



## Texas Influenza Surveillance Report 2022-2023 Season/2023 MMWR Week 05

(January 29, 2023 – February 4, 2023)  
Report produced on 02/10/2023

### Summary

\*This report excludes COVID-19 data. For information about COVID-19 in Texas, please visit [www.dshs.texas.gov/coronavirus](http://www.dshs.texas.gov/coronavirus). Compared to the previous week, the percentage of specimens testing positive for influenza reported by hospital laboratories has increased. The percentage of patient visits due to influenza-like illness (ILI) has decreased. No influenza associated pediatric deaths were reported. One influenza-associated outbreak was reported in a long-term care facility.

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 <sup>†</sup>	Page of Report
Statewide ILINet Activity Indicator assigned by CDC (intensity of influenza-like illness)	No Change	Moderate	Moderate	-
Percentage of specimens positive for influenza by hospital laboratories	▲0.16%	3.56%	3.40%	1
Percentage of visits due to ILI (ILINet)	▼0.30%	3.46%	3.76%	4
Number of regions reporting increased flu/ILI activity	▼4	0	4	6
Number of regions reporting decreased flu/ILI activity	▲4	7	3	6
Number of variant/novel influenza infections	No change	0	0	6
Number of ILI/influenza outbreaks	▼2	1	3	6
Number of pediatric influenza deaths	▼1	0	1	7

<sup>†</sup>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<sup>†</sup>

	Week 05	Season to Date Week Ending: February 4, 2023
Number of labs reporting flu tests	20	
Number of specimens tested	6936	198631
Number of positive specimens (%)	<b>247 (3.56%)</b>	<b>37081 (18.67%)</b>
Percentage of total tests that were antigen detection tests	27.84%	
<b>Positive specimens by type/subtype [n (%)]</b>		
<b>Influenza A</b>	<b>176 (71.26%)</b>	<b>36187 (97.59%)</b>
Subtyping performed	21 (11.93%)	5950 (16.44%)
A (H1N1)	10 (47.62%)	1601 (26.91%)
A (H3N2)	11 (52.38%)	4349 (73.09%)
Subtyping not performed	155 (88.07%)	30237 (83.56%)
<b>Influenza B</b>	<b>71 (28.74%)</b>	<b>894 (2.41%)</b>

<sup>†</sup>Laboratory data in 2022-2023 season reports may not be comparable to reports from previous seasons 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, 2022-2023 Season

