%) influenza B/Yamagata-lineage viruses have been characterized from Texas. A B/Phuket/3073/2013-like virus, which belongs to the B/Yamagata lineage, is included as an influenza B component of the 2015-2016 Northern Hemisphere trivalent and quadrivalent influenza vaccines.

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

Week 05	
Number of providers reporting [†]	112
Number of providers reporting patient visits	111
Number (%) of providers with at least one ILI case	95 (85.59%)
Percentage of all visits due to ILI	6.07%
Texas ILINet baseline [‡] , 2015–2016	6.32%

[†]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 5: Percentage of Visits for Influenza-like Illness Reported by Texas ILINet Providers (as of 2/11/2016 2:30 PM)

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+			
201540	131	204	395	350	197	125	1271	31446	4.04%
201541	127	212	422	304	141	92	1171	29680	3.95%
201542	127	245	467	392	187	137	1428	31123	4.59%
201543	129	250	500	352	201	150	1453	31953	4.55%
201544	131	251	437	322	213	160	1383	31979	4.32%
201545	123	248	500	296	122	41	1207	29029	4.16%
201546	128	237	530	376	224	186	1553	31686	4.90%
201547	127	206	377	339	182	114	1218	22193	5.49%
201548	127	277	500	478	290	249	1794	31214	5.75%
201549	124	276	451	410	300	218	1655	28634	5.78%
201550	126	320	410	486	279	219	1714	28709	5.97%
201551	125	193	333	418	222	175	1341	21334	6.29%
201552	123	213	294	488	295	178	1468	21532	6.82%
201601	123	201	364	511	315	247	1638	26778	6.12%
201602	116	226	397	321	150	69	1163	24739	4.70%
201603	120	246	441	427	220	214	1548	27677	5.59%
201604	118	262	601	447	305	198	1813	28748	6.31%
201605	112	239	490	443	281	191	1644	27096	6.07%

