

Texas Influenza Surveillance Report 2016–2017 Season/2017 MMWR Week 03

(Jan. 15, 2017 – Jan. 21, 2017)
Report produced on 01/27/2017

Summary

Influenza activity has been increasing in Texas over the past couple of weeks. Compared to the previous week, the percentage of specimens testing positive for influenza reported by hospital laboratories slightly increased, while the percentage of specimens testing positive for influenza reported by public health laboratories and the percentage of patient visits due to influenza-like illness (ILI) marginally decreased. Four influenza outbreaks were reported. No influenza-associated pediatric deaths were reported. In addition to flu, other respiratory viruses—especially RSV and rhino/enteroviruses—were detected in Texas during week 03.

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)	Increased	Low	Minimal	--
Percentage of specimens positive for influenza by hospital laboratories	▲ 4.29%	21.23%	16.94% [†]	1
Percentage of specimens positive for influenza by public health laboratories	▼ 1.44%	62.66%	64.10% [†]	2
Percentage of visits due to ILI (ILINet)	▼ 0.45%	5.34%	5.79% [†]	4
Number of regions reporting increased flu/ILI activity	▲ 2	6	4	6
Number of regions reporting decreased flu/ILI activity	No change	0	0	6
Number of variant/novel influenza infections	No change	0	0	6
Number of ILI/influenza outbreaks	▲ 1	4	3	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 03	Season to Date
Number of labs reporting flu tests	9	
Number of specimens tested	2299	31005
Number of positive specimens (%) [†]	488 (21.23%)	1906 (6.15%)
Percentage of total tests that were antigen detection tests	57.55%	
Positive specimens by type/subtype [n (%)]		
Influenza A	438 (89.75%)	1476 (77.44%)
Subtyping performed	101 (23.06%)	394 (26.69%)
A (H1N1)	18 (17.82%)	75 (19.04%)
A (H3N2)	83 (82.18%)	319 (80.96%)
Subtyping not performed	337 (76.94%)	1082 (73.31%)
Influenza B	50 (10.25%)	430 (22.56%)

[†]Laboratory data in 2016-2017 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, 2016–2017 Season

