

Texas Influenza Surveillance Report 2014–2015 Season/2015 MMWR Week 07

(February 15, 2015 – February 21, 2015)

Report produced on 2/27/2015

Summary

Influenza activity remains elevated, but it continues to slowly decrease across the state of Texas. The percentage of specimens positive for influenza decreased compared to last week. Influenza-like illness (ILI) marginally increased compared to last week. ILI activity remains above the 2014-2015 state ILINet baseline of 5.42%.

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	High	High	--
Percentage of specimens positive for influenza	▼ 5.03%	11.76%	16.79% [†]	1
Percentage of visits due to ILI (ILINet)	▲ 0.21%	8.42%	8.21% [†]	3
Number of regions reporting increased flu/ILI activity	No change	0	0	5
Number of regions reporting decreased flu/ILI activity	▼ 1	3	4	5
Number of variant/novel influenza infections	No change	0	0	5
Number of ILI/influenza outbreaks	No change	1	1	5
Number of pediatric influenza deaths	New Case Reported	1	1	5

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

Laboratory Results

Influenza

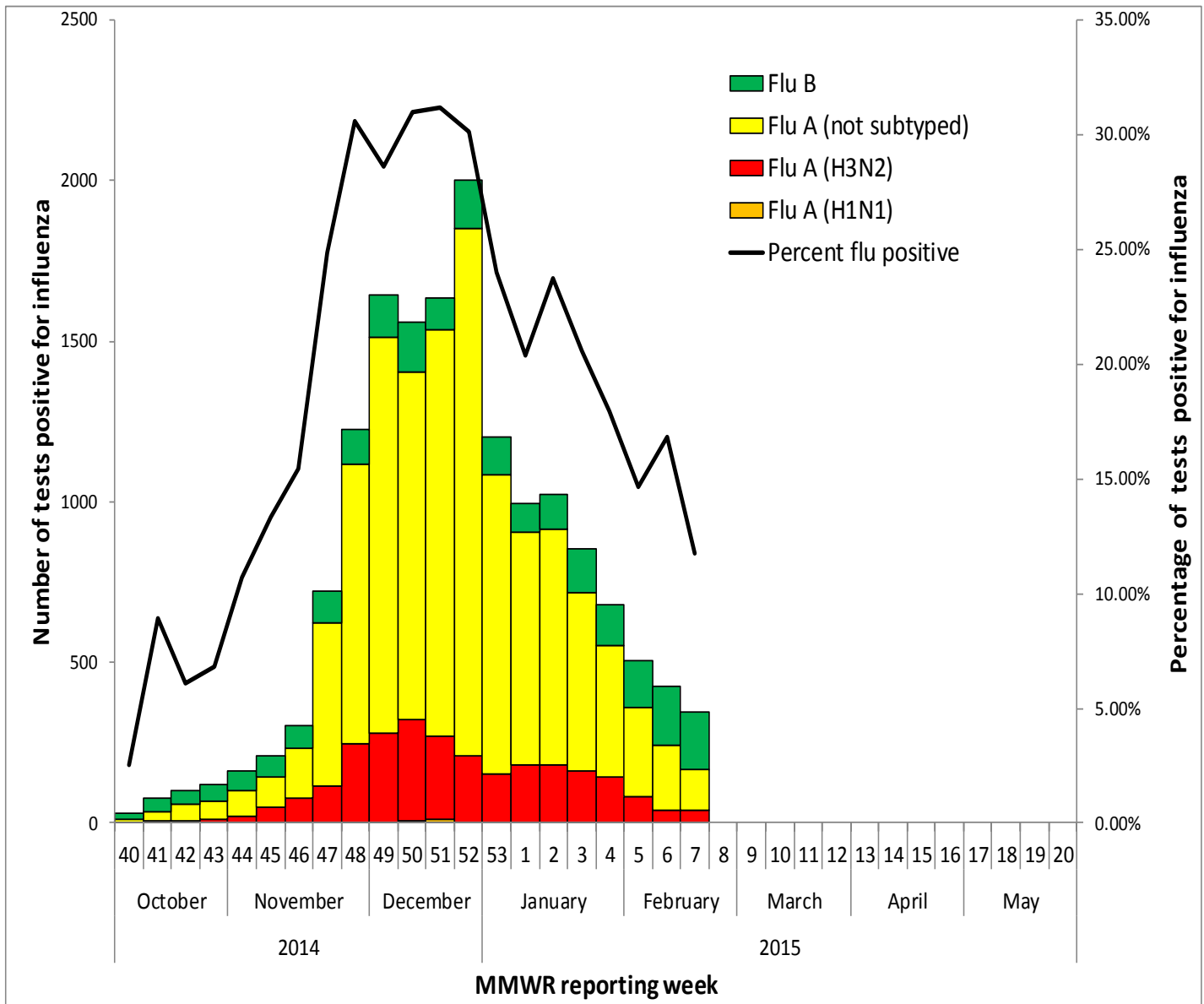
Hospital laboratories across Texas voluntarily report influenza tests (antigen, culture, and PCR) to the National Respiratory and Enteric Virus Surveillance System (NREVSS). Providers throughout Texas also submit specimens for influenza testing (PCR) to Texas public health laboratories, including the 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 is summarized in the table 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 07
Number of labs reporting flu tests	21
Number of specimens tested	2950
Number of positive specimens (%) [†]	347 (11.76%)
Percentage of total tests that were antigen detection tests	67.25%
Positive specimens by type/subtype [n (%)]	
Influenza A	167 (48.13%)
Subtyping performed	40 (23.95%)
A (H1N1)	0 (0.00%)
A (H3N2)	40 (100.00%)
Subtyping not performed	127 (76.05%)
Influenza B	180 (51.87%)

