



Texas Influenza Surveillance Report 2017–2018 Season/2017 MMWR Week 51

(Dec. 17, 2017 – Dec. 23, 2017)

Report produced on 12/29/2017

Summary

Influenza activity is increasing across the state of Texas. Compared to the previous week, the percentage of patient visits due to influenza-like illness (ILI) and the percentage of specimens testing positive for influenza reported by hospital and public health laboratories has increased. No influenza-associated pediatric deaths were reported. Fourteen influenza-associated outbreaks were reported. In addition to flu, other respiratory viruses—especially rhinovirus/enteroviruses—were detected in Texas during week 51.

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	Widespread	Widespread	--
Statewide ILINet Activity Indicator assigned by CDC (intensity of influenza-like illness)	No change	High	High	--
Percentage of specimens positive for influenza by hospital laboratories	▲ 9.70%	36.70%	27.00%	1
Percentage of specimens positive for influenza by public health laboratories	▲ 11.92%	84.21%	72.29%	2
Percentage of visits due to ILI (ILINet)	▲ 4.20%	14.22%	10.02%	4
Number of regions reporting increased flu/ILI activity	No change	7	7	6
Number of regions reporting decreased flu/ILI activity	No change	0	0	6
Number of variant/novel influenza infections	No cases reported	0	0	6
Number of ILI/influenza outbreaks	▲ 9	14	5	6
Number of pediatric influenza deaths	No new cases reported	0	0	7

†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 Hospital Laboratories for the Current Week

	Week 51	Season to Date Week Ending: Dec. 23, 2017
Number of labs reporting flu tests	6	
Number of specimens tested	2117	30786
Number of positive specimens (%)†	777 (36.70%)	3814 (12.39%)
Percentage of total tests that were antigen detection tests	34.67%	
Positive specimens by type/subtype [n (%)]		
Influenza A	710 (91.38%)	3133 (82.14%)
Subtyping performed	156 (21.97%)	621 (19.82%)
A (H1N1)	30 (19.23%)	150 (24.15%)
A (H3N2)	126 (80.77%)	471 (75.85%)
Subtyping not performed	554 (78.03%)	2512 (80.18%)
Influenza B	67 (8.62%)	681 (17.86%)

†Laboratory data in 2016-2017 and 2017-2018 season reports may not be comparable to reports from seasons previous to 2016-2017 because the data only includes hospital laboratories data for the current season.

Figure 1: Number and Percentage of Tests (Antigen, Culture, PCR) Positive for Influenza by Type and Subtype Reported by Texas Hospital Laboratories, 2017–2018 Season