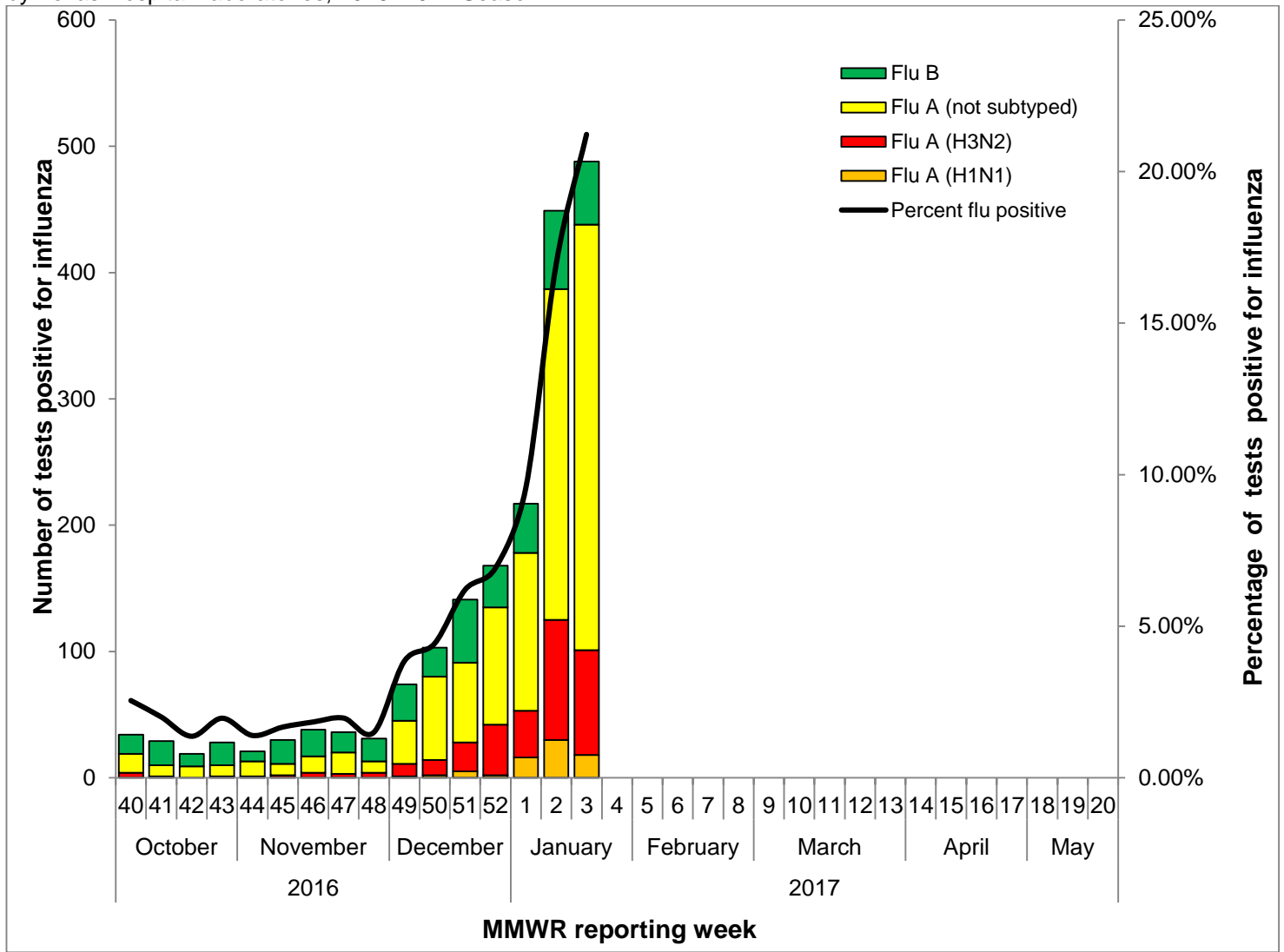
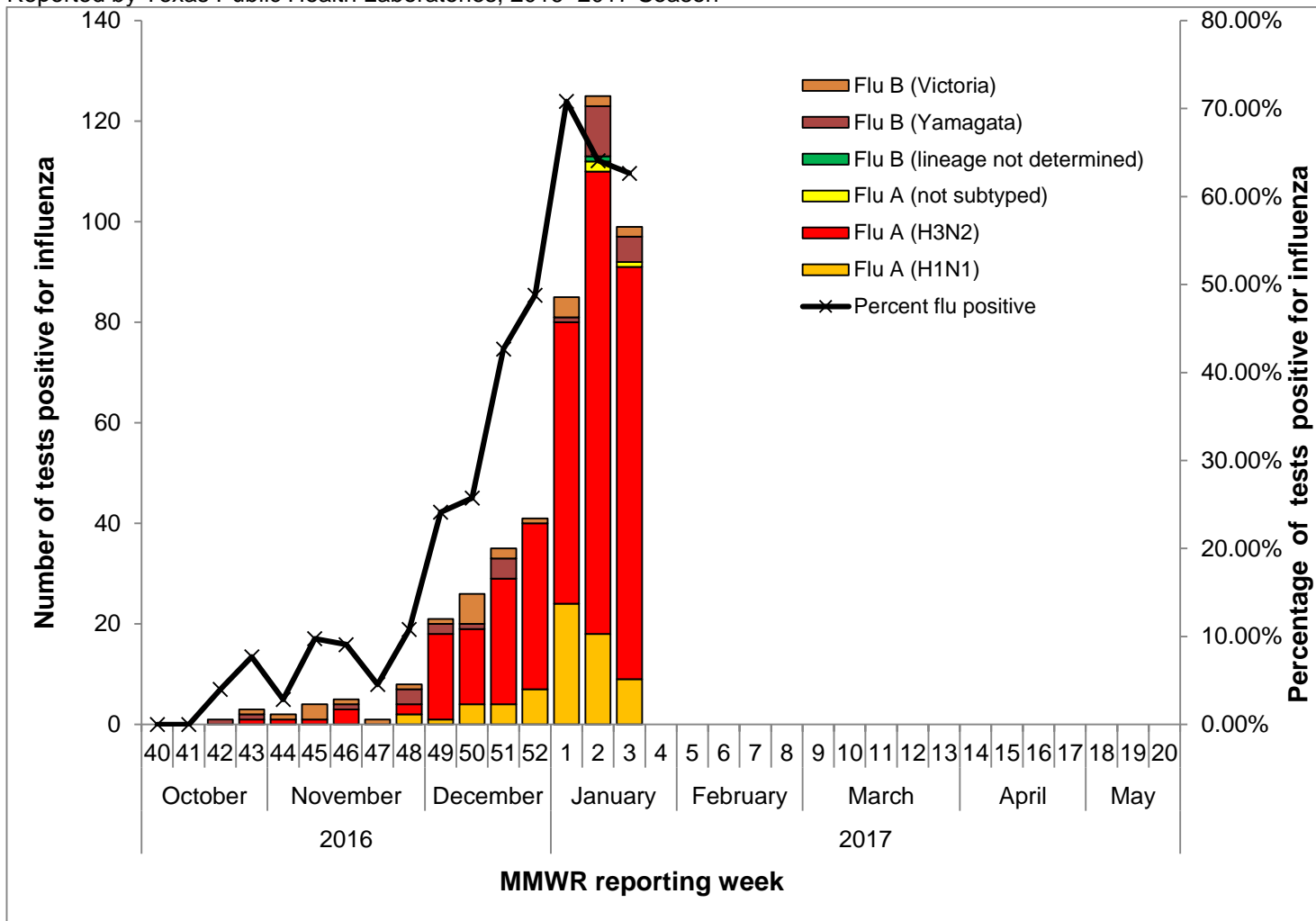


