

Texas Influenza Surveillance Report 2021-2022 Season/ 2022 MMWR Week 30

(July 24, 2022 – July 30, 2022)
Report produced on 8/2/2022

Summary

*Please note, some aspects of influenza surveillance may be affected by current COVID-19 response activities. 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 decreased. The percentage of patient visits due to influenza-like illness (ILI) has increased. No influenza-associated pediatric deaths were reported. No influenza-associated institutional outbreaks or school closures were reported.

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	Minimal	Minimal	--
Percentage of specimens positive for influenza by hospital laboratories	▼0.36%	0.77%	1.13%	1
Percentage of visits due to ILI (ILINet)	▲0.04%	2.50%	2.46%	1
Number of regions reporting increased flu/ILI activity	▼1	0	1	4
Number of regions reporting decreased flu/ILI activity	▼1	3	2	4
Number of variant/novel influenza infections	No cases reported	0	0	4
Number of ILI/influenza outbreaks	No change	0	0	5
Number of pediatric influenza deaths a	No change	0	0	5

Laboratory Results

Influenza

*In response to the COVID-19, influenza testing at Texas Public Health Laboratories has significantly decreased to increase capacity for SARS-CoV-2 testing. Please note, this will affect data in Table 3 and Figure 2.

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 30	Season to Date Week Ending: July 30, 2022
Number of labs reporting flu tests	21	
Number of specimens tested	4674	325403
Number of positive specimens (%) [†]	36 (0.77%)	22186 (6.82%)
Percentage of total tests that were antigen detection tests	27.02%	
Positive specimens by type/subtype [n (%)]		
Influenza A	29 (80.56%)	21470 (96.77%)
Subtyping performed	1 (3.45%)	2558 (11.91%)
A (H1N1)	0 (0.00%)	26 (1.02%)
A (H3N2)	1 (100.00%)	2532 (98.98%)
Subtyping not performed	28 (96.55%)	18912 (88.09%)
Influenza B	7 (19.44%)	716 (3.23%)

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

	Week 30	Season to Date Week Ending: July 30, 2022
Number of labs reporting flu tests	2	
Number of specimens tested	448	17953
Number of positive specimens (%) [†]	0 (0.00%)	1061 (5.91%)
Positive specimens by type/subtype/lineage [n (%)]		
Influenza A	0 (0.00%)	1058 (99.72%)
Subtyping performed	0 (0.00%)	1045 (98.77%)
A (H1N1)	0 (0.00%)	0 (0.00%)
A (H3N2)	0 (0.00%)	1045 (100.00%)
Subtyping not performed	0 (0.00%)	13 (1.23%)
Influenza B	0 (0.00%)	3 (0.28%)
Lineage testing performed	0 (0.00%)	3 (100.00%)
B/Victoria	0 (0.00%)	3 (100.00%)
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))

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)	16	1858	109	5.87%
HMPV	15	1823	20	1.10%
Parainfluenza virus	16	1858	76	4.09%
Rhino/enterovirus	16	1853	288	15.54%
RSV ^{†^}	19	3447	367	10.65%
Seasonal coronavirus (does not include MERS-CoV or COVID-19)	15	1490	13	0.87%

[†]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>.

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

* Please note, the COVID-19 pandemic is affecting healthcare seeking behavior. The number of persons and their reasons for seeking care in the outpatient and ED settings is changing. These changes impact data from ILINet in ways that are difficult to differentiate from changes in illness levels, therefore ILINet data should be interpreted with caution.

Table 5: Texas ILINet Reporting and Patient Visit Summary for the Current Week	Week 30
Number of providers reporting	48
Number of providers reporting patient visits	48
Number (%) of providers with at least one ILI case	42 (87.50%)
Percentage of all visits due to ILI	2.50%
Texas ILINet baseline [‡] , 2021-2022	4.57%