[†]Laboratory data in 2014-2015 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 and Subtype Reported by Texas Laboratories, 2014–2015 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), 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)	7	687	22	3.20%
HMPV	7	703	52	7.40%
Parainfluenza virus	8	860	19	2.21%
Rhinovirus	5	440	113	25.68%
RSV ^{†^}	13	1478	352	23.82%

[†]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 September 28, 2014, CDC has reported antigenic characterization results from 22 influenza A (H3N2) viruses and 14 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 (H3N2) [22]

- Three (13.6%) viruses were related to A/Texas/50/2012, the influenza A (H3N2) component of the 2014-2015 Northern Hemisphere influenza vaccine.
- Nineteen (86.4%) viruses tested showed reduced titers with antiserum produced against A/Texas/50/2012 and were antigenically similar to A/Switzerland/9715293/2013, the H3N2 virus selected for the 2015 Southern Hemisphere influenza vaccine. A/Switzerland/9715293/2013 is related to, but antigenically and genetically distinguishable, from the A/Texas/50/2012 vaccine virus. A/Switzerland-like H3N2 viruses were first detected in the United States in small numbers in March of 2014 and began to increase through the spring and summer.

Influenza B [14]

- Yamagata lineage [2]: Two (14.3%) influenza B/Yamagata-lineage virus has been characterized from Texas. A B/ Massachusetts/2/2012-like virus is included as an influenza B component of the 2014-2015 Northern Hemisphere trivalent and quadrivalent influenza vaccines.
- Victoria lineage [12]: Twelve (85.7%) influenza B/Victoria-lineage viruses were characterized as B/Brisbane/60/2008-like, which is included as an influenza B component of the 2014-2015 Northern Hemisphere quadrivalent influenza vaccine.

Antiviral Resistance

Table 4 displays the number of influenza viruses from Texas that have been tested for antiviral resistance since September 28, 2014. No influenza viruses have tested positive for mutations that confers resistance to oseltamivir, zanamivir, or peramivir.

Table 4: Cumulative Antiviral Resistance Results from Texas Influenza Viruses, 2014-2015 Season[†]

	Oseltamivir		Zanamivir		Peramivir [^]	
	Virus samples tested (n)	Resistant viruses, number (%)	Virus samples tested (n)	Resistant viruses, number (%)	Virus samples tested (n)	Resistant viruses, number (%)
Influenza A (H1N1)	0	0 (0%)	0	0 (0%)	0	0 (0%)
Influenza A (H3N2)	82	0 (0%)	82	0 (0%)	82	0 (0%)
Influenza B	21	0 (0%)	21	0 (0%)	21	0 (0%)

[†]This table includes specimens submitted as part of routine surveillance and not for diagnostic purposes.