Table 3: Influenza Testing Performed by Texas Public Health Laboratories for the Current Week

	Week 03	Season to Date
Number of labs reporting flu tests	7	
Number of specimens tested	158	1197
Number of positive specimens (%) [†]	99 (62.66%)	456 (38.10%)
Positive specimens by type/subtype/lineage [n (%)]		
Influenza A	92 (92.93%)	400 (87.72%)
Subtyping performed	91 (98.91%)	397 (99.25%)
A (H1N1)	9 (9.89%)	69 (17.38%)
A (H3N2)	82 (90.11%)	328 (82.62%)
Subtyping not performed	1 (1.09%)	3 (0.75%)
Influenza B	7 (7.07%)	56 (12.28%)
Lineage testing performed	7 (100.00%)	55 (98.21%)
B/Victoria	2 (28.57%)	26 (47.27%)
B/Yamagata	5 (71.43%)	29 (52.73%)
Lineage testing not performed	0 (0.00%)	1 (1.79%)

[†]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.

Figure 2: Number and Percentage of Tests (Culture, PCR) Positive for Influenza by Type, Subtype, and Lineage Reported by Texas Public Health Laboratories, 2016–2017 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)	6	840	23	2.74%
HMPV	5	825	60	7.27%
Parainfluenza virus	6	840	42	5.00%
Rhinovirus	5	825	114	13.82%
RSV ^{†^}	9	1310	248	18.93%
Seasonal coronavirus (does not include MERS-CoV)	4	801	71	8.86%

[†]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 02, 2016, CDC has reported antigenic characterization results from four influenza A (H3N2) viruses and three influenza B virus received from the Texas Department of State Health Services (DSHS) Laboratory and the San Antonio Laboratory Response Network (LRN) Laboratory. The DSHS Laboratory and 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 2016-2017 Northern Hemisphere influenza vaccine.