Figure 2: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2015–2016 Season

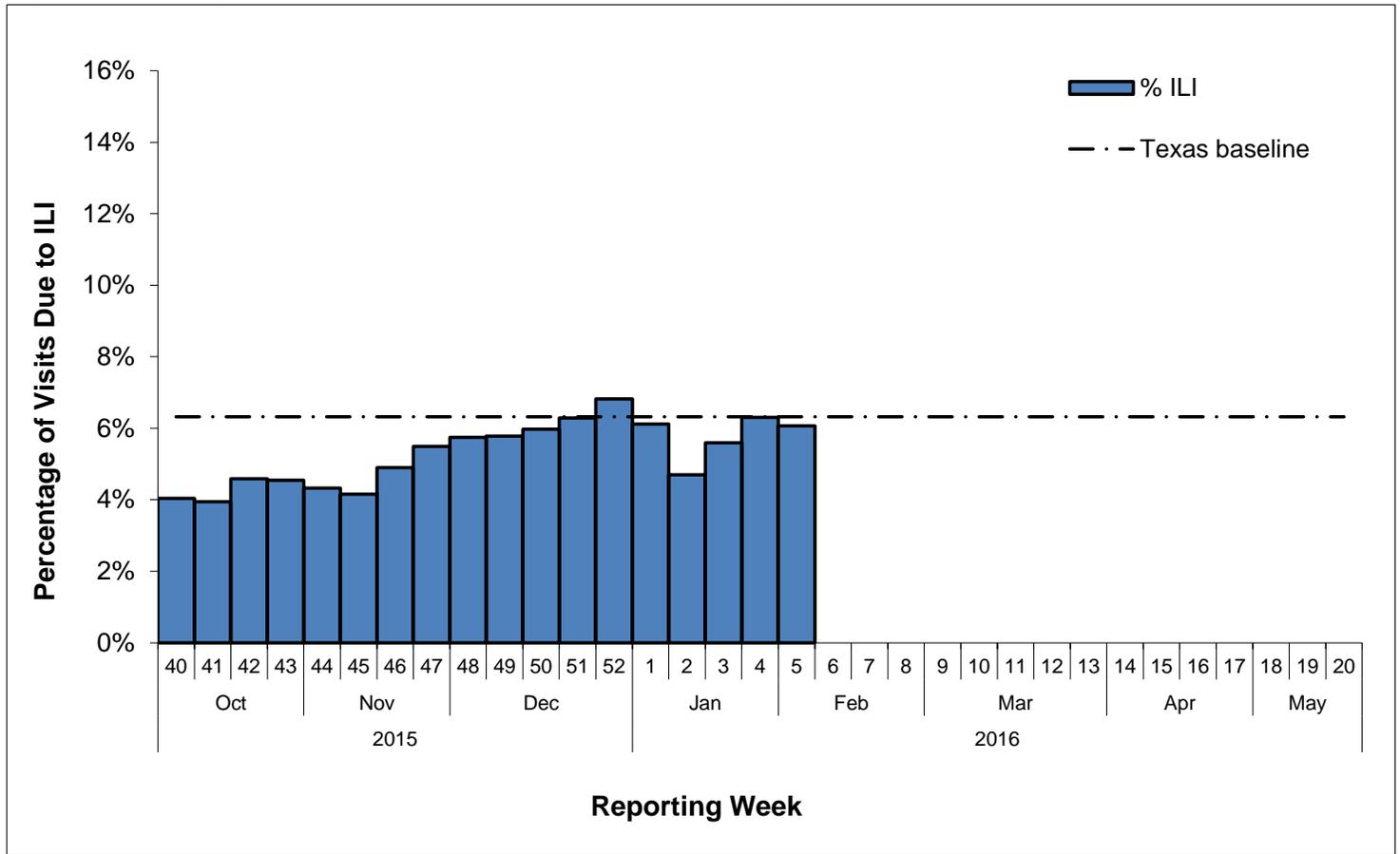
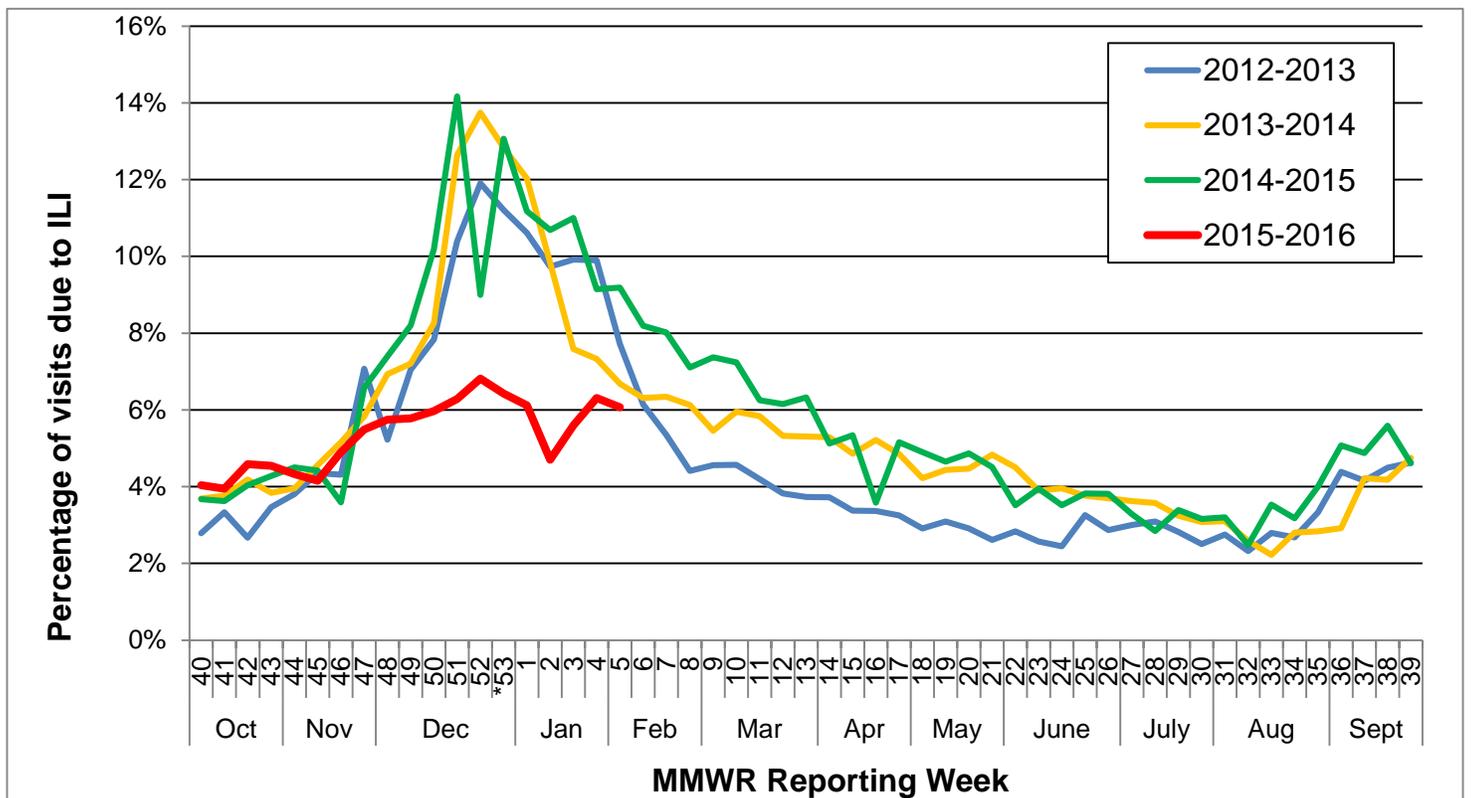