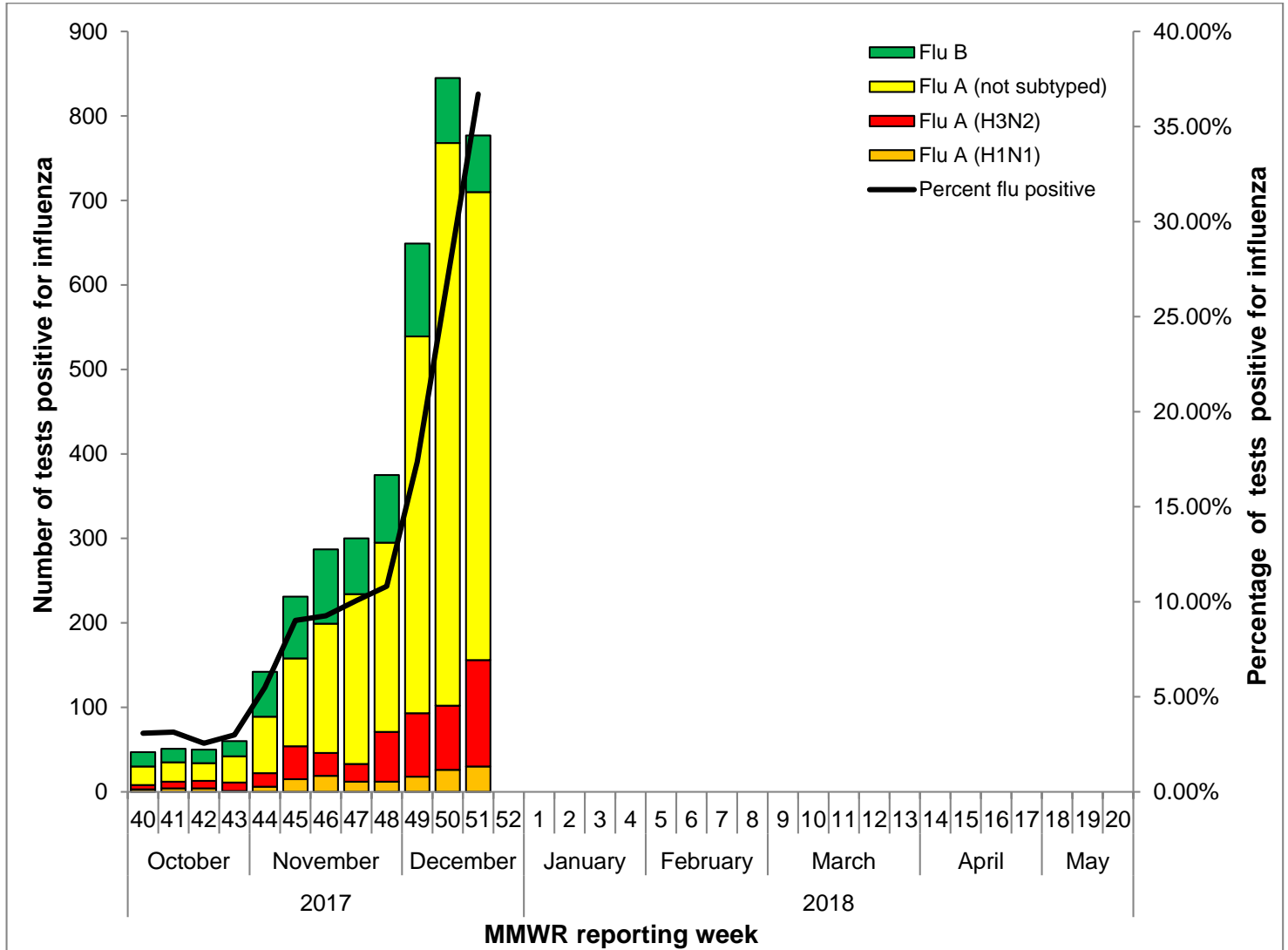
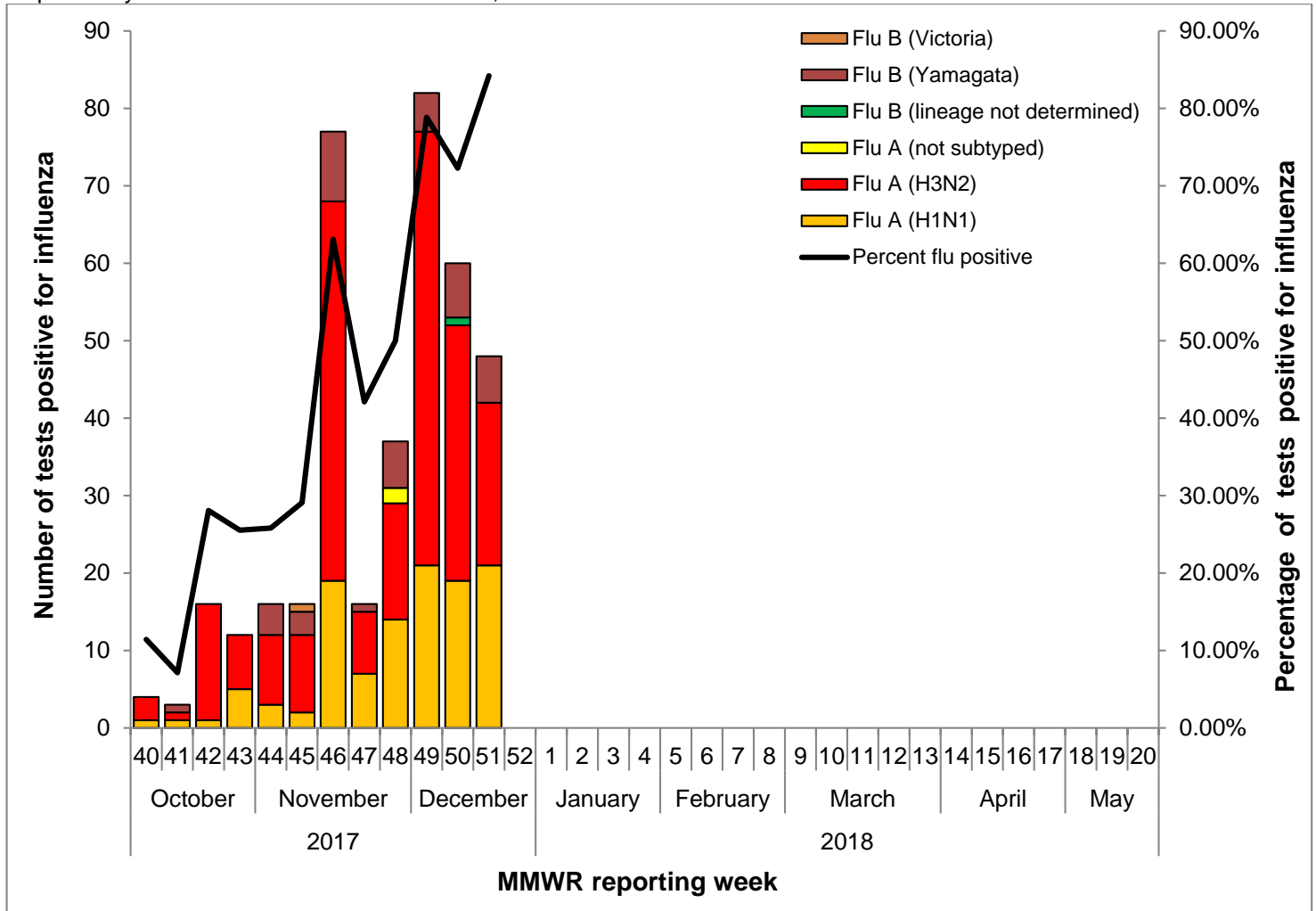


