

Texas Influenza Surveillance Report 2022-2023 Season/ 2022 MMWR Week 41

(October 9, 2022 – October 15, 2022)
Report produced on 10/21/2022

Summary

*For information about COVID-19 in Texas, please visit 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 increased. One influenza-associated pediatric death was reported. 5 influenza-associated institutional outbreaks were reported in schools and long-term care facilities, and no new school closure.

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 ILINet Activity Indicator assigned by CDC (intensity of influenza-like illness)	No Change	High	High	-
Percentage of specimens positive for influenza by hospital laboratories	▲3.70%	13.14%	9.44%	1
Percentage of visits due to ILI (ILINet)	▲0.38%	4.99%	4.61%	4
Number of regions reporting increased flu/ILI activity	▼3	5	8	5
Number of regions reporting decreased flu/ILI activity	▲1	1	0	5
Number of variant/novel influenza infections	No cases reported	0	0	5
Number of ILI/influenza outbreaks	Decrease	5	8	6
Number of pediatric influenza deaths	Stayed the Same	1	1	6

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 41	Season to Date Week Ending: October 15, 2022
Number of labs reporting flu tests	19	
Number of specimens tested	8363	16898
Number of positive specimens (%) [†]	1099 (13.14%)	1905 (11.27%)
Percentage of total tests that were antigen detection tests	24.35%	
Positive specimens by type/subtype [n (%)]		
Influenza A	1055 (96.00%)	1802 (94.59%)
Subtyping performed	163 (15.45%)	277 (15.37%)
A (H1N1)	12 (7.36%)	21 (7.58%)
A (H3N2)	151 (92.64%)	256 (92.42%)
Subtyping not performed	892 (84.55%)	1525 (84.63%)
Influenza B	44 (4.00%)	103 (5.41%)