Figure 3: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2012–2016 Seasons



*There was a week 53 in the 2014-2015 influenza season, but there is not a week 53 for the 2015-2016 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 seven Health Service Regions (HSRs) during week 05.

Table 6: Influenza Activity Compared to Week 04 by Health Service Region (HSR)

Influenza Activity Comparison	Health Service Region (HSR)
Increased	2/3, 4/5N, 8, 9/10, and 11
Same	1 and 7
Decreased	6/5S
Unsure	

Variante Influenza Viruses

No variant or novel influenza viruses have been detected in Texas in 2015 or 2016.

Institutional Outbreaks and School Closures

No ILI or influenza-associated outbreaks were reported during week 05.

No school closures were reported during week 05.

TX P&I Mortality Surveillance Data

Pneumonia and influenza (P&I) deaths are attained from death certificates of Texas residents whose underlying or contributing cause(s) of death on the death certificate 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 five hundred thirty-nine P&I deaths have been reported in Texas during the 2015-2016 influenza season.

Table 7: Texas P&I Deaths Occurring Oct. 04, 2015-Jan. 27, 2016* by Age

Age Category (years)	Number of P&I Deaths ⁺	Mortality Rate (per 100,000)
0 - 4	<10	0.20
5 - 17	<10	0.02
18 - 49	75	0.60
50 - 64	247	4.97
65 +	1212	36.02
Overall	1539	5.45

*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 8: Texas P&I Deaths Occurring Oct. 04, 2015-Jan. 27, 2016* by Health Service Region (HSR)

HSR	Number of P&I Deaths	Mortality Rate (per 100,000)
1	71	7.89
2/3	423	5.18
4/5N	104	6.55
6/5S	342	4.65
7	191	5.60
8	164	5.61
9/10	104	6.80
11	140	5.91
Overall	1539	5.45

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

Influenza-Associated Pediatric Mortality

No influenza-associated pediatric deaths were reported during week 05.