Table 3: Influenza Testing Performed by Texas Public Health Laboratories for the Current Week

	Week 51	Season to Date Week Ending: Dec. 23, 2017
Number of labs reporting flu tests	6	
Number of specimens tested	57	776
Number of positive specimens (%) [†]	48 (84.21%)	387 (49.87%)
Positive specimens by type/subtype/lineage [n (%)]		
Influenza A	42 (87.50%)	343 (88.63%)
Subtyping performed	42 (100.00%)	341 (99.42%)
A (H1N1)	21 (50.00%)	114 (33.43%)
A (H3N2)	21 (50.00%)	227 (66.57%)
Subtyping not performed	0 (0.00%)	2 (0.58%)
Influenza B	6 (12.50%)	44 (11.37%)
Lineage testing performed	6 (100.00%)	43 (97.73%)
B/Victoria	0 (0.00%)	1 (2.33%)
B/Yamagata	6 (100.00%)	42 (97.67%)
Lineage testing not performed	0 (0.00%)	1 (2.27%)

[†]Laboratory data in 2016-2017 and 2017-2018 season reports may not be comparable to reports from seasons previous to 2016-2017 because the data only includes hospital laboratories data for the current season

Figure 2: Number and Percentage of Tests (Antigen, Culture, PCR) Positive for Influenza by Type, Subtype, and Lineage Reported by Texas Public Health Laboratories, 2017-2018 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)	3	499	19	3.81%
HMPV	3	519	14	2.70%
Parainfluenza virus	4	707	15	2.12%
Rhinovirus	3	499	68	13.63%
RSV ^{†^}	7	1483	202	13.62%
Seasonal coronavirus (does not include MERS-CoV)	2	460	38	8.26%

[†]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 <https://www.dshs.state.tx.us/RSV/disease/rsv-Data.aspx>.

Antigenic Characterization

Since October 01, 2017, CDC has reported antigenic characterization results from four influenza A (H3N2) viruses, two influenza A (H1N1) viruses and three influenza B virus received from the Texas Department of State Health Services (DSHS) Laboratory, the Dallas County Health and Human Services Laboratory Response Network (LRN) Laboratory, and the San Antonio LRN Laboratory. The DSHS Laboratory and the two LRN laboratories send a representative sample of influenza viruses to the CDC throughout the flu season.

Influenza A (H3N2) [4]

- Four (100.0%) viruses were related to A/Hong Kong/4801/2014 virus, the influenza A (H3N2) component of the 2017-2018 Northern Hemisphere influenza vaccine.

Influenza A (H1N1) [2]

- Two (100%) viruses were related to A/Michigan/45/2015 (H1N1). This virus strain was included in the 2017-2018 influenza vaccine for the Northern Hemisphere.