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

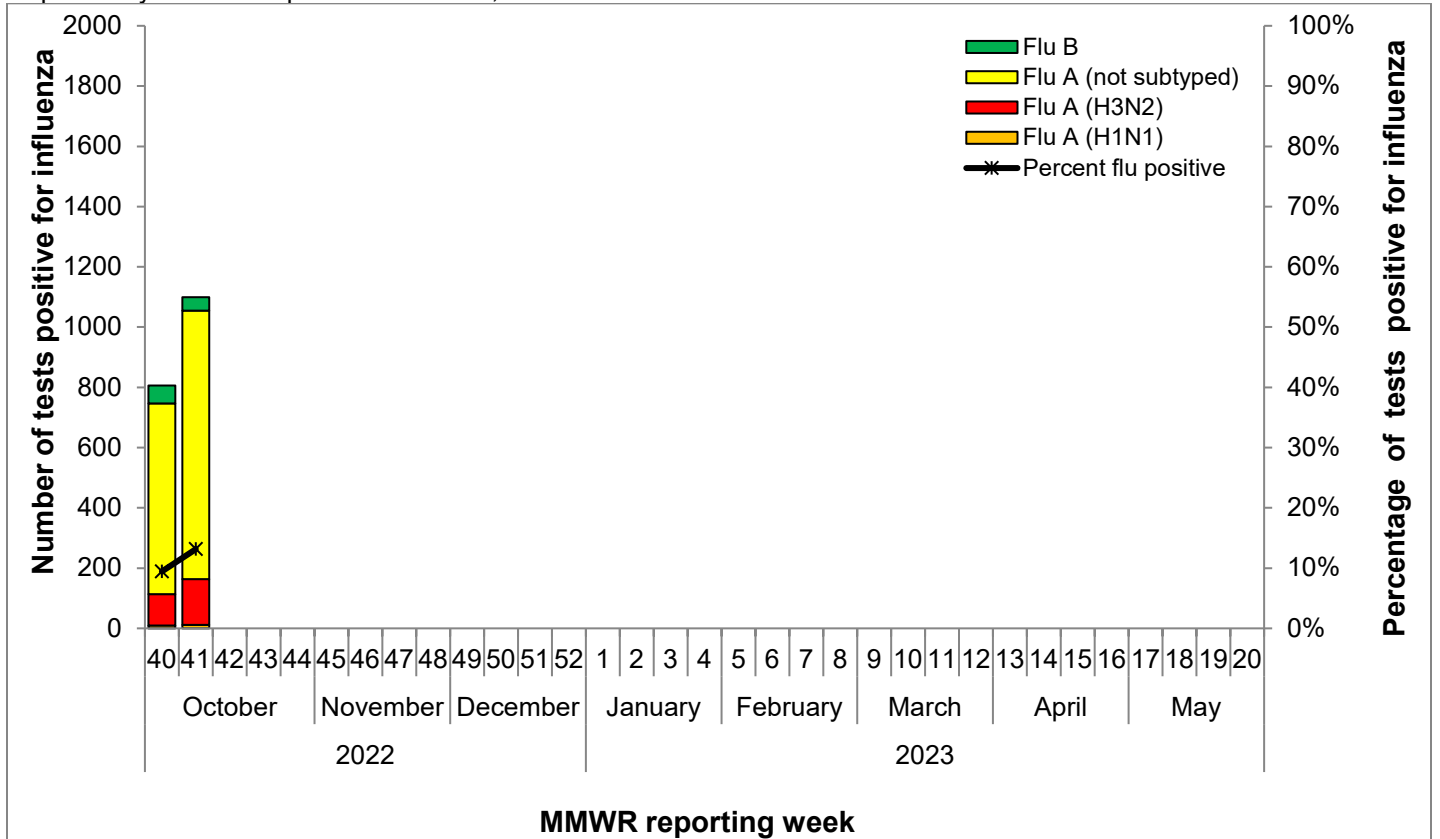
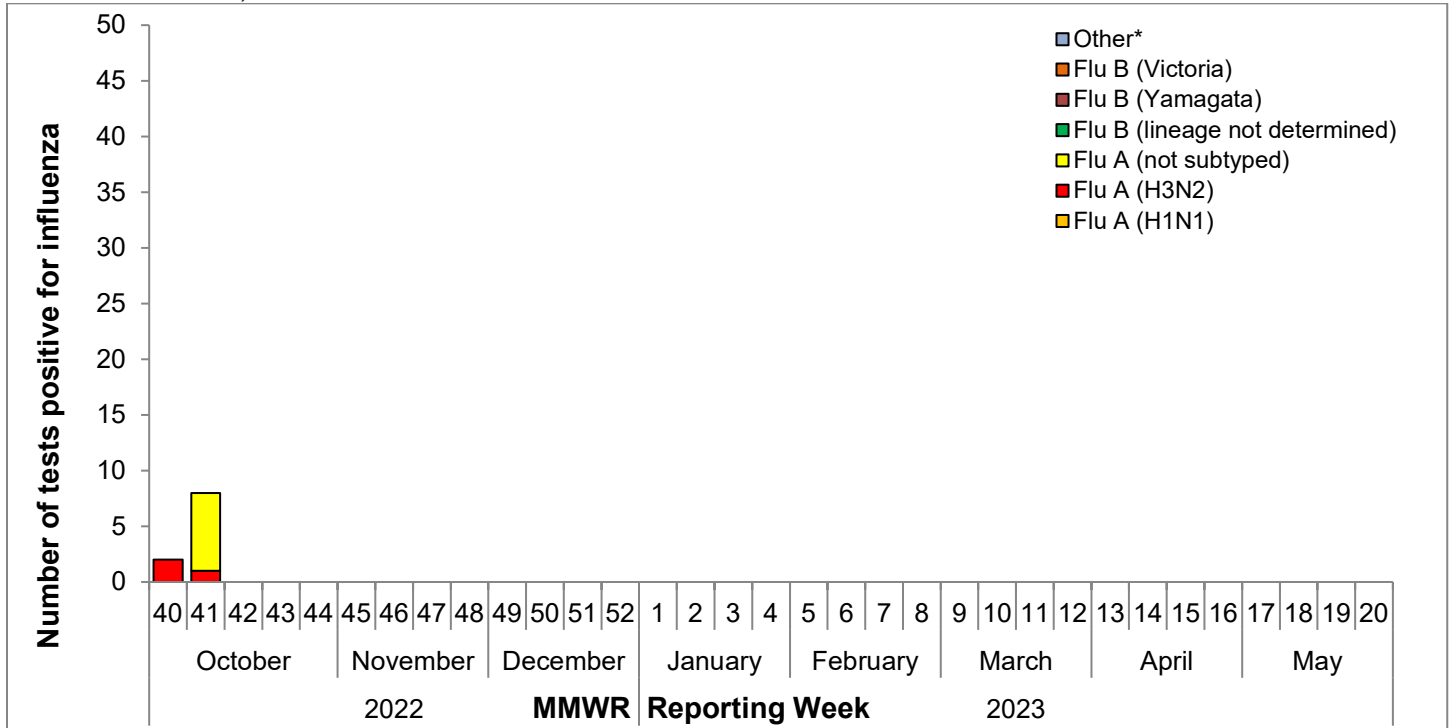