Influenza B [3]

- Victoria lineage [1]: 1 (33.3%) influenza B/Victoria-lineage virus has been characterized as B/Brisbane/60/2008-like, which is included as an influenza B component of the 2016-2017 Northern Hemisphere trivalent and quadrivalent influenza vaccines.
- Yamagata lineage [2]: Two (66.7%) 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 2016-2017 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 03	
Number of providers reporting [†]	97
Number of providers reporting patient visits	97
Number (%) of providers with at least one ILI case	92 (94.85%)
Percentage of all visits due to ILI	5.34%
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 01/26/17 09:30 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+			
201640	124	166	338	142	106	145	897	33312	2.69%
201641	122	140	299	151	87	137	814	31092	2.62%
201642	118	132	260	127	118	109	746	30727	2.43%
201643	118	138	307	149	139	125	858	30597	2.80%
201644	111	115	291	102	36	33	577	28733	2.01%
201645	120	153	267	167	104	133	824	30686	2.69%
201646	120	186	350	143	116	148	943	31805	2.96%
201647	118	146	212	141	115	116	730	22271	3.28%
201648	115	193	289	179	165	188	1014	29536	3.43%
201649	116	219	326	210	180	189	1124	28177	3.99%
201650	110	236	370	178	91	64	939	26101	3.60%
201651	112	229	339	314	209	198	1289	24616	5.24%
201652	112	167	220	352	220	181	1140	22534	5.06%
201701	115	184	312	388	219	211	1314	26776	4.91%
201702	111	201	592	413	291	239	1736	29997	5.79%
201703	97	199	612	348	150	62	1371	25665	5.34%

