

## Texas Influenza Surveillance Report 2022-2023 Season/ 2023 MMWR Week 23

(June 4, 2023 – June 10, 2023)  
Report produced on 06/16/2023

### Summary

\*This report excludes COVID-19 data. For information about COVID-19 in Texas visit <https://www.dshs.texas.gov/covid-19-home>.

Compared to the previous week, the percentage of specimens testing positive for influenza reported by hospital laboratories has decreased. The percentage of patient visits due to influenza-like illness (ILI) has decreased. One influenza-associated pediatric death was reported. No influenza-associated outbreaks were reported in a long-term care or school facility.

Table 1: Summary of Texas Influenza (Flu) and Influenza-like Illness (ILI) Activity for the Current Week<sup>†</sup>

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	Minimal	Minimal	-
Percentage of specimens positive for influenza by hospital laboratories	▼0.58%	1.19%	1.77%	1
Percentage of visits due to ILI (ILINet)	▼0.80%	1.46%	2.26%	2
Number of regions reporting increased flu/ILI activity	▼3	1	4	4
Number of regions reporting decreased flu/ILI activity	▲2	5	3	4
Number of variant/novel influenza infections	No change	0	0	4
Number of ILI/influenza outbreaks	▲1	1	0	4
Number of pediatric influenza deaths	No change	1	1	5

<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 23	Season to Date Week Ending: June 10, 2023
Number of labs reporting flu tests	18	
Number of specimens tested	3522	293889
Number of positive specimens (%)	<b>42 (1.19%)</b>	<b>38831 (13.21%)</b>
Percentage of total tests that were antigen detection tests	23.40%	
<b>Positive specimens by type/subtype [n (%)]</b>		
<b>Influenza A</b>	<b>23 (54.76%)</b>	<b>37110 (95.57%)</b>
Subtyping performed	4 (17.39%)	6109 (16.46%)
A (H1N1)	4 (100.00%)	1728 (28.29%)
A (H3N2)	0 (0.00%)	4381 (71.71%)
Subtyping not performed	19 (82.61%)	31001 (83.54%)
<b>Influenza B</b>	<b>19 (45.24%)</b>	<b>1721 (4.43%)</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.

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

	Week 23	Season to Date Week Ending: June 10, 2023
Number of labs reporting flu tests	0	
Number of specimens tested	0	3557
Number of positive specimens (%)	<b>0 (0.00%)</b>	513 (14.42%)
<b>Positive specimens by type/subtype/lineage [n (%)]</b>		
<b>Influenza A</b>	<b>0 (0.00%)</b>	<b>481 (93.76%)</b>
Subtyping performed	0 (0.00%)	425 (88.36%)
A (H1N1)	0 (0.00%)	185 (43.53%)
A (H3N2)	0 (0.00%)	240 (56.47%)
Subtyping not performed	0 (0.00%)	56 (11.64%)
<b>Influenza B</b>	<b>0 (0.00%)</b>	<b>32 (6.24%)</b>
Lineage testing performed	0 (0.00%)	30 (93.75%)
B/Victoria	0 (0.00%)	30 (100.00%)
B/Yamagata	0 (0.00%)	0 (0.00%)
Lineage testing not performed	0 (0.00%)	2 (6.25%)
<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))

<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.

#### 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	1897	116	6.11%
HMPV	15	1897	47	2.48%
Parainfluenza virus	15	1897	178	9.38%
Rhino/enterovirus	15	1889	531	28.11%
RSV <sup>†^</sup>	17	2640	23	0.87%
Seasonal coronavirus (does not include MERS-CoV or COVID-19)	15	1881	38	2.02%

<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>.