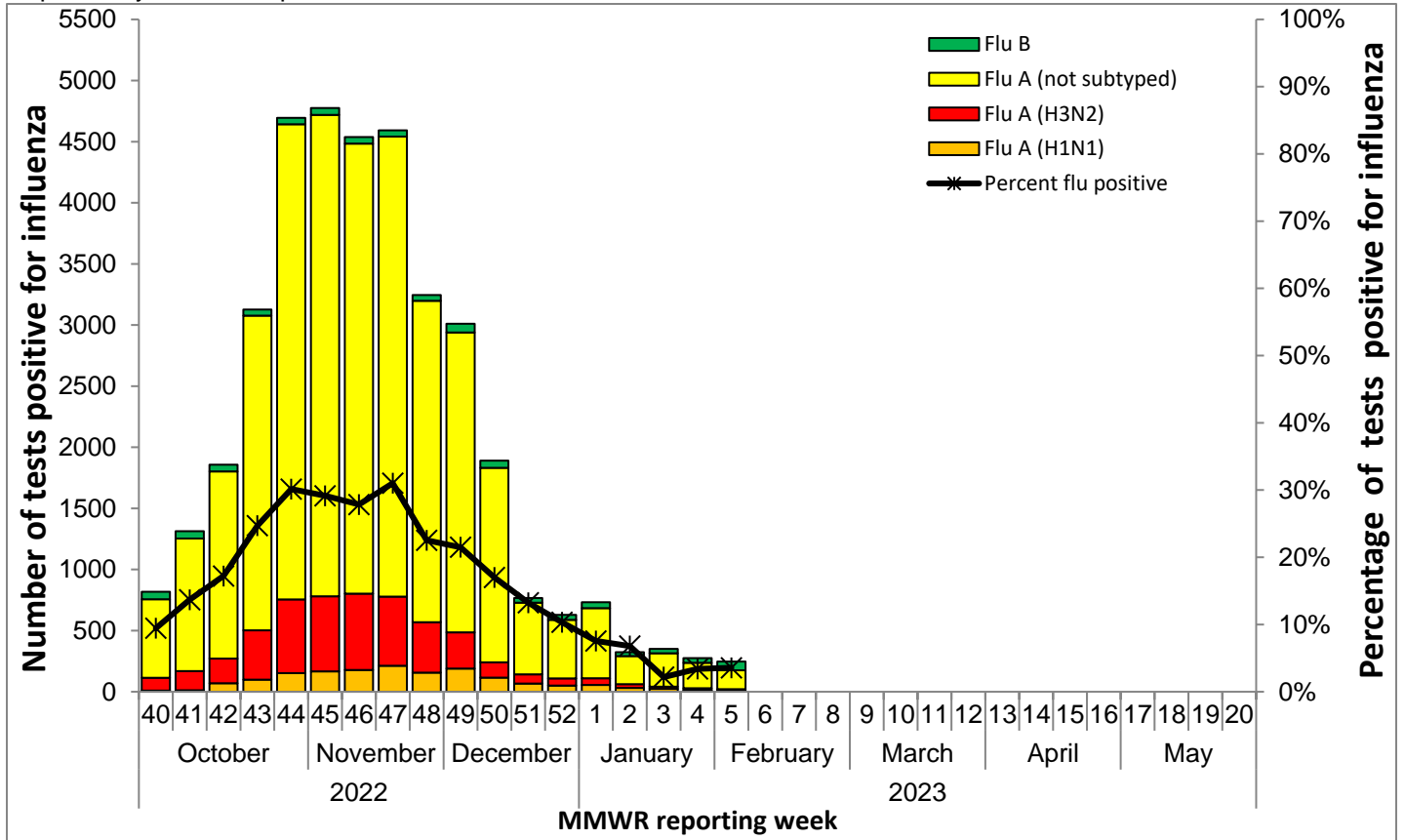


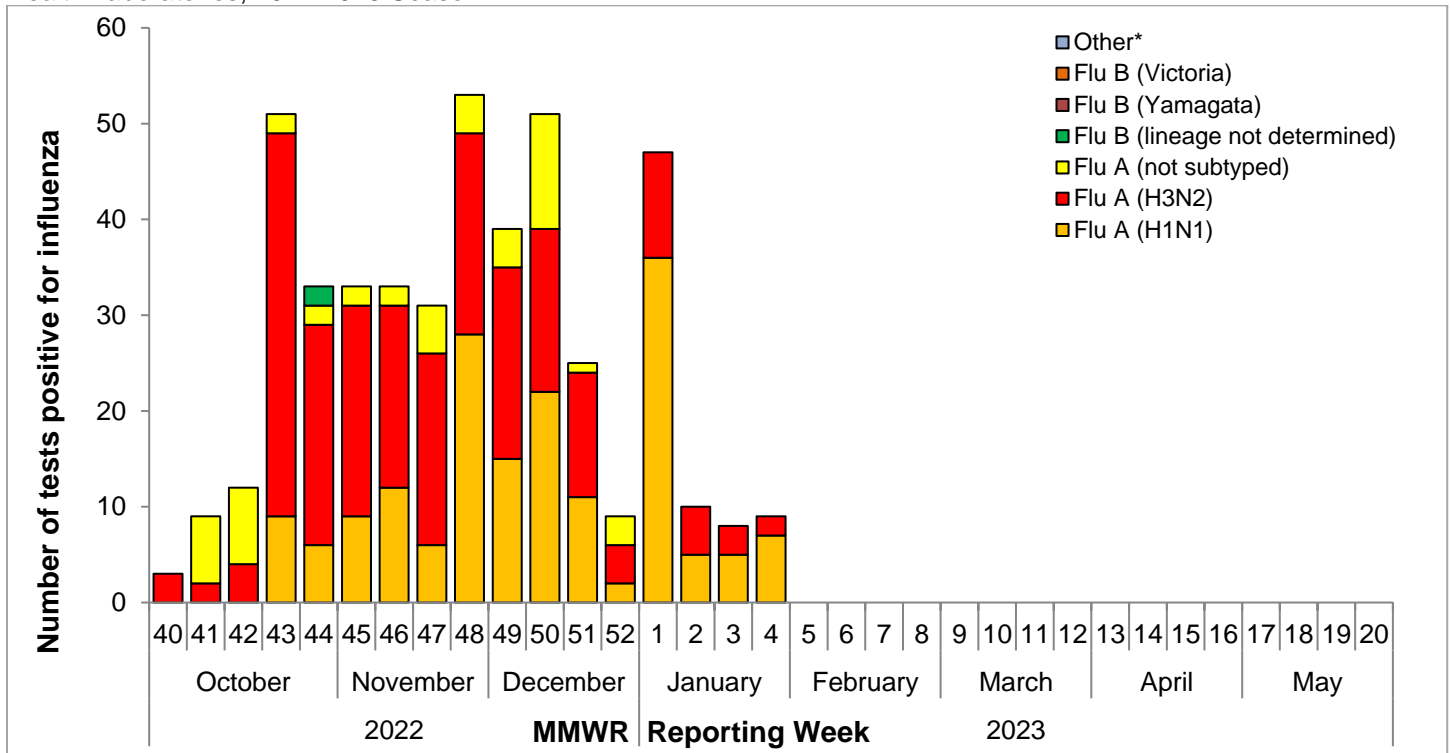
Table 3: Influenza Testing Performed by Texas Public Health Laboratories for the Current Week†