Influenza B [3]

- Victoria lineage [0]
- Yamagata lineage [3]: Three (100.00%) influenza B/Yamagata-lineage virus has 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 2017-2018 Northern Hemisphere quadrivalent influenza vaccine.

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

	Week 51
Number of providers reporting [†]	93
Number of providers reporting patient visits	91
Number (%) of providers with at least one ILI case	89 (97.80%)
Percentage of all visits due to ILI	14.22%
Texas ILINet baseline [‡] , 2017-2018	6.41%

[†]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 12/28/17 9:45 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+			
201740	113	163	322	165	119	140	909	31251	2.91%
201741	115	170	285	185	130	155	925	30786	3.00%
201742	112	150	277	185	112	127	851	30862	2.76%
201743	107	182	290	135	60	26	693	29546	2.35%
201744	77	203	378	154	115	142	992	25146	3.94%
201745	109	219	494	291	163	129	1296	31147	4.16%
201746	111	286	622	364	179	192	1643	32104	5.12%
201747	111	223	386	307	143	106	1165	22897	5.09%
201748	106	283	571	419	166	70	1509	28296	5.33%
201749	107	283	615	433	270	242	1843	27626	6.67%
201750	106	342	1132	796	364	259	2893	28871	10.02%
201751	93	319	1380	1172	598	347	3816	26834	14.22%