Table 3: Influenza Testing Performed by Texas Public Health Laboratories for the Current Week

	Week 41	Season to Date Week Ending: October 15, 2022
Number of labs reporting flu tests	3	
Number of specimens tested	158	254
Number of positive specimens (%) [†]	8 (5.06%)	10 (3.94%)
Positive specimens by type/subtype/lineage [n (%)]		
Influenza A	8 (100.00%)	10 (0.00%)
Subtyping performed	1 (12.50%)	3 (30.00%)
A (H1N1)	0 (0.00%)	0 (0.00%)
A (H3N2)	1 (100.00%)	3 (100.00%)
Subtyping not performed	7 (87.50)	7 (70.00%)
Influenza B	0 (0.00%)	0 (0.00%)
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%)	0 (0.00%)
Other	0 (0.00%)	0 (0.00%)

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

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)	14	3002	244	8.13%
HMPV	14	3002	89	2.96%
Parainfluenza virus	14	3002	300	9.99%
Rhino/enterovirus	13	2958	905	30.59%
RSV ^{†^}	17	5500	1288	23.42%
Seasonal coronavirus (does not include MERS-CoV or COVID-19)	13	2419	14	0.58%

[†] 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

No antigenic characterization data for Texas specimens are currently available. The DSHS Laboratory sends a representative sample of influenza viruses to the CDC throughout the flu season.

Antiviral Resistance

No antiviral resistance testing data for Texas specimens are available presently.

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

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

	Week 41
Number of providers reporting	54
Number of providers reporting patient visits	54
Number (%) of providers with at least one ILI case	45 (83.34%)
Percentage of all visits due to ILI	4.61%
Texas ILINet baseline [‡] , 2022-2023	4.85%

[‡]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°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 10/20/2022 9:33 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+			
202240	53	880	1225	261	103	57	2526	54770	4.61%
202241	54	1051	1264	326	112	57	2810	56332	4.99%