	Week 05	Season to Date Week Ending: February 4, 2023
Number of labs reporting flu tests	3	
Number of specimens tested	23	2363
Number of positive specimens (%)	0 (0.00%)	446 (18.87%)
<b>Positive specimens by type/subtype/lineage [n (%)]</b>		
<b>Influenza A</b>	<b>0 (0.00%)</b>	<b>444 (99.55%)</b>
Subtyping performed	0 (0.00%)	392 (88.29%)
A (H1N1)	0 (0.00%)	168 (42.86%)
A (H3N2)	0 (0.00%)	224 (57.14%)
Subtyping not performed	0 (0.00%)	52 (11.71%)
<b>Influenza B</b>	<b>0 (0.00%)</b>	<b>2 (0.45%)</b>
Lineage testing performed	0 (0.00%)	0 (0.00%)
B/Victoria	0 (0.00%)	0 (0.00%)
B/Yamagata	0 (0.00%)	0 (0.00%)
Lineage testing not performed	0 (0.00%)	2 (100.00%)
<b>Other*</b>	<b>0 (0.00%)</b>	<b>0 (0.00%)</b>

\*Other denotes specimens with coinfections (i.e. one specimen was positive for both influenza A (H1N1) and influenza A (H3N2))

†Laboratory data in 2022-2023 season reports may not be comparable to reports from previous seasons because the data only includes hospital laboratories data for the current season.

Figure 2: Number of Tests (PCR) Positive for Influenza by Type, Subtype, and Lineage Reported by Texas Public Health Laboratories, 2022-2023 Season



\*Other denotes specimens with coinfections (i.e. one specimen was positive for both influenza A (H1N1) and influenza A (H3N2))

#### 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)	15	1799	158	8.78%
HMPV	16	1822	158	8.67%
Parainfluenza virus	16	1822	67	3.68%
Rhino/enterovirus	16	1822	606	33.26%
RSV <sup>†</sup>	18	3981	122	3.06%
Seasonal coronavirus (does not include MERS-CoV or COVID-19)	16	1822	189	10.37%

<sup>†</sup> 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.

<sup>^</sup> 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

Antigenic characterization data for Texas specimens is not currently available. The DSHS Laboratory sends a representative sample of influenza viruses to the CDC throughout the flu season.

#### Antiviral Resistance

Antiviral resistance testing data for Texas specimens is not currently available.