Figure 3: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2017–2018 Season

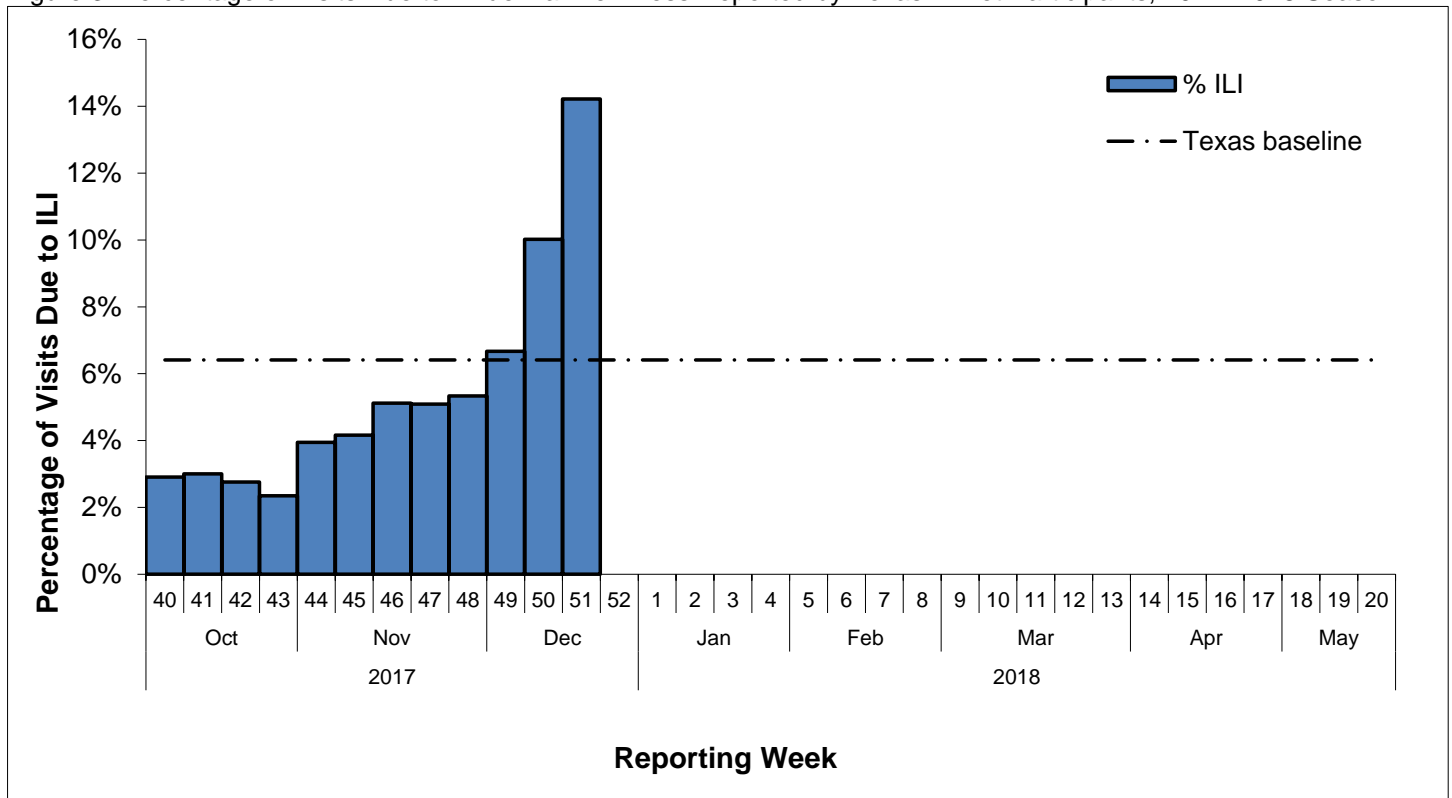
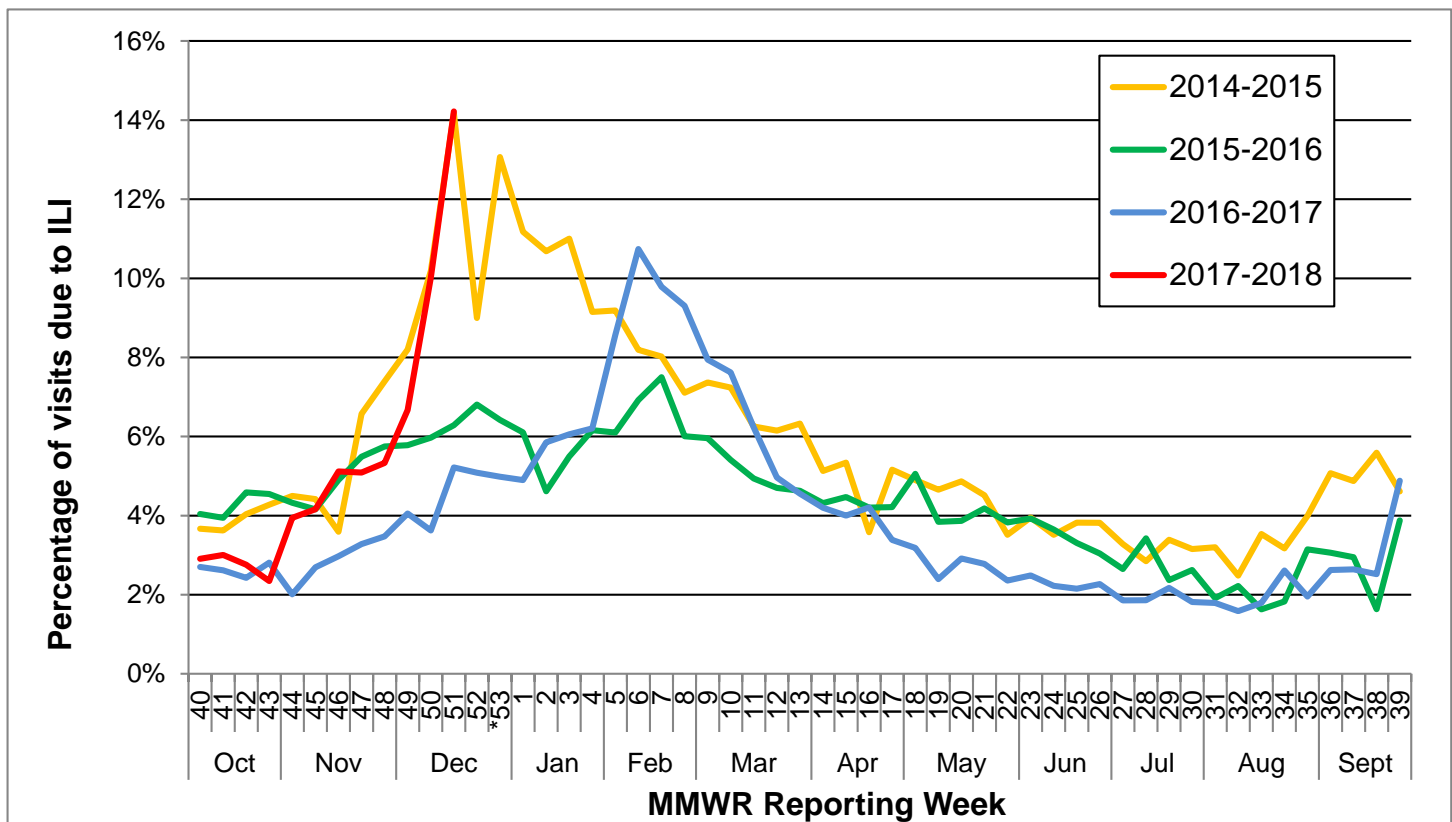


Figure 4: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2014–2018 Seasons*



*There was a week 53 in the 2014-2015 influenza season, but there is not a week 53 for the 2017-2018 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 51.

