

Texas Influenza Surveillance Report 2015–2016 Season/2015 MMWR Week 46

(Nov. 15, 2015 – Nov. 21, 2015)
Report produced on 12/02/2015

Summary

Influenza activity continues to be low in Texas, but it appears to be increasing. Compared to the previous week, the percentage of specimens positive for influenza and the percentage of patient visits due to influenza-like illness (ILI) slightly increased. No outbreaks were reported during week 46. An influenza-associated pediatric death that occurred during the 2014-2015 influenza season was reported. In addition to flu, other respiratory viruses-especially rhinovirus/enterovirus- were detected in Texas during week 46.

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	Sporadic	Sporadic	--
Statewide ILINet Activity Indicator assigned by CDC (intensity of influenza-like illness)	No change	Minimal	Minimal	--
Percentage of specimens positive for influenza	▲ 0.13%	2.19%	2.06% [†]	1
Percentage of visits due to ILI (ILINet)	▲ 1.18%	5.45%	4.27% [†]	3
Number of regions reporting increased flu/ILI activity	▲ 1	2	1	5
Number of regions reporting decreased flu/ILI activity	No change	1	1	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	▲ 388	388	0	5
Number of pediatric influenza deaths	New Case Reported	1	0	5

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

Laboratory Results

Influenza

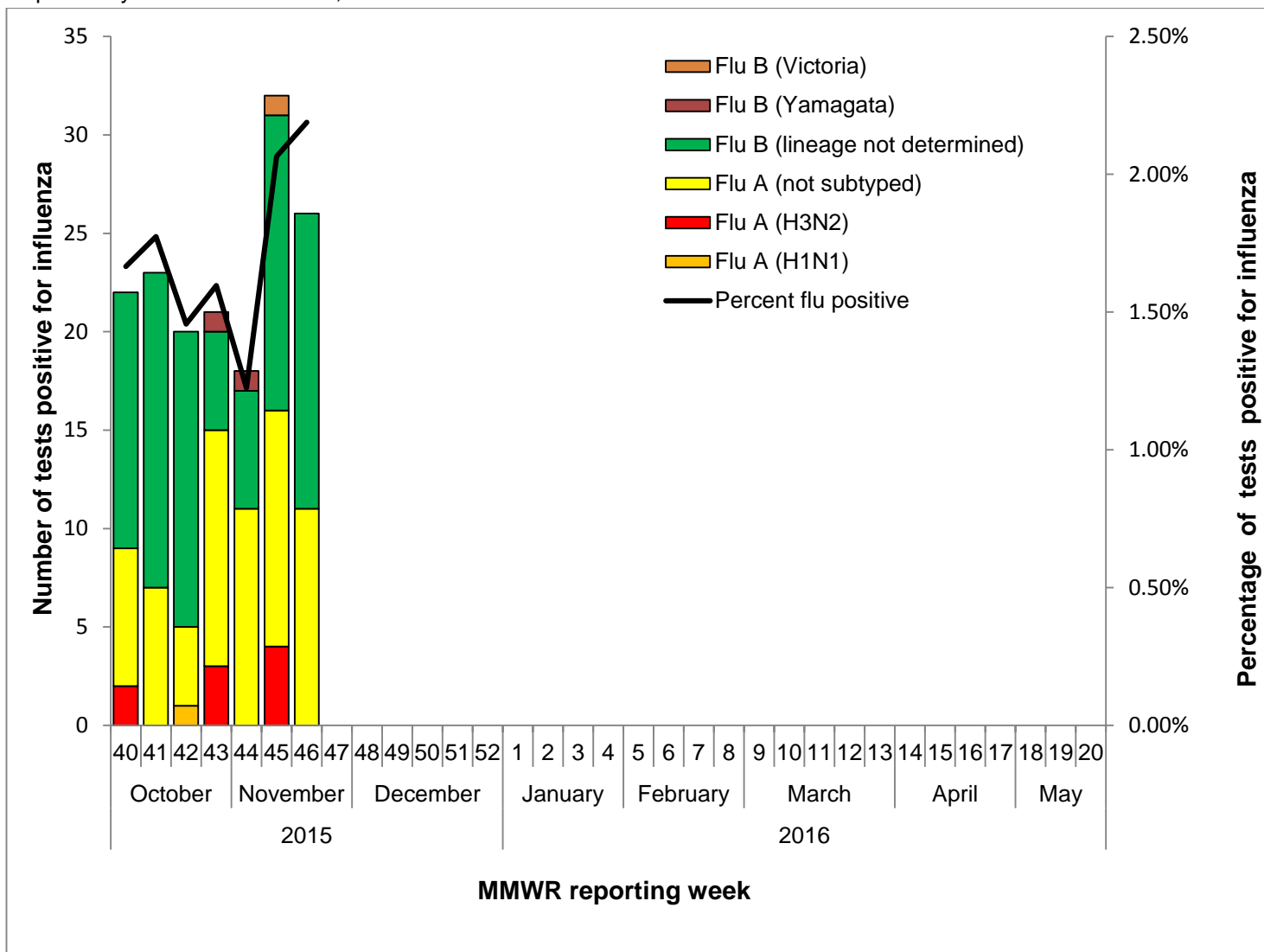
Hospital laboratories across Texas voluntarily report influenza tests (antigen, culture, and PCR) to the National Respiratory and Enteric Virus Surveillance System (NREVSS). Providers throughout Texas also submit specimens for influenza testing (PCR) to Texas public health laboratories, including the Texas Department of State Health Services (DSHS) 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 46	Season to Date
Number of labs reporting flu tests	15	
Number of specimens tested	1188	9515
Number of positive specimens (%) [†]	26 (2.19%)	162 (1.70%)
Percentage of total tests that were antigen detection tests	41.58%	
Positive specimens by type/subtype/lineage [n (%)]		
Influenza A	11 (42.31%)	74 (45.68%)
Subtyping performed	0 (0.00%)	10 (13.51%)
A (H1N1)	0 (0.00%)	1 (10.00%)
A (H3N2)	0 (0.00%)	9 (90.00%)
Subtyping not performed	11 (100.00%)	64 (86.49%)
Influenza B	15 (57.69%)	88 (54.32%)
Lineage testing performed	0 (0.00%)	3 (3.41%)
B/Victoria	0 (0.00%)	1 (33.33%)
B/Yamagata	0 (0.00%)	2 (66.67%)
Lineage testing not performed	15 (100.00%)	85 (96.59%)