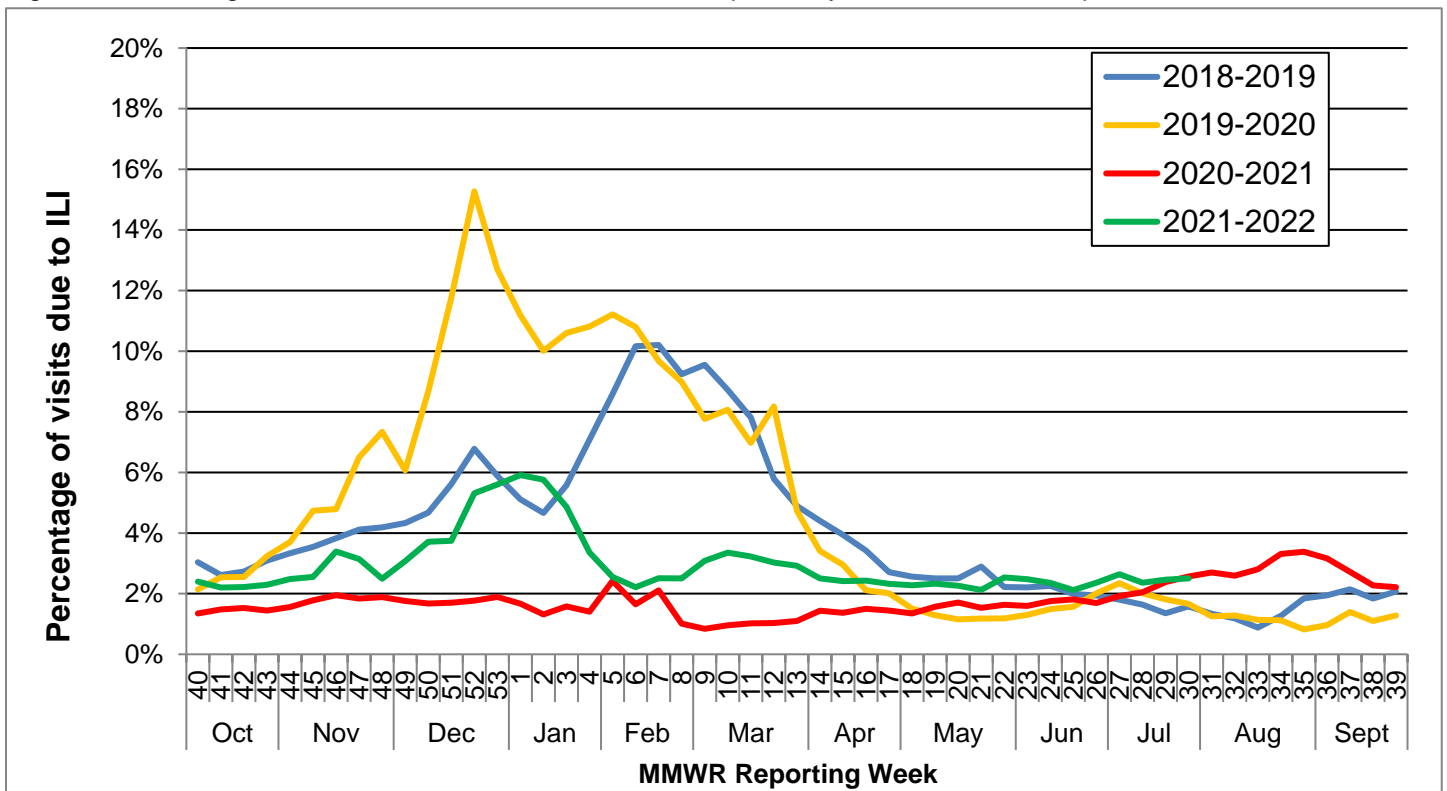
[‡]The baseline is the mean percentage of patient visits for ILI during non-influenza weeks for the previous three seasons plus two standard deviations. A "non-influenza week" is defined as a week that accounted for less than 2% of the season's total number of specimens that tested positive for influenza.