Table 7: Influenza Activity Compared to Week 50 by Health Service Region (HSR)

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

Variant Influenza Viruses

No variant or novel influenza viruses have been detected in Texas during the 2017-2018 season.

Institutional Outbreaks and School Closures

Eight influenza-associated outbreaks in institutional settings were reported during week 51 at 5 different HSRs all at long-term care facilities. One outbreak was reported in HSR 8. Twenty residents and 2 staff members reported symptoms of ILI. Two residents and 2 staff members tested positive for influenza A by rapid test. HSR 11 reported one outbreak with 4 residents who tested positive for influenza A by rapid test. Two outbreaks were reported in HSR 2/3. At the first outbreak reported, 10 residents and 2 staff members have symptoms of ILI. Four residents tested positive for influenza A by PCR. At the second outbreak reported in HSR 2/3, 7 residents and 2 staff members reported symptoms of ILI. One patient tested positive for influenza A(H3N2) by PCR and 6 residents tested positive for influenza A by rapid test. Two outbreaks were reported in HSR 7. The first outbreak reported had 4 residents and 2 staff with ILI symptoms. Residents were tested via rapid test and 9 were positive for influenza A. The second facility in HSR 7 reported 5 residents with ILI symptoms. Three of the residents were positive for influenza A by rapid test. Two outbreaks were reported in HSR 6/5S. The first outbreak reported 20 residents and 4 staff members reported symptoms of ILI. Three residents and 2 staff members tested positive for influenza A by rapid test. Four hospitalizations were reported. The second outbreak reported in HSR 6/5S, reported 7 residents reported symptoms of ILI. Three of the residents tested positive for influenza A by PCR. Various control measures such as limiting the movement of staff, limiting group activities, and distributing prophylaxis were implemented at the facilities.

No school closures but 6 ILI/influenza-associated outbreaks were reported in schools during week 51 in 2 different regions. Three outbreaks were reported in HSR 6/5S. In the first reported outbreak in HSR 6/5S, 49 students and 11 staff reported symptoms of ILI. Eight students and 1 staff tested positive for influenza A by rapid test. Twenty-four students and 6 staff tested positive for influenza undifferentiated. In the second outbreak reported, 33 students and 1 staff reported symptoms of ILI. Two students tested positive for influenza A by rapid test and 14 students and 1 staff member tested positive for influenza by rapid test. In the third outbreak reported for HSR 6/5S, 13 students reported symptoms of ILI. Five of the 13 students tested positive for influenza A by rapid test. Three outbreaks were reported in HSR 7. The first two outbreaks reported about 20 students each with symptoms of ILI. The third outbreak reported 4 students and 2 staff members with upper-respiratory symptoms. An unknown number of the students tested positive for influenza by rapid test. Various control measures such as posting educational material recommending vaccinations were done at the schools.

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

No P&I deaths have been reported in Texas during the 2017-2018 influenza season.

Table 8: Texas P&I Deaths Occurring Oct. 01, 2017-Dec. 20, 2017* by Age

Age Category (years)	Number of P&I Deaths ⁺	Mortality Rate (per 100,000)
0 - 4	0	0
5 - 17	0	0
18 - 49	0	0
50 - 64	0	0
65 +	0	0
Overall	0	0

*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. 01, 2017- Dec. 20, 2017* by Health Service Region (HSR)

HSR	Number of P&I Deaths	Mortality Rate (per 100,000)
1	0	0
2/3	0	0
4/5N	0	0
6/5S	0	0
7	0	0
8	0	0
9/10	0	0
11	0	0
Overall	0	0

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

Influenza-Associated Pediatric Mortality

No influenza-associated pediatric deaths were reported during week 51.