†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	580	35	6.03%
HMPV	6	578	3	0.52%
Parainfluenza virus	6	580	58	10.00%
Rhinovirus	5	568	163	28.70%
RSV ^{†^}	10	783	77	9.83%
Seasonal coronavirus (does not include MERS-CoV)	4	389	45	11.57%

[†]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 an antigenic characterization result from one influenza A (H3N2) virus 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) [1]

- One (100.0%) virus was related to A/Switzerland/9715293/2013, the influenza A (H3N2) component of the 2015-2016 Northern Hemisphere 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 4: Texas ILINet Reporting and Patient Visit Summary for the Current Week

Week 46	
Number of providers reporting [†]	106
Number of providers reporting patient visits	106
Number (%) of providers with at least one ILI case	89 (83.96%)
Percentage of all visits due to ILI	5.45%
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 11/30/2015 10:45 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+			
201540	126	195	388	339	191	123	1236	30848	4.01%
201541	122	202	412	296	136	92	1138	29089	3.91%
201542	123	236	458	384	182	137	1397	30638	4.56%
201543	124	239	488	341	192	150	1410	31386	4.49%
201544	124	235	417	312	208	160	1332	30058	4.43%
201545	113	191	439	280	117	40	1067	24989	4.27%
201546	106	189	460	355	211	184	1399	25685	5.45%