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

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

	Week 23
Number of providers reporting	48
Number of providers reporting patient visits	48
Number (%) of providers with at least one ILI case	36 (75.00%)
Percentage of all visits due to ILI	1.46%
Texas ILINet baseline <sup>‡</sup> , 2022-2023	4.85%

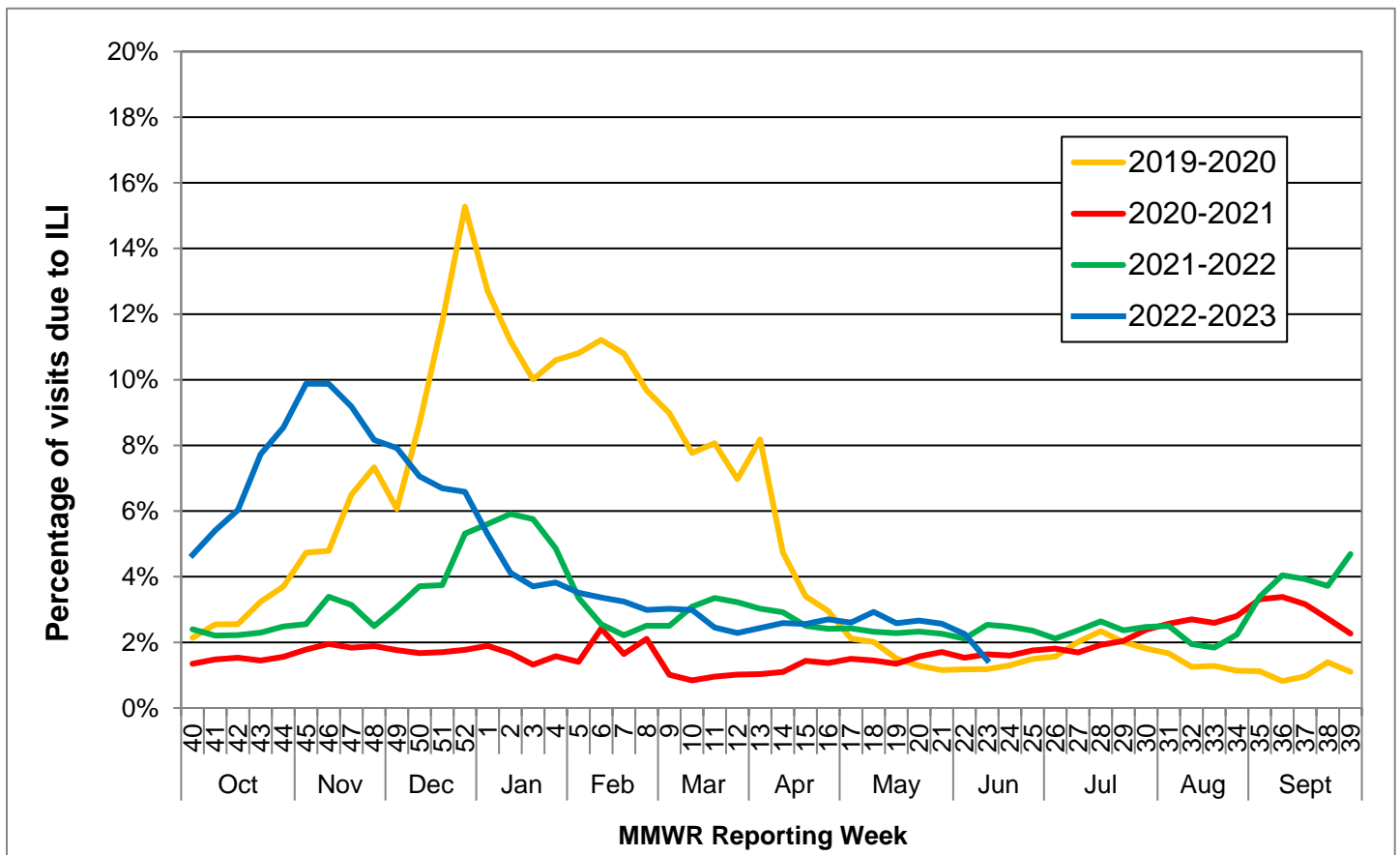
<sup>‡</sup>The baseline is the mean percentage of patient visits for ILI during non-influenza weeks for the previous three seasons plus two standard deviations. A "non-influenza week" is defined as a week that accounted for less than 2% of the season's total number of specimens that tested positive 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 06/15/2023 11:30AM)