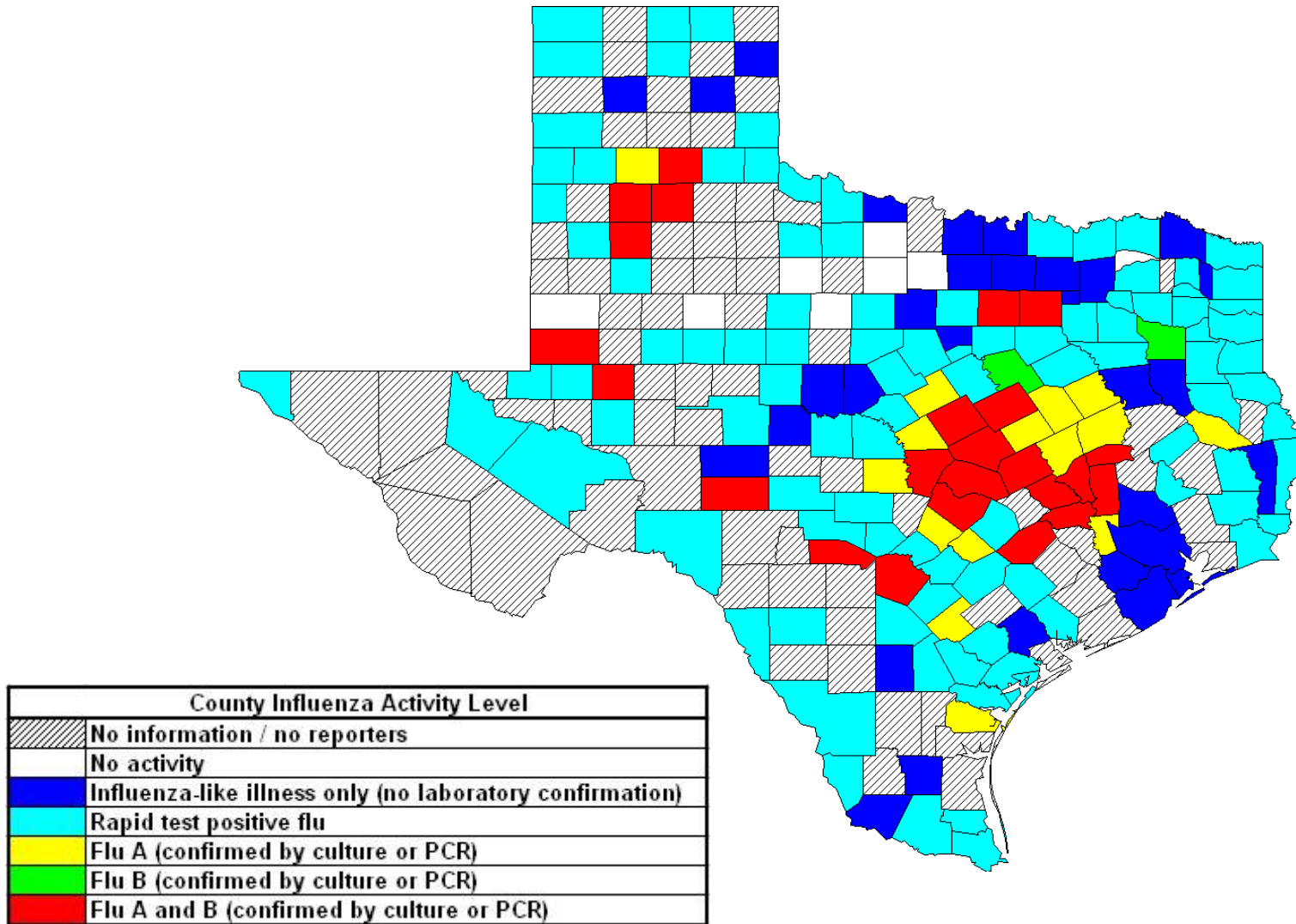
One influenza-associated pediatric death has been reported in Texas during the 2017-2018 influenza season. Cases of influenza-associated pediatric mortality (children <18 years of age) are reportable year-round and by law in Texas.

Table 10: Influenza-Associated Pediatric Deaths Reported in Texas during the 2017–2018 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
2017							
October	0	0	0	0	0	0	0
November	0	1	0	0	0	0	1
December	0	0	0	0	0	0	0
Total	0	1	0	0	0	0	1

Statewide Influenza Activity Map

Figure 5: Texas Map Displaying the Highest Level of Influenza or ILI Activity Reported by County for the Week Ending Dec. 23, 2017 (MMWR Week 51)



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/>