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

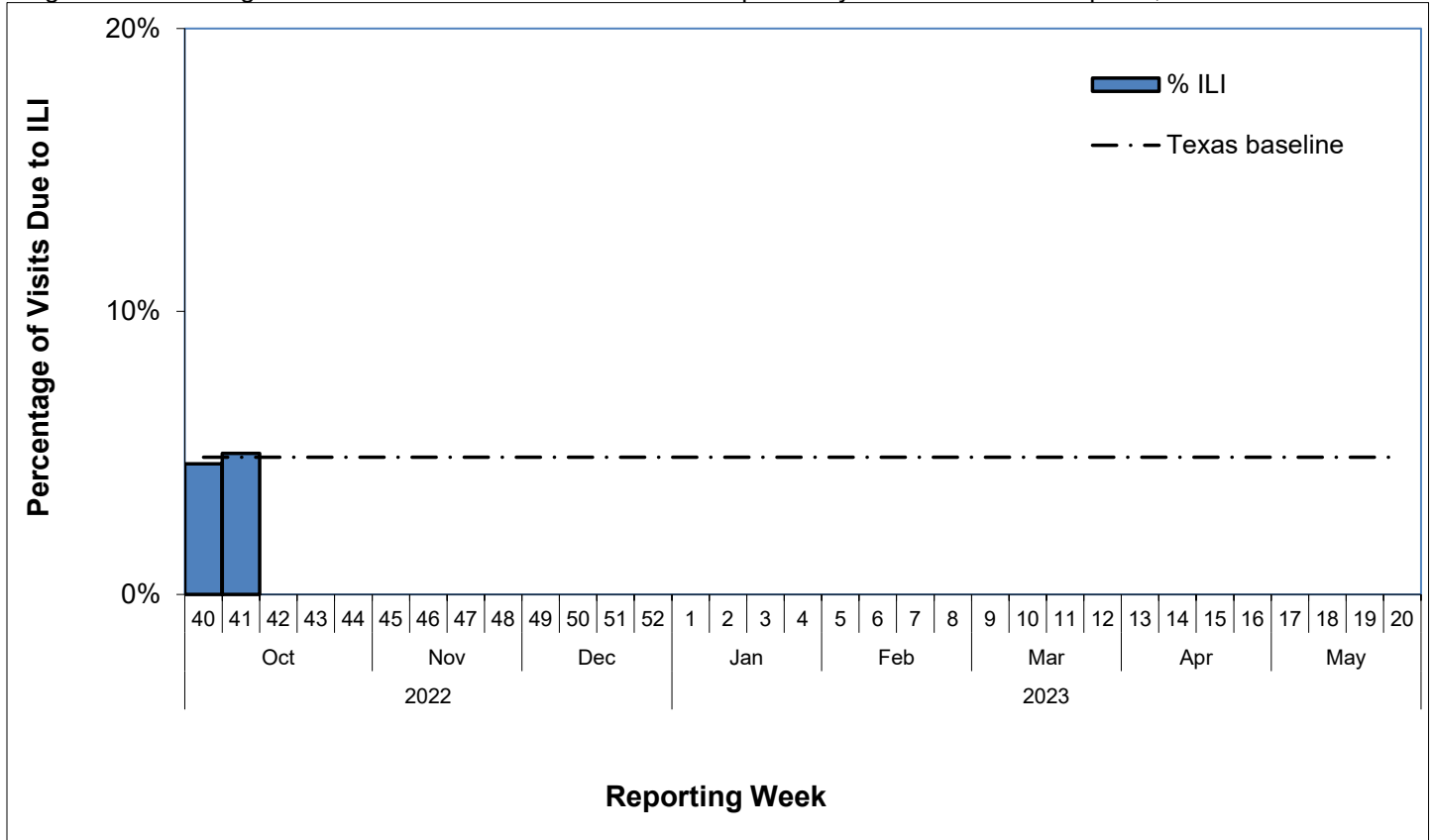
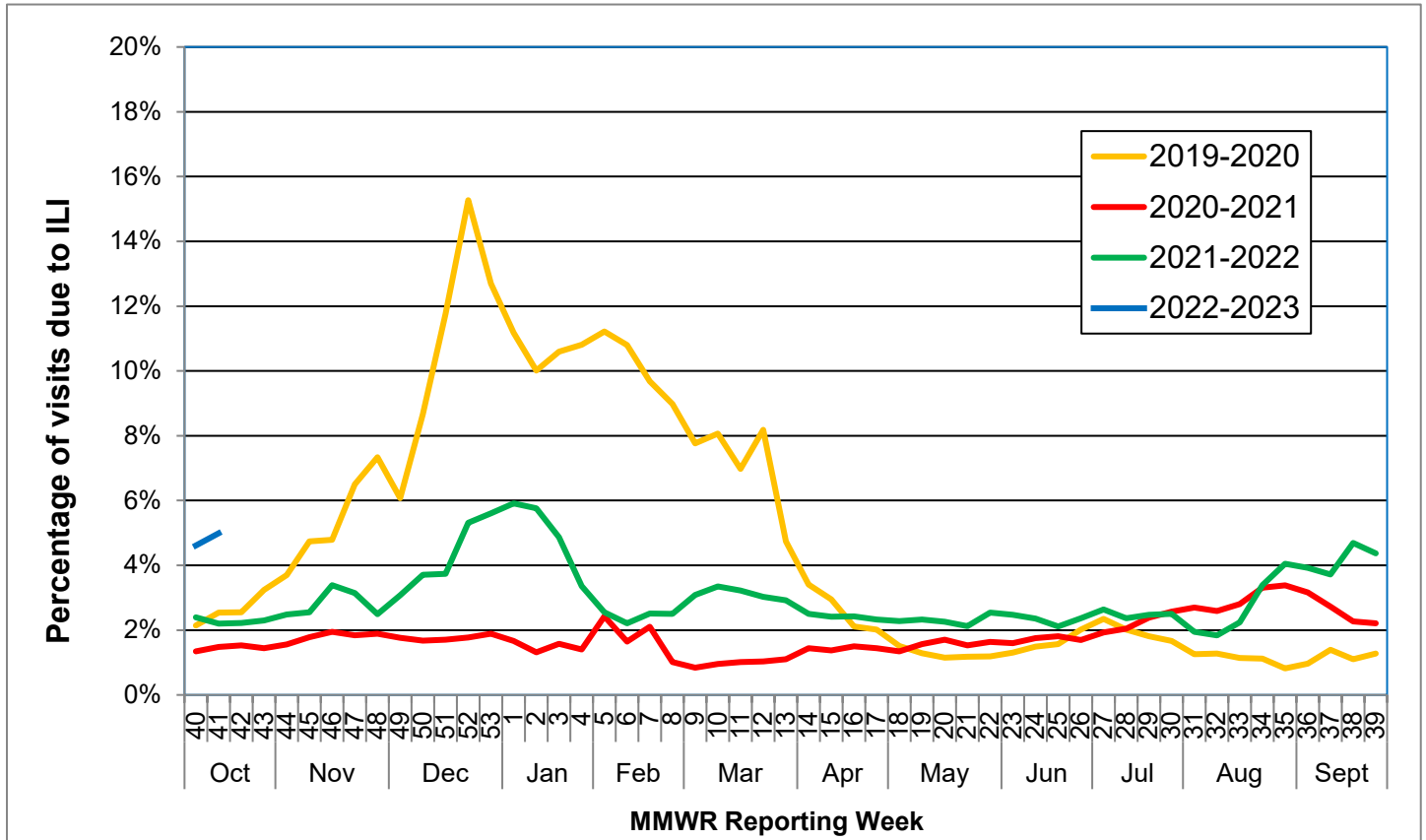