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

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

Week 05	
Number of providers reporting	33
Number of providers reporting patient visits	33
Number (%) of providers with at least one ILI case	30 (90.91%)
Percentage of all visits due to ILI	3.46%
Texas ILINet baseline <sup>‡</sup> , 2022-2023	4.85%

<sup>‡</sup>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

**Special Note:** The case definition was changed to capture respiratory pathogens causing illness, including CoVID-19, through the ILINet. The Influenza-like Illness (ILI) case definition for the 2022-2023 season is a patient with fever ( $\geq 100^{\circ}\text{F}$ ,  $37.8^{\circ}\text{C}$ ) AND cough and/or sore throat. There is no longer a restriction on the cause.

Table 6: Percentage of Visits for Influenza-like Illness Reported by Texas ILINet Providers (as of 02/09/2023 08:55AM)

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+			
202240	59	894	1298	272	104	62	2630	56384	4.66%
202241	62	1101	1590	401	164	72	3328	61532	5.41%
202242	60	1113	1874	448	201	84	3720	61711	6.03%
202243	61	1460	2704	573	226	106	5069	65582	7.73%
202244	62	1569	3068	692	269	128	5726	66979	8.55%
202245	61	1405	2524	573	431	130	5063	51247	9.88%
202246	50	1106	1833	437	159	142	3677	37234	9.88%
202247	61	1431	1874	1058	377	208	4948	53884	9.18%
202248	59	1347	1928	1141	438	285	5139	62945	8.16%
202249	57	1176	1941	895	379	251	4642	58605	7.92%
202250	58	1080	1583	800	324	226	4013	56856	7.06%
202251	56	788	1021	745	304	217	3075	45924	6.70%
202252	52	966	934	1093	485	393	3871	58798	6.58%
202301	55	617	741	752	390	248	2748	52008	5.28%
202302	57	601	760	555	312	193	2421	58633	4.13%
202303	43	504	782	443	206	147	2082	56164	3.71%
202304	40	472	755	457	167	134	1985	52780	3.76%
202305	33	444	555	342	137	92	1570	45347	3.46%