Figure 3: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2016–2017 Season

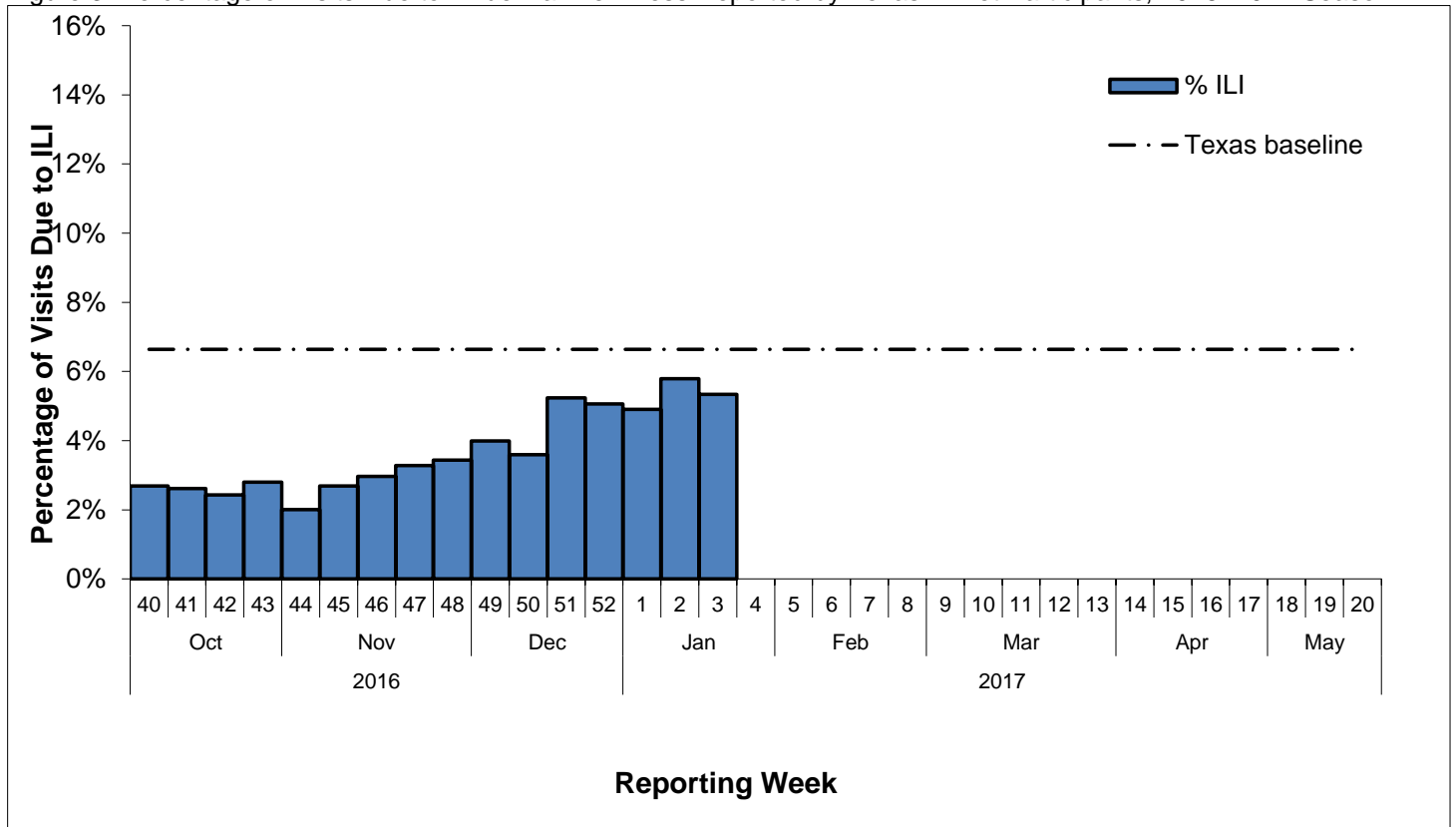
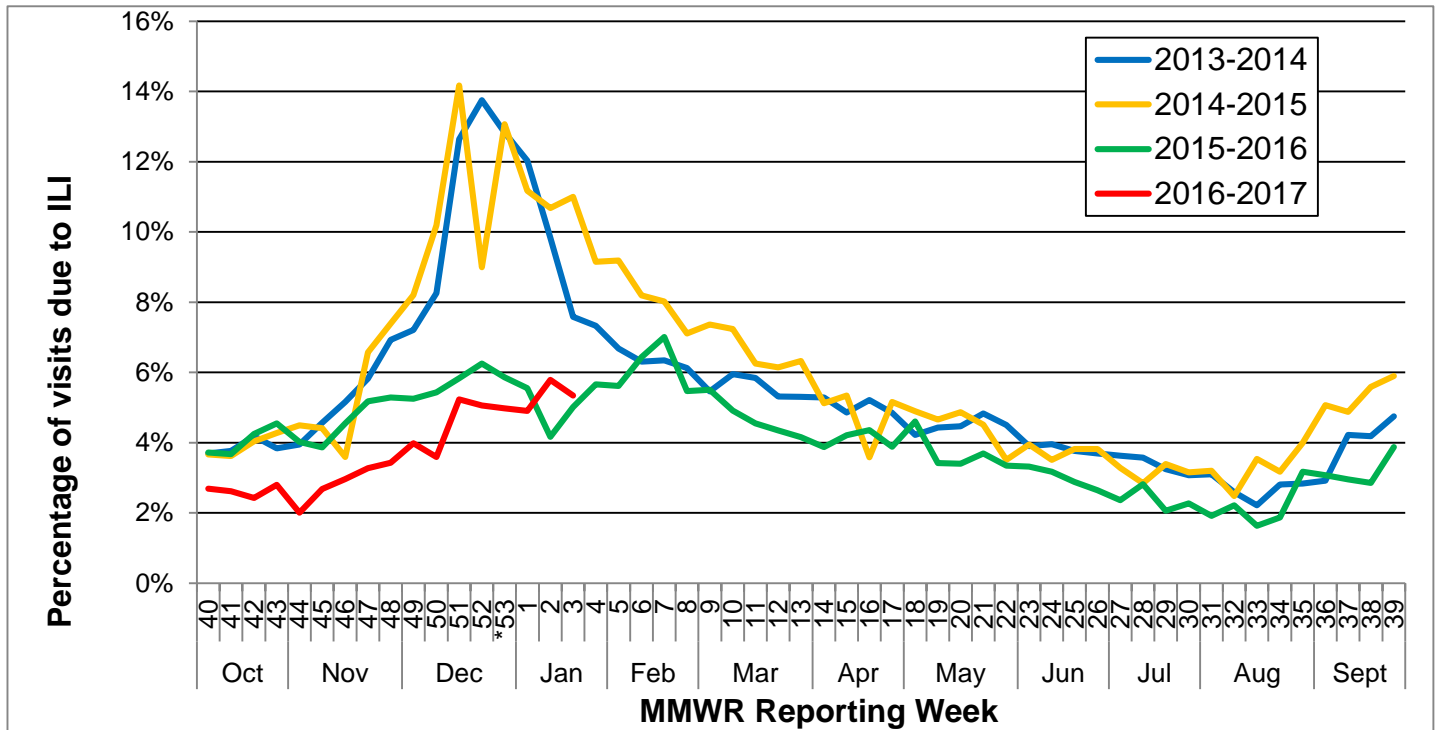