Figure 4: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2019–2023 Seasons



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 all Health Service Regions (HSRs) during week 41.

Table 7: Influenza Activity compared to week 40 by Health Service Region (HSR)

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

5 institutional outbreaks were reported in week 41.

3 additional outbreaks were reported from region 11 and 2 from regions 6/5s. Outbreaks include school and long-term care facilities. In some instances, outbreak reports indicate upwards of 90 cases. All outbreaks with confirmed testing indicate Influenza A as the circulating influenza virus. With one outbreak indicating both Influenza A and Influenza B identified with confirmatory testing.

No deaths in relation to these outbreaks were reported.

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.

One hundred and five (105) P&I deaths have been reported in Texas during the 2022-2023 influenza season.

Table 8: Texas P&I Deaths Occurring October 2, 2022– October 15, 2022* by Age

Age Category (years)	Number of P&I Deaths ⁺	Mortality Rate (per 100,000)
0 - 4	<10	-
5 - 17	<10	-
18 - 49	<10	-
50 - 64	14	0.27
65 +	86	1.95
Overall	105	0.34

*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– October 15, 2022* by Health Service Region (HSR)

HSR	Number of P&I Deaths	Mortality Rate (per 100,000)
1	<10	-
2/3	22	0.25
4/5N	<10	-
6/5S	35	0.40
7	19	0.54
8	<10	-
9/10	<10	-
11	<10	-
Unknown	-	-
Overall	105	0.34

*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

One pediatric death was reported during week 41.

The case was identified as a 3-year-old female in Health Region 11 with no underlying health conditions. Influenza A was confirmed by commercial rapid test and Influenza A (H3) was also confirmed by RT-PCR. The child was not vaccinated for the current season but had been vaccinated in prior seasons.