Figure 3: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2022-2023 Season

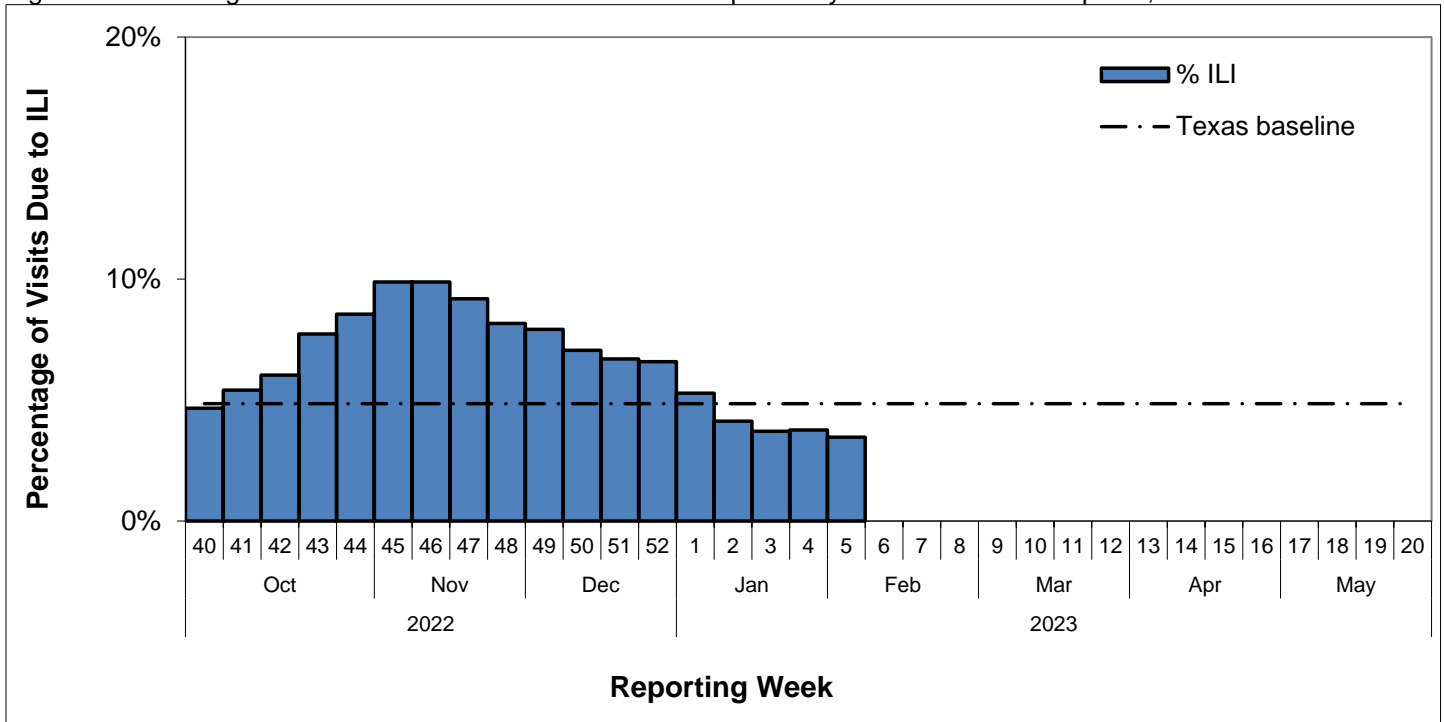
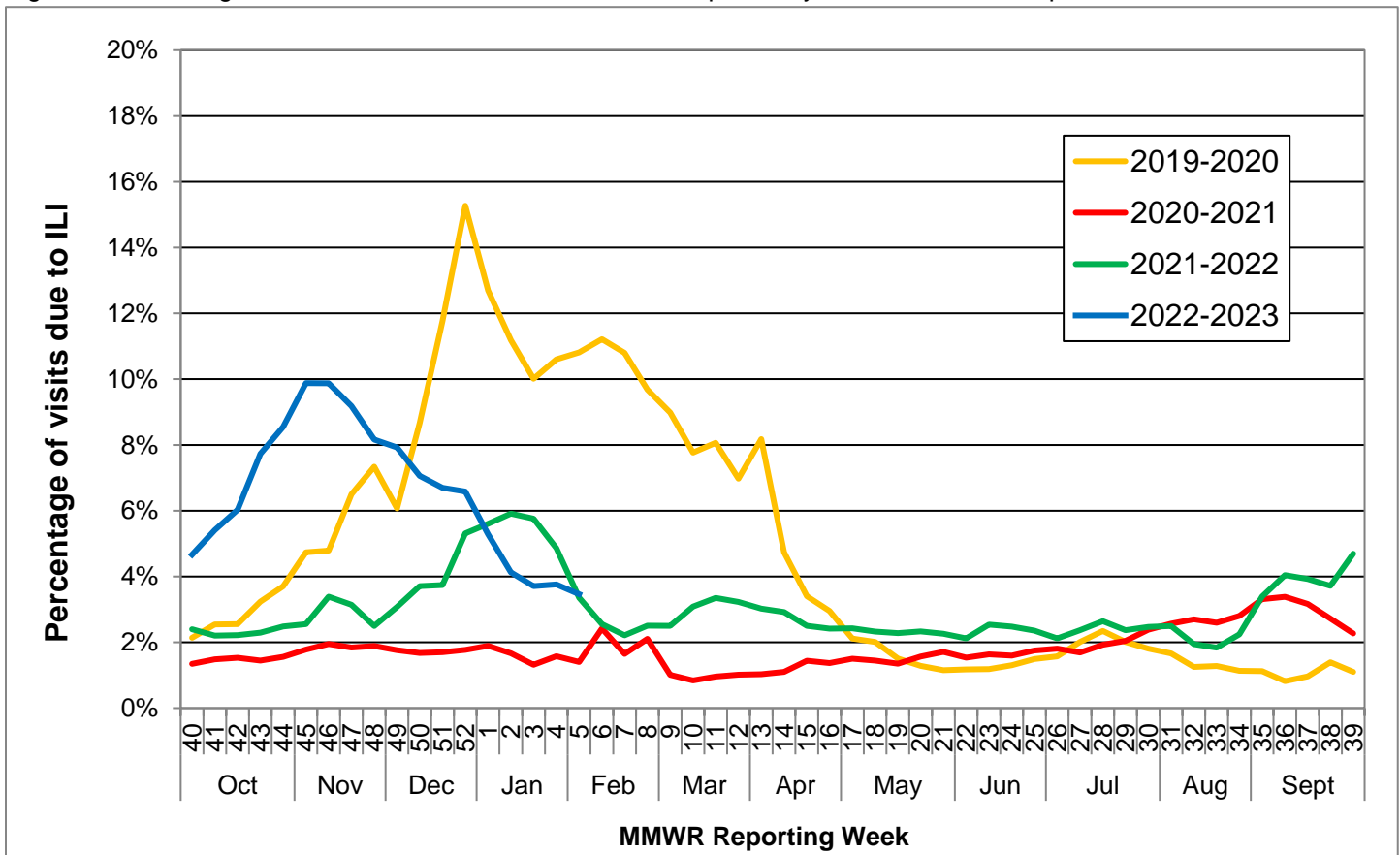