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	57	788	1021	745	304	217	3075	45932	6.69%
202252	53	966	934	1093	485	393	3871	58798	6.58%
202301	56	617	743	753	390	248	2751	52031	5.29%
202302	59	601	779	558	312	193	2443	59270	4.12%
202303	45	504	802	448	206	147	2107	56853	3.71%
202304	43	472	815	460	167	134	2048	53582	3.82%
202305	42	444	600	357	138	94	1633	46500	3.51%
202306	45	450	785	359	170	114	1878	55767	3.37%
202307	43	471	663	315	133	84	1666	51396	3.24%
202308	45	402	717	317	168	107	1711	57279	2.99%
202309	59	498	801	299	150	95	1843	61043	3.02%
202310	60	481	760	327	123	87	1778	59486	2.99%
202311	59	428	456	279	97	76	1336	54467	2.45%
202312	42	368	480	249	80	78	1255	54876	2.29%
202313	45	362	595	298	90	79	1424	58438	2.44%
202314	43	392	553	275	103	68	1391	53709	2.59%
202315	42	442	597	290	105	68	1502	58646	2.56%
202316	57	446	753	293	89	76	1657	61390	2.70%
202317	58	476	648	287	101	70	1582	60842	2.60%
202318	58	455	760	288	89	77	1669	56996	2.93%
202319	56	425	661	262	88	69	1505	58245	2.58%
202320	55	320	487	221	79	56	1163	43645	2.66%
202321	39	228	305	111	33	27	704	27395	2.57%
202322	49	312	412	252	75	33	1084	48045	2.26%
202323	48	245	230	149	42	28	694	47504	1.46%

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 23.

Table 7: Influenza Activity compared to week 22 by Health Service Region (HSR)

Influenza Activity Comparison	
Increased	11
Same	2/3, 4/5N
Decreased	1, 6/5S, 7, 8, 9/10
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 outbreak was reported in week 23 from Public Health Region 6/5S. The outbreak causative agent was identified as RSV. At date of report there were 5 cases total resulting in 2 hospitalized children, both under 1 year of age. The local health department continues to conduct the investigation and provide prevention and control guidance. The local health jurisdiction will continue to provide aid as necessary.

### 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.

Seven thousand five hundred and forty-eight (7548) P&I deaths have been reported in Texas during the 2022-2023 influenza season.

Table 8: Texas P&I Deaths Occurring October 2, 2022– June 10, 2023, by Age

Age Category (years)	Number of P&I Deaths <sup>+</sup>	Mortality Rate (per 100,000)
0 - 4	38	1.72
5 - 17	21	0.38
18 - 49	531	3.86
50 - 64	1326	25.2
65 +	5632	127.69
<b>Overall</b>	<b>7548</b>	<b>24.21</b>

\*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– June 10, 2023, by Health Service Region (HSR)

HSR	Number of P&I Deaths <sup>+</sup>	Mortality Rate (per 100,000)
1	288	29.98
2/3	2097	23.78
4/5N	624	40.13
6/5S	1829	21.12
7	830	23.48
8	807	19.11
9/10	400	38.28
11	672	28.28
Unknown	1	-
<b>Overall</b>	<b>7548</b>	<b>24.21</b>

\*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 influenza-associated pediatric mortality was reported in week 24 (current week) that occurred in week 8 (week ending February 25, 2023).

The case was identified in March 2023 through vital statistics records. Local Health Department investigation determined the case was a true case and reported to Texas DSHS in June. The child was 2 years old with underlying health conditions; testing rapid antigen positive for influenza B (not subtyped). Patient was not vaccinated for current influenza season.

Twelve 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.