Figure 4: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2013–2017 Seasons*



*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 all Health Service Regions (HSRs) during week 03.

Table 7: Influenza Activity Compared to Week 02 by Health Service Region (HSR)

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

Variant Influenza Viruses

No variant or novel influenza viruses have been detected in Texas in 2016 or 2017.

Institutional Outbreaks and School Closures

During week 03, four new influenza outbreaks were reported by three different HSRs. One influenza outbreak was reported in a long-term care facility located in HSR 2/3. At least 17 people (14 residents and 3 staff) were associated with this outbreak. All 14 residents were positive for influenza A by rapid test. Another influenza outbreak was reported in a long-term care facility in HSR 8. At least 18 residents were associated with this outbreak. Of the 18 residents associated with this outbreak, 9 residents were positive for influenza A by rapid test. Two outbreaks were reported in long-term care facilities located in HSR 6/5S. One of influenza outbreaks at a long-term care facility in HSR 6/5S involved at least 13 residents. Of the 13 residents associated with this outbreak, 11 residents tested positive for influenza A by rapid test. The other reported influenza outbreak at another long-term care facility in HSR 6/5S involved 17 people (15 residents and 2 staff). Of the 17 people associated with this outbreak, 2 people (one resident and one staff member) were positive for influenza (unknown type) by rapid test and 6 residents were positive for influenza A (unknown subtype) by PCR. Various control measures such as isolation of ill, cohorting ill/exposed and well, limiting staff and resident movement, and giving anti-viral prophylaxis to residents were implemented for all four influenza outbreaks.

No school closures were reported during week 03.

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.

One thousand eight hundred eighty-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-Jan. 25, 2017* by Age

Age Category (years)	Number of P&I Deaths ⁺	Mortality Rate (per 100,000)
0 - 4	<10	0.39
5 - 17	<10	0.07
18 - 49	99	0.78
50 - 64	294	5.83
65 +	1484	42.25
Overall	1889	6.56

*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-Jan. 25, 2017* by Health Service Region (HSR)

HSR	Number of P&I Deaths ⁺	Mortality Rate (per 100,000)
1	80	8.79
2/3	500	6.00
4/5N	140	8.72
6/5S	456	6.07
7	190	5.44
8	205	6.88
9/10	109	7.02
11	209	8.65
Overall	1889	6.56

*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 deaths were reported during week 03.