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

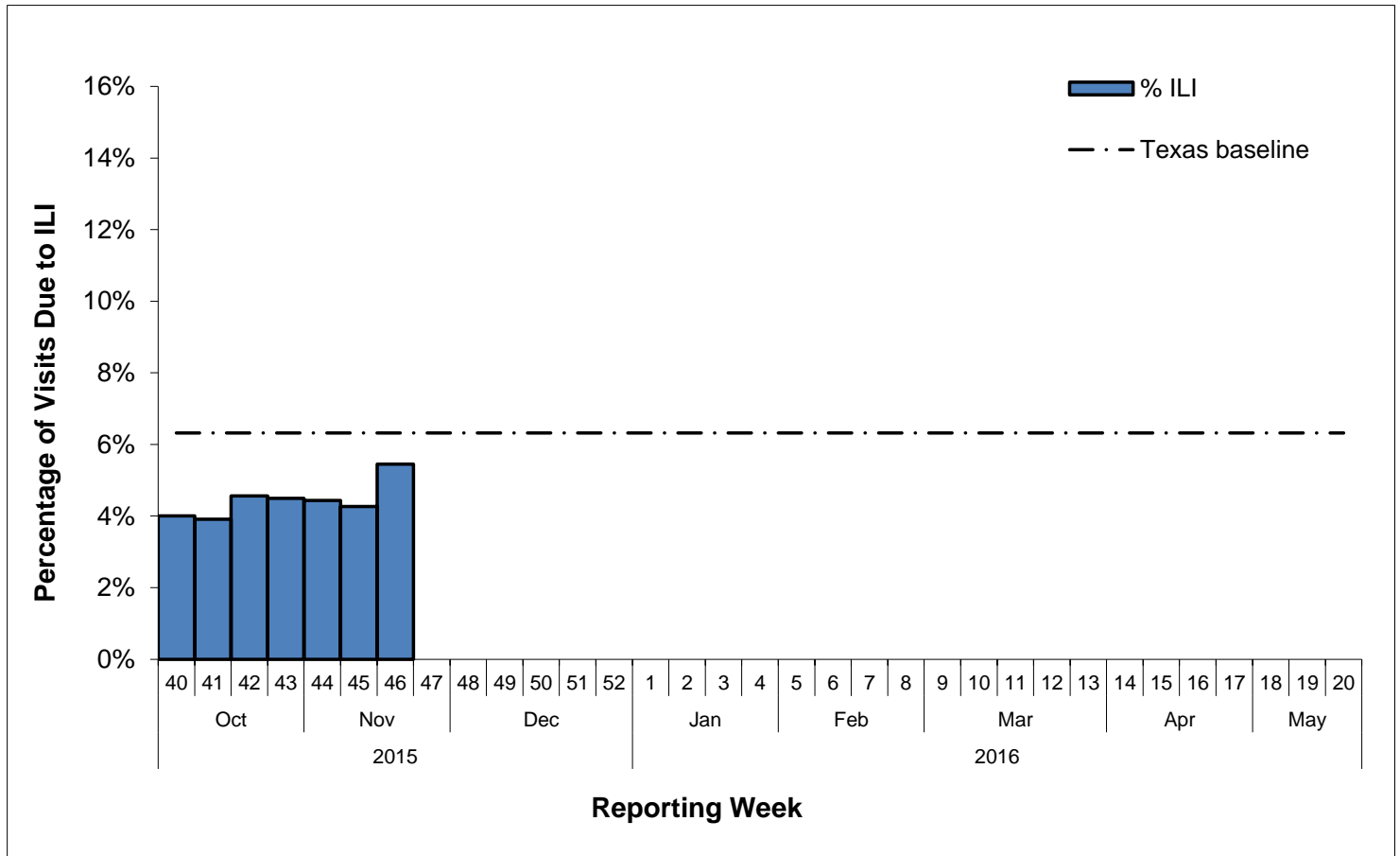
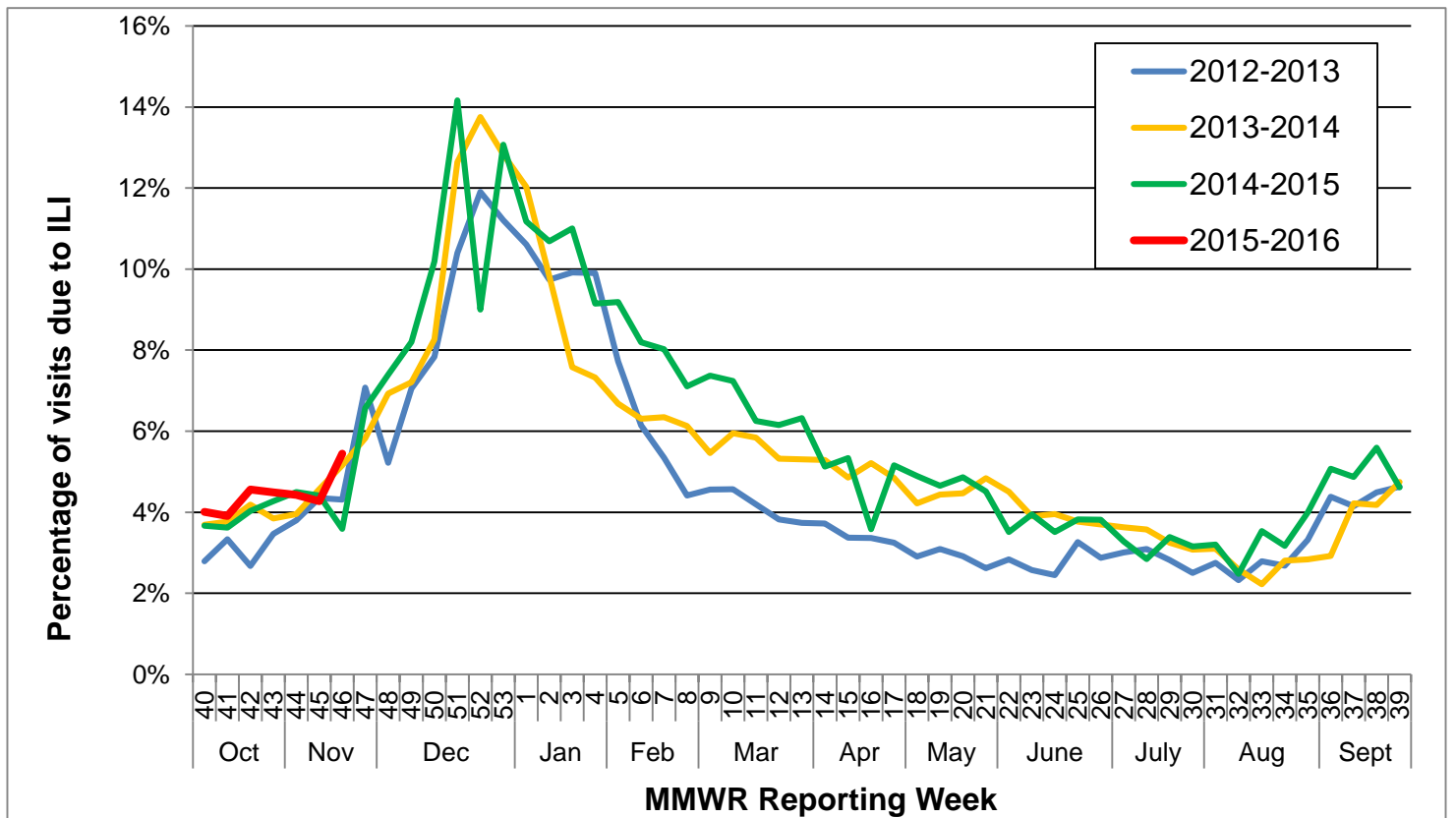