[^] Peramivir is an intravenous antiviral medication that was FDA-approved for use on December 19, 2014.

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

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

	Week 07
Number of providers reporting [†]	101
Number of providers reporting patient visits	97
Number (%) of providers with at least one ILI case	83 (85.57%)
Percentage of all visits due to ILI	8.42%
Texas ILINet baseline [‡] , 2014–2015	5.42%

[†]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 2/26/2015 8:30 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+			
201440	112	160	384	313	112	93	1062	28992	3.66%
201441	112	181	390	312	139	93	1115	30402	3.67%
201442	112	237	430	296	133	94	1190	29486	4.04%
201443	116	210	475	368	136	103	1292	30221	4.28%

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+			
201444	114	207	495	363	109	116	1290	28667	4.50%
201445	116	211	522	346	119	90	1288	29162	4.42%
201446	83	249	387	103	32	22	793	22064	3.59%
201447	110	294	858	426	109	31	1718	26133	6.57%
201448	111	260	702	472	108	45	1587	21456	7.40%
201449	117	376	1015	680	288	221	2580	31410	8.21%
201450	119	459	1576	677	268	209	3189	31306	10.19%
201451	100	556	1611	715	280	210	3372	23802	14.17%
201452	86	416	666	256	133	137	1608	17869	9.00%
201453	97	417	573	750	329	220	2289	17517	13.07%
201501	101	388	774	791	372	311	2636	23584	11.18%
201502	106	449	1318	901	275	92	3035	28769	10.55%
201503	105	468	1371	933	277	101	3150	28708	10.97%
201504	109	388	1177	786	246	86	2683	29633	9.05%
201505	112	369	1175	737	313	194	2788	30247	9.22%
201506	107	295	955	697	293	186	2426	29547	8.21%
201507	101	271	758	671	317	216	2233	26533	8.42%