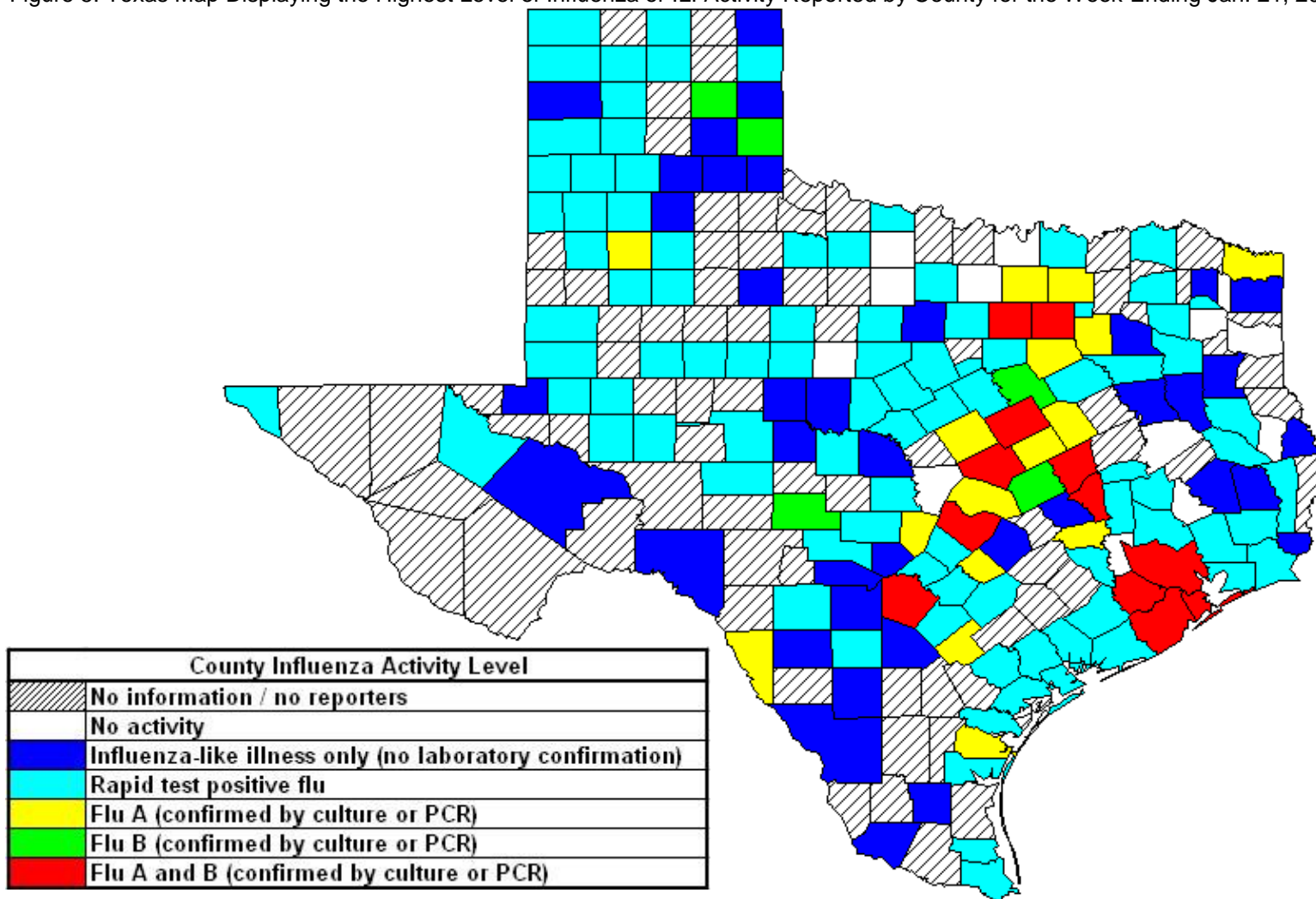
No influenza-associated pediatric deaths have been reported in Texas during the 2016-2017 influenza season. Cases of influenza-associated pediatric mortality (children <18 years of age) are reportable year-round and by law in Texas.

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	0	0	0	0
2017							
January	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0

Statewide Influenza Activity Map

Figure 5: Texas Map Displaying the Highest Level of Influenza or ILI Activity Reported by County for the Week Ending Jan. 21, 2017 (MMWR Week 03)



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/>