Figure 3: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2012–2016 Seasons



Reports from Health Service Regions

Reports were received from all Health Service Regions (HSRs) during week 46.

Table 6: Influenza Activity Compared to Week 45 by Health Service Region (HSR)

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

Variant Influenza Viruses

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

Institutional Outbreaks and School Closures

No ILI or influenza-associated outbreaks were reported during week 46.

No school closures were reported during week 46.

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.

Three hundred ninety-two P&I deaths have been reported in Texas during the 2015-2016 influenza season.

Influenza-Associated Pediatric Mortality

An influenza-associated pediatric death was reported during week 46 that occurred in week 32 (week ending August 15, 2015) of the 2014-2015 influenza season. The child was a one year old resident of HSR 2/3 with underlying medical conditions. A specimen from the child was positive for influenza B and rhinovirus by PCR; a blood specimen was collected and it tested positive for *Pseudomonas aeruginosa*. The child was not vaccinated for influenza for the 2014-2015 influenza season.

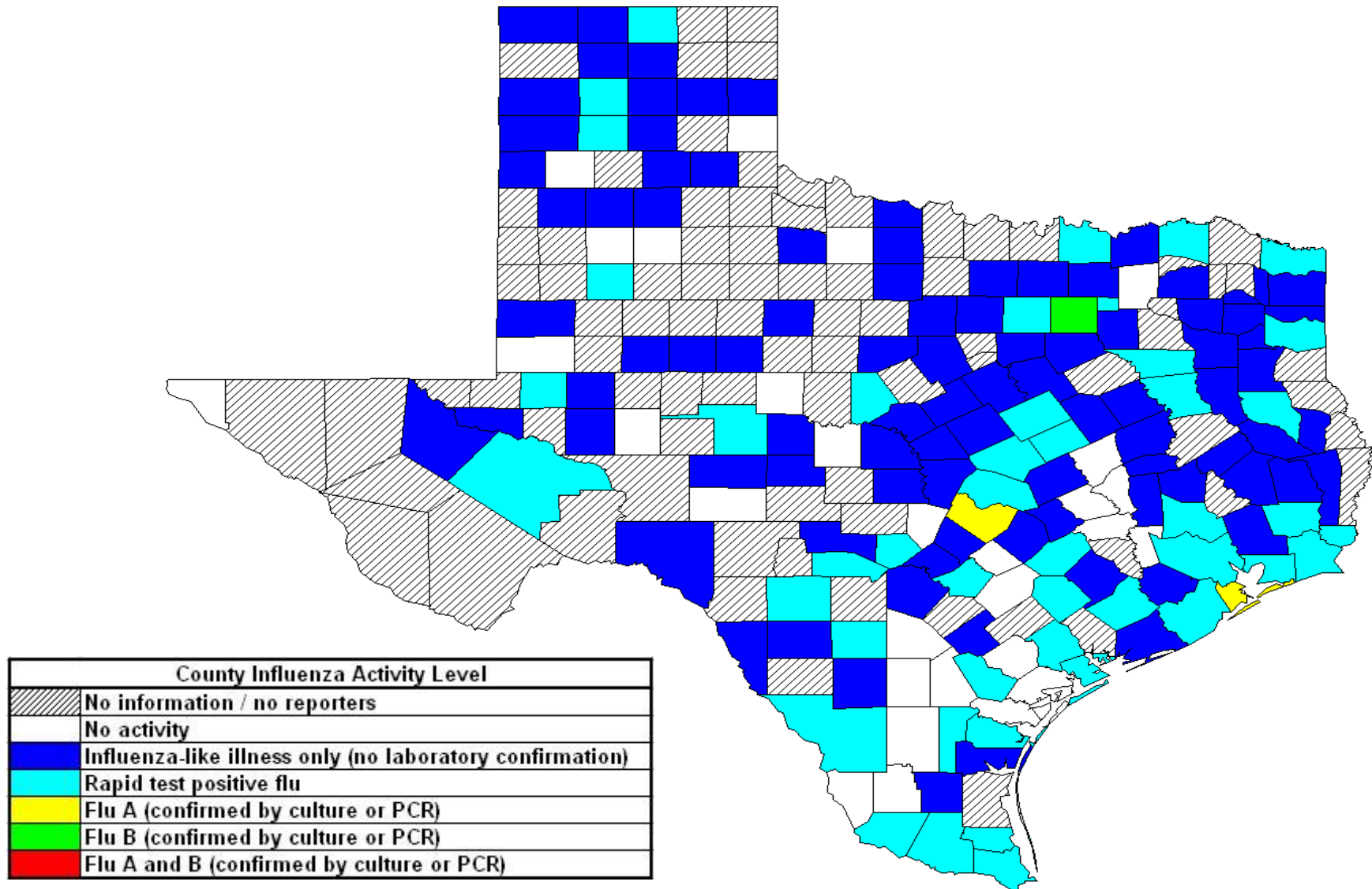
No influenza-associated pediatric deaths have been reported in Texas during the 2015-2016 influenza season. Cases of influenza-associated pediatric mortality (children <18 years of age) are reportable year-round and by law in Texas.

Table 7: 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
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 Nov. 21, 2015 (MMWR Week 46)



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.

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/>