Figure 2: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2014–2015 Season

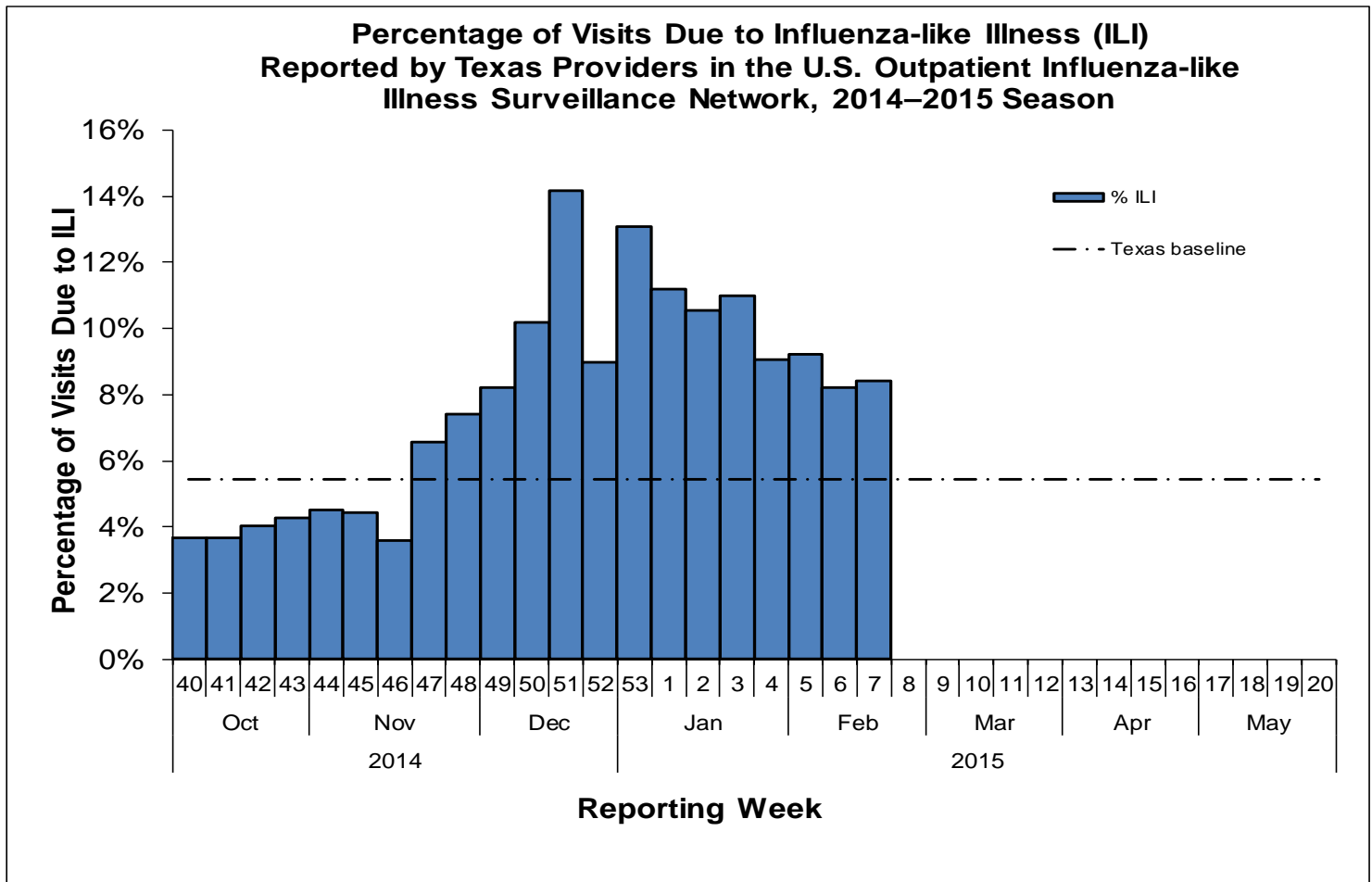
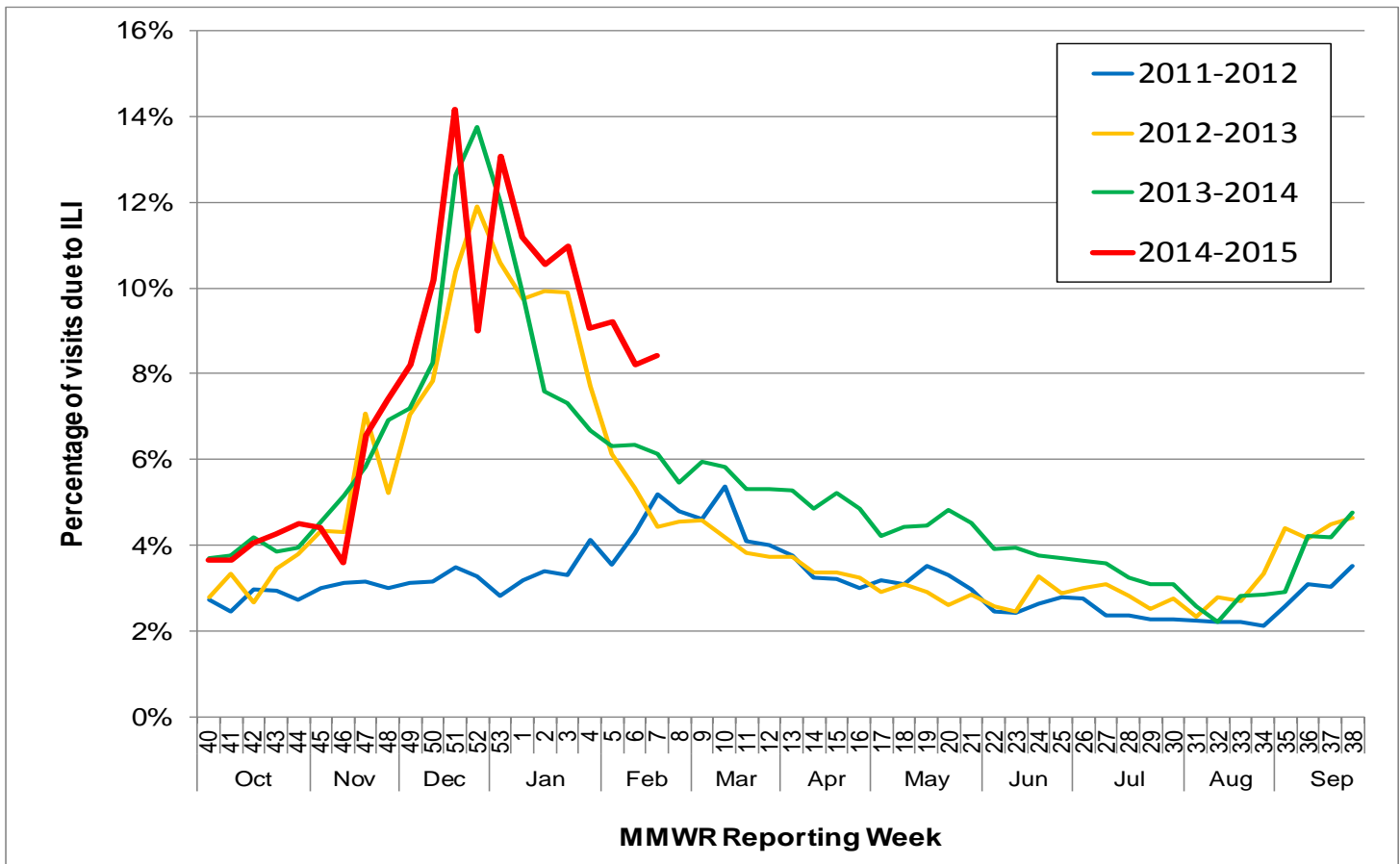