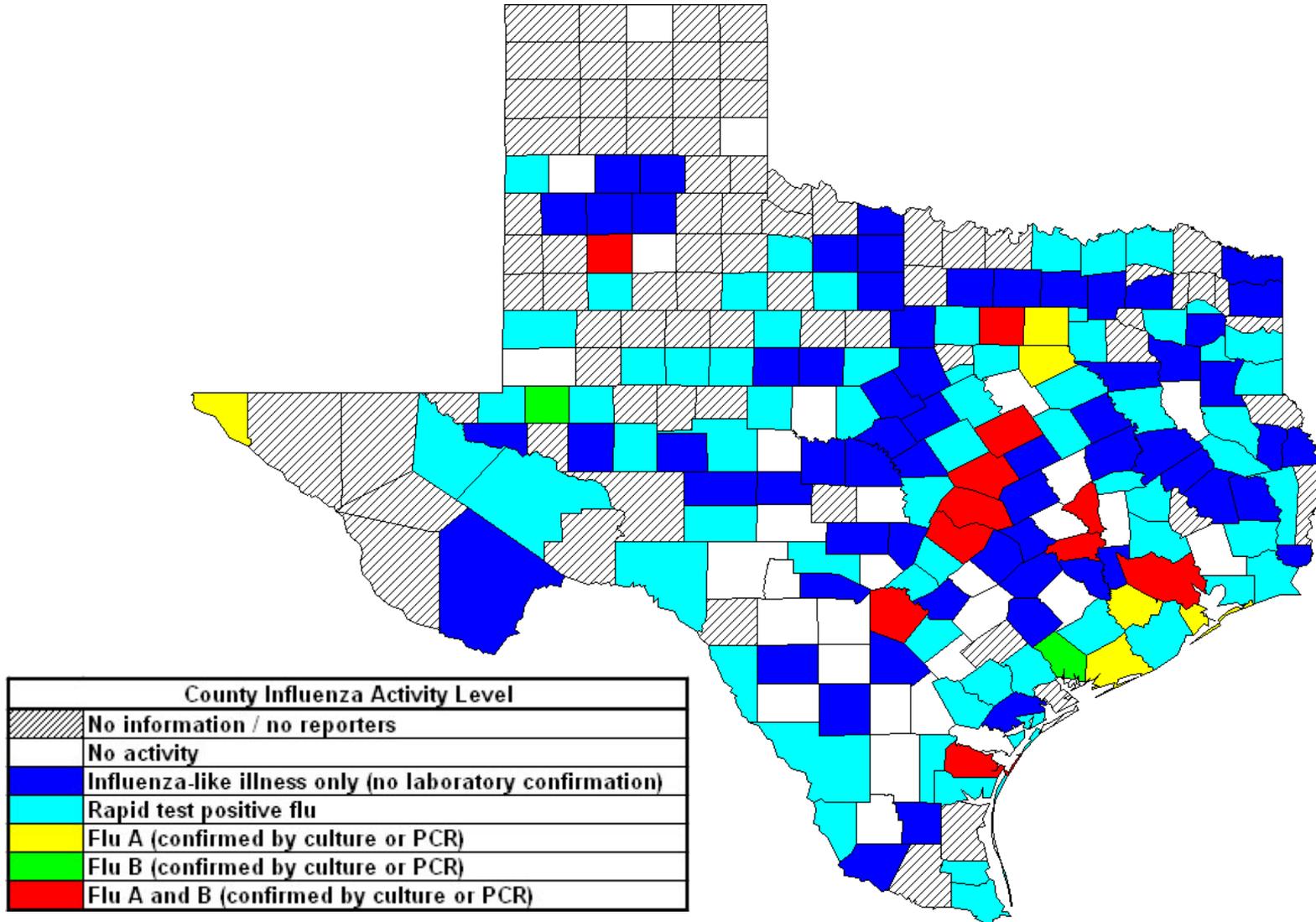
No influenza-associated pediatric deaths have been reported in Texas during the 2015-2016 influenza season. Cases of influenza-associated pediatric mortality (children <18 years of age) are reportable year-round and by law in Texas.

Table 9: Influenza-Associated Pediatric Deaths Reported in Texas during the 2015–2016 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
2015							
October	0	0	0	0	0	0	0
November	0	0	0	0	0	0	0
December	0	0	0	0	0	0	0
2016							
January	0	0	0	0	0	0	0
February	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0

Statewide Influenza Activity Map

Figure 4: Texas Map Displaying the Highest Level of Influenza or ILI Activity Reported by County for the Week Ending Feb. 06, 2016 (MMWR Week 05)



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.

Respiratory Virus Surveillance Project (RVSP)

Providers report weekly to ILINet and submit specimens on the first 10 patients seen with ILI each week. Specimens are tested for a variety of respiratory viruses.

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/>