Figure 4: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2019–2023 Seasons



Note: The 2020-2021 Flu Season contains MMWR week 202053. For graphical display compatibility with seasons containing 52 weeks, average values were generated using MMWR week 52 and 1 for Seasons: 2019-2020, 2021-2022, and 2022-23.

## Reports from Health Service Regions

Reports were received from eight Health Service Regions (HSRs) during week 05.

Table 7: Influenza Activity compared to week 04 by Health Service Region (HSR)

Influenza Activity Comparison	
Increased	
Same	2/3
Decreased	1, 4/5N, 6/5S, 7, 8, 9/10, 11
Unsure	

## Variant Influenza Viruses

No variant or novel influenza viruses have been detected in Texas during the 2022-2023 season.

## Institutional Outbreaks and School Closures

One newly identified influenza associated institutional outbreaks was reported in week 05.

The newly identified outbreak was reported from Public Health Region 7. The initial report provided indicates that the outbreak occurred in a long-term care facility which reported nine confirmed infections of influenza A. Testing was performed with rapid tests with no subtyping. The nine cases were composed of 8 residents and one employee; of the nine confirmed cases, four were hospitalized due to the infection, but no deaths were reported.

The facility was in communication with the local health jurisdiction and took steps to prevent further spread, including canceling communal dining, group activities, and have encouraged mask wearing and for residents to remain in their rooms as much as possible. The outbreak is ongoing, and the facility remains in contact with the health jurisdiction.

## P&I Mortality Surveillance Data

\*Deaths due to COVID-19 may be classified as pneumonia deaths or influenza deaths (deaths due to “flu” or “flu-like illness”) in the absence of positive SARS-CoV-2 test results. 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. P&I deaths are based on ICD-10 pneumonia and influenza mortality codes.

Three thousand seven hundred and thirty-one (3731) P&I deaths have been reported in Texas during the 2022-2023 influenza season.

Table 8: Texas P&I Deaths Occurring October 2, 2022– February 4, 2023\* by Age

Age Category (years)	Number of P&I Deaths <sup>+</sup>	Mortality Rate (per 100,000)
0 - 4	18	0.82
5 - 17	12	0.22
18 - 49	257	1.87
50 - 64	655	12.45
65 +	2789	63.23
Overall	3731	11.97

\*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 October 2, 2022– February 4, 2023\* by Health Service Region (HSR)

HSR	Number of P&I Deaths*	Mortality Rate (per 100,000)
1	156	16.24
2/3	1058	12.00
4/5N	300	19.29
6/5S	863	9.96
7	402	11.37
8	387	9.17
9/10	223	21.34
11	342	14.39
Unknown	-	-
Overall	3731	11.97

\*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 influenza associated pediatric mortality was reported in week 05.

Ten pediatric mortalities have been reported in Texas during the 2022-2023 influenza season.

Cases of influenza-associated pediatric mortality (children <18 years of age) are reportable year-round by law in Texas.