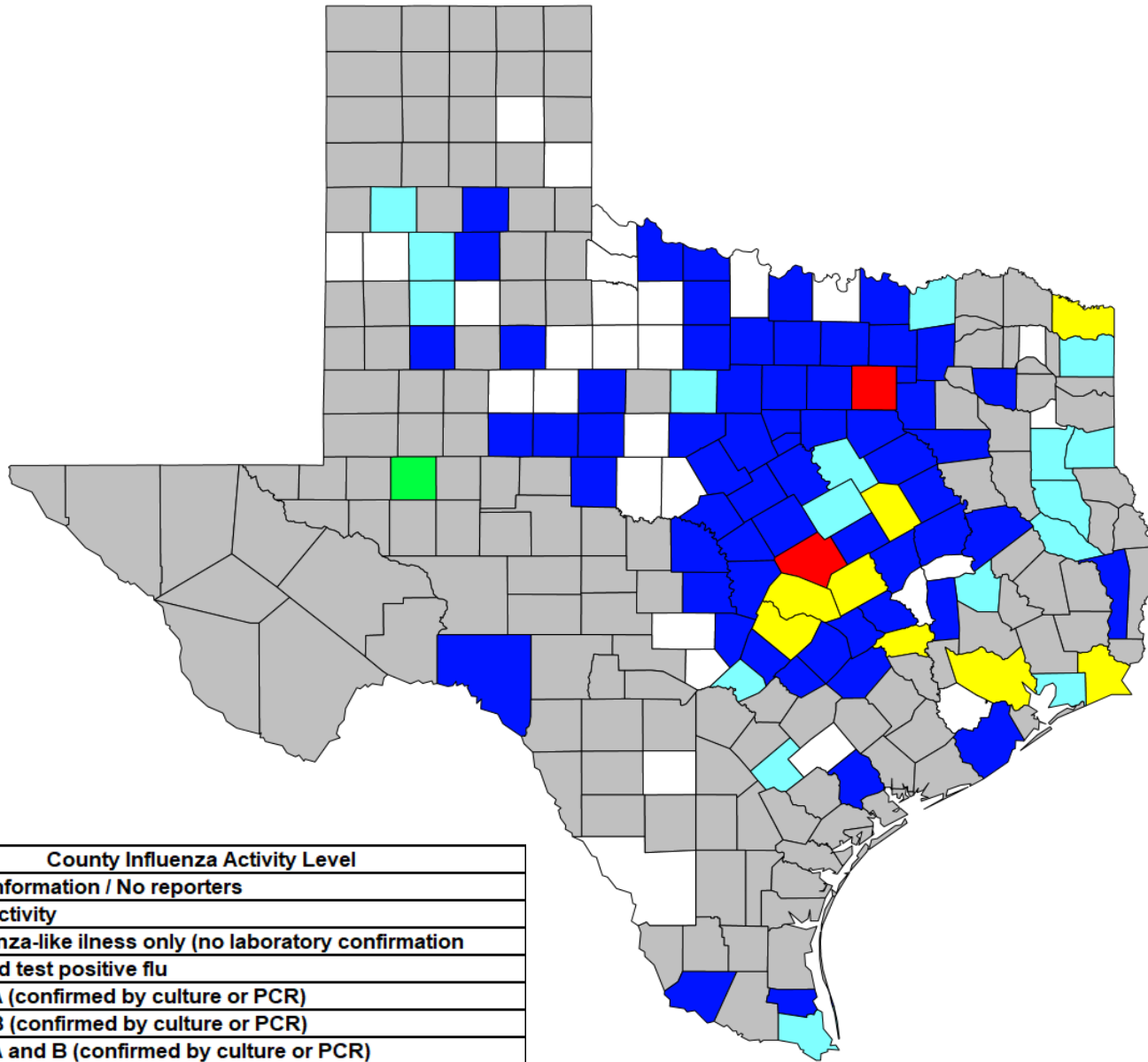
Table 10: Influenza-Associated Pediatric Deaths Reported in Texas during the 2022-2023 Season

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
February	0	0	0	1	0	0	1
March	0	0	0	0	0	0	0
April	0	0	0	0	0	0	0
May	1	0	0	0	0	0	1
June	0	0	0	0	0	0	0
<b>Total*</b>	<b>1</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>12</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 June 10, 2023 (MMWR Week 23)



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/>