Figure 3: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2011–2015 Seasons



Reports from Health Service Regions

Reports were received from seven Health Service Regions (HSRs) during week 07. No HSRs reported an increased level of flu activity compared to week 06. HSRs 1, 2/3, 8, and 9/10 reported the same level of flu activity compared to week 06. HSRs 6/5S, 7, and 11 reported a decreased level of flu activity compared to week 06.

Variant Influenza Viruses

No variant or novel influenza viruses have been detected in Texas in 2014 or 2015.

Institutional Outbreaks and School Closures

An influenza outbreak in a long-term care facility located in HSR 2/3 was reported during week 07. The outbreak involved eleven people, ten residents and one staff member. Two residents were positive for influenza A by rapid test. The long-term care facility implemented various control measures such as isolation of ill, movement of staff limited, and Tamiflu prophylaxis given.

No school closures were reported during week 07.

Influenza-Associated Pediatric Mortality

An influenza-associated pediatric death was reported in week 07 that occurred during week 04. The child was a thirteen year old resident of HSR 2/3 with no underlying medical conditions. A specimen from the child was positive for influenza A H3 by PCR; a bronchial and an endotracheal specimen was collected and tested positive for Methicillin-resistant *Staphylococcus aureus* (MRSA). A tracheal aspirate specimen was collected and tested positive for *Candida albicans*. The child was not vaccinated for influenza for the current season.