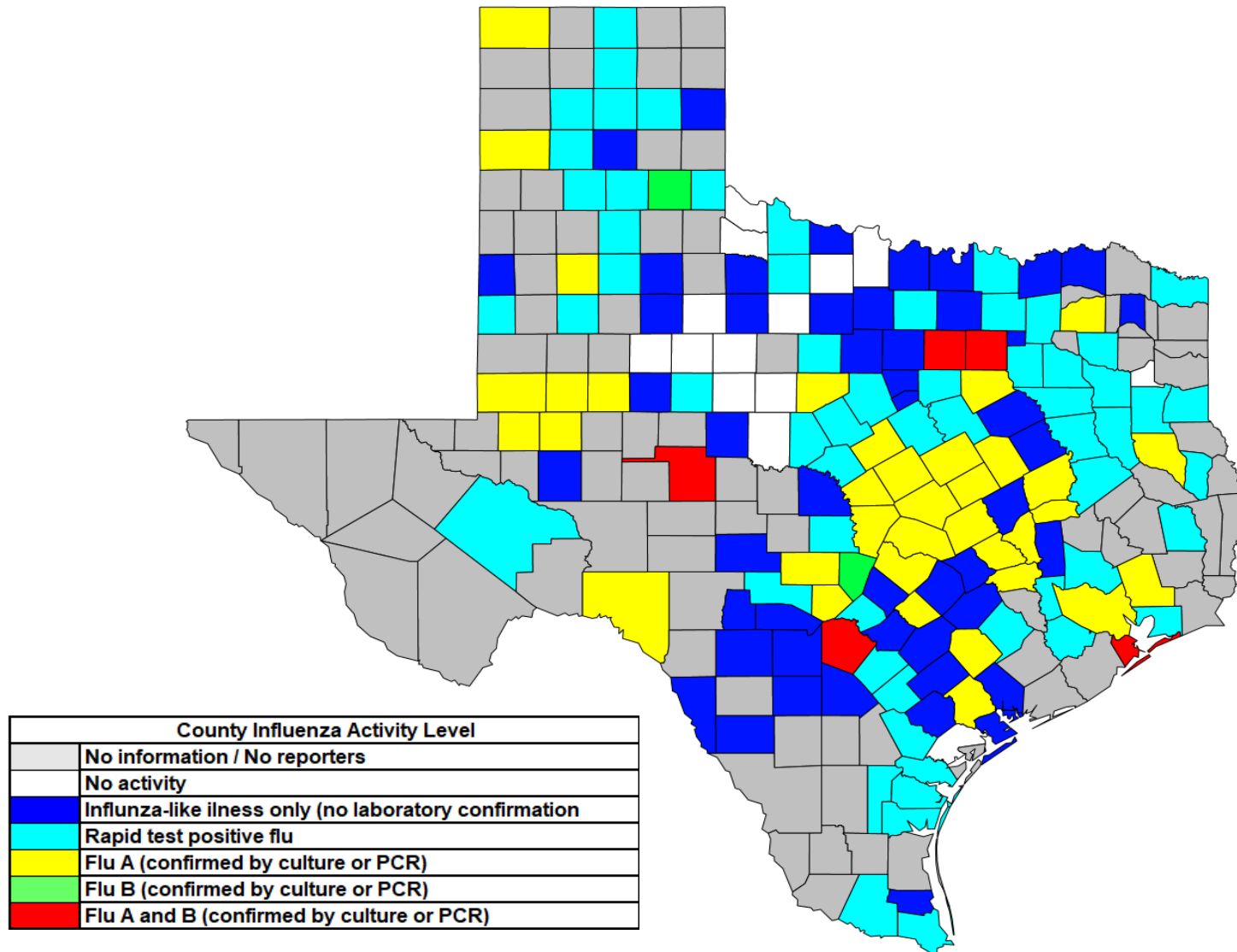
Table 10: Influenza-Associated Pediatric Deaths Reported in Texas during the 2022-2023 Season

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
<b>2022</b>							
October	0	2	0	1	0	0	3
November	0	2	1	0	0	0	3
December	0	2	2	0	0	0	4
<b>2023</b>							
January	0	0	0	0	0	0	0
<b>Total*</b>	<b>0</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>

\*Total count of typed cases may be adjusted as lab testing and case investigations are completed.

## Statewide Influenza Activity Map

Figure 5: Texas Map Displaying the Highest Level of Influenza or ILI Activity Reported by County for the Week Ending February 4, 2023 (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.

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/>