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

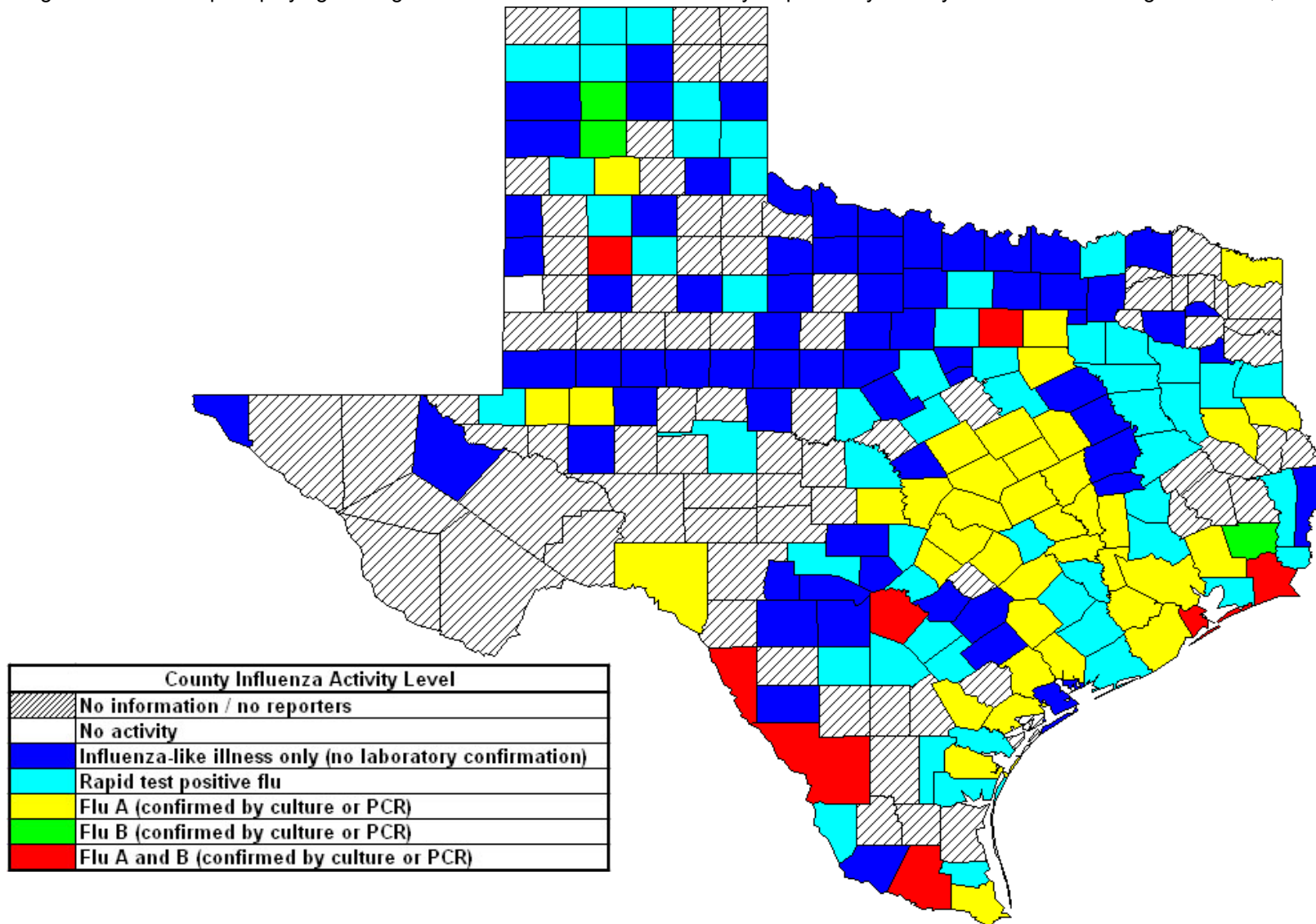
Cases of influenza-associated pediatric mortality (children <18 years of age) are reportable year-round by law in Texas.

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
2022							
October	0	2	0	0	0	0	2
Total	0	2	0	0	0	0	2

Statewide Influenza Activity Map

Figure 5: Texas Map Displaying the Highest Level of Influenza or ILI Activity Reported by County for the Week Ending October 15, 2022 (MMWR Week 41)



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/>