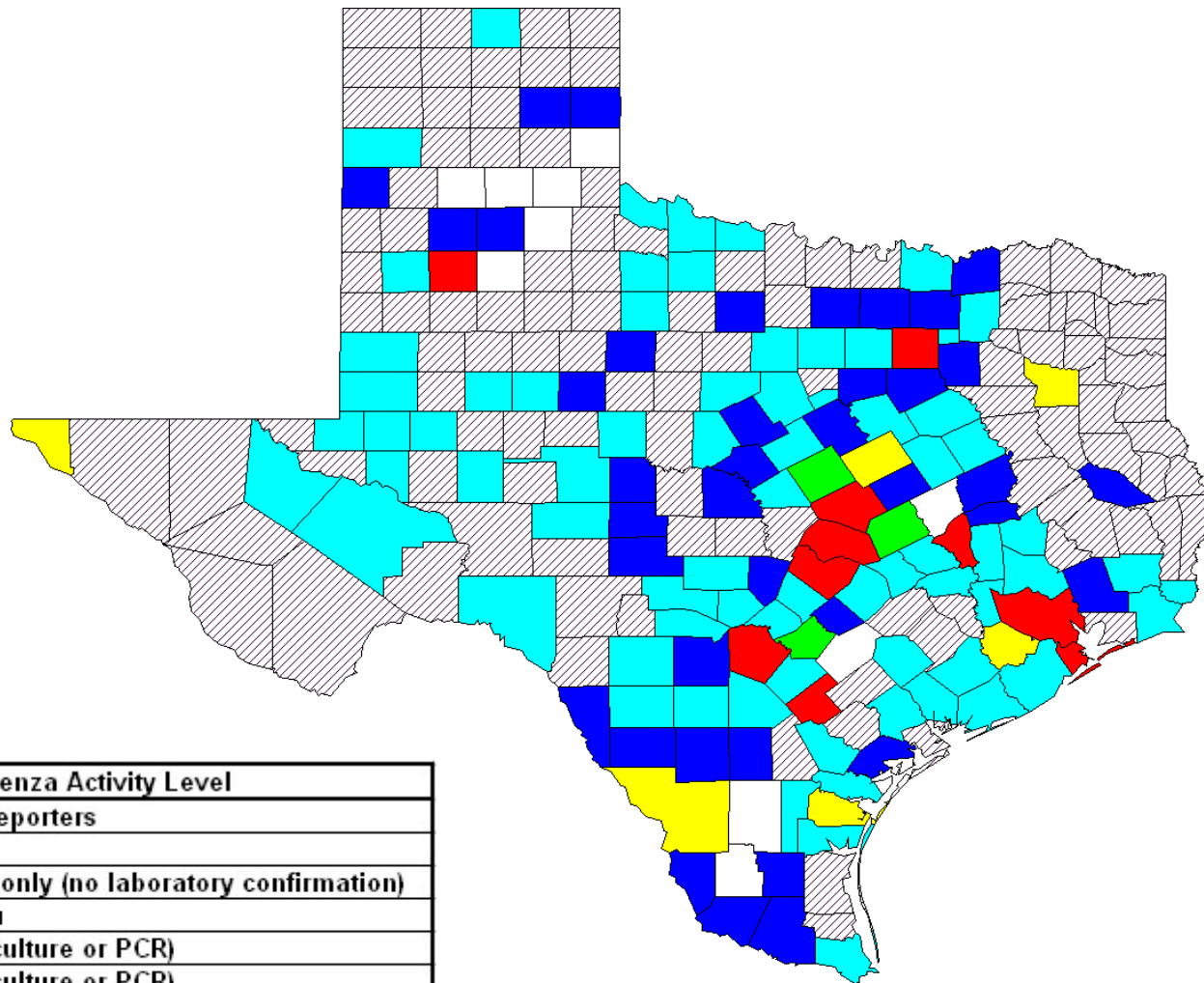
Twelve influenza-associated pediatric deaths have been reported in Texas during the 2014-2015 influenza season. Cases of influenza-associated pediatric mortality (children <18 years of age) are reportable year-round and by law in Texas.








Table 7: Influenza-Associated Pediatric Deaths Reported in Texas During the 2014–2015 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
2014							
October	0	0	0	0	0	0	0
November	0	0	0	0	0	0	0
December	0	1	4	2	0	0	7
2015							
January	0	2	2	1	0	0	5
February	0	0	0	0	0	0	0
Total	0	3	6	3	0	0	12

Statewide Influenza Activity Map

Figure 4: Texas Map Displaying the Highest Level of Influenza or ILI Activity Reported by County for the Week Ending February 21, 2015 (MMWR Week 07)



County Influenza Activity Level	
	No information / no reporters
	No activity
	Influenza-like illness only (no laboratory confirmation)
	Rapid test positive flu
	Flu A (confirmed by culture or PCR)
	Flu B (confirmed by culture or PCR)
	Flu A and B (confirmed by culture or PCR)

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

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/>