Table 6: Percentage of Visits for Influenza-like Illness Reported by Texas ILINet Providers (as of 8/4/2022 2:05 PM)

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+			
202040	76	452	490	223	77	41	1283	53474	2.40%
202041	72	392	429	206	80	50	1157	52473	2.20%
202042	77	417	442	179	76	36	1150	51810	2.22%
202043	60	446	421	140	41	41	1089	47456	2.29%
202044	72	452	549	188	61	40	1290	51930	2.48%
202045	74	486	633	198	66	60	1443	56512	2.55%
202046	73	563	874	231	88	55	1811	53435	3.39%
202047	71	559	470	234	90	51	1404	44711	3.14%
202048	73	426	536	228	84	57	1331	53354	2.49%
202049	74	544	673	243	105	98	1663	54075	3.08%
202050	71	538	746	347	119	83	1833	49403	3.71%
202051	75	611	603	374	114	99	1801	48133	3.74%
202052	67	1001	873	919	389	196	3378	63588	5.31%
202101	69	745	1247	1032	353	152	3529	59690	5.91%
202102	74	594	1364	906	336	213	3413	59275	5.76%
202103	73	491	891	689	249	171	2491	51241	4.86%
202104	72	377	622	390	166	111	1666	49631	3.36%
202105	69	249	426	195	79	74	1023	40096	2.55%
202106	74	242	403	216	68	72	1001	45228	2.21%
202107	73	337	555	210	64	51	1217	48526	2.51%
202108	74	292	593	199	65	50	1199	47900	2.50%
202109	70	310	755	246	69	45	1425	46175	3.09%
202210	70	384	850	268	85	55	1642	48989	3.35%
202211	71	439	610	374	91	62	1576	48852	3.23%
202212	71	379	737	294	81	56	1547	51138	3.03%
202213	72	370	805	281	88	54	1598	54744	2.92%
202214	79	379	723	285	70	41	1498	59889	2.50%
202215	78	367	682	213	84	48	1394	57709	2.42%
202216	77	388	657	235	70	50	1400	57675	2.43%
202217	75	678	900	361	123	91	2153	92605	2.32%
202218	76	378	598	237	65	52	1330	58360	2.28%
202219	77	676	846	360	85	86	2053	88140	2.33%
202220	77	477	557	234	76	51	1395	61708	2.26%
202221	75	807	721	343	94	71	2036	95865	2.12%
202222	72	514	422	282	103	57	1378	54317	2.54%

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+			
202123	68	470	381	290	143	52	1336	53955	2.48%
202124	66	521	333	251	105	57	1267	53809	2.35%
202125	70	360	328	289	105	61	1143	53966	2.12%
202126	48	399	260	239	97	79	1074	45437	2.36%
202127	62	387	347	320	151	83	1288	48812	2.64%
202228	51	353	321	321	121	70	1186	50242	2.36%
202229	51	351	337	346	113	80	1227	49821	2.46%
202230	48	387	294	296	125	67	1169	46703	2.50%

Figure 1: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2018–2022 Seasons



Reports from Health Service Regions

Reports were received from five Health Service Regions (HSRs) during week 30.

Table 7: Influenza Activity Compared to week 29 by Health Service Region (HSR)

Influenza Activity Comparison	Health Service Region (HSR)
Increased	
Same	1 and 2/3
Decreased	7, 8, and 11
Unsure	

Variant Influenza Viruses

No variant or novel influenza viruses have been detected in Texas during the 2021-2022 season.

Institutional Outbreaks and School Closures

No institutional outbreaks or school closures were reported in week 30 during the 2021-2022 season.

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 nine hundred and six (7,906) P&I deaths have been reported in Texas during the 2021-2022 influenza season.

Table 8: Texas P&I Deaths Occurring October 3, 2021 – July 30, 2022* by Age

Age Category (years)	Number of P&I Deaths ⁺	Mortality Rate (per 100,000)
0 - 4	33	1.52
5 - 17	21	0.38
18 - 49	556	4.11
50 - 64	1396	26.72
65 +	5900	139.17
Overall	7906	25.78

**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 3, 2021 – July 30, 2022* by Health Service Region (HSR)

HSR	Number of P&I Deaths	Mortality Rate (per 100,000)
1	323	34.05
2/3	2244	25.11
4/5N	723	46.57
6/5S	1777	21.48
7	911	24.41
8	829	25.52
9/10	413	25.40
11	685	29.13
Unknown	1	-
Overall	7906	25.78

*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 30.

No influenza-associated pediatric mortalities have been reported in Texas during the 2021-2022 influenza season. Cases of influenza-associated pediatric mortality (children <18 years of age) are reportable year-round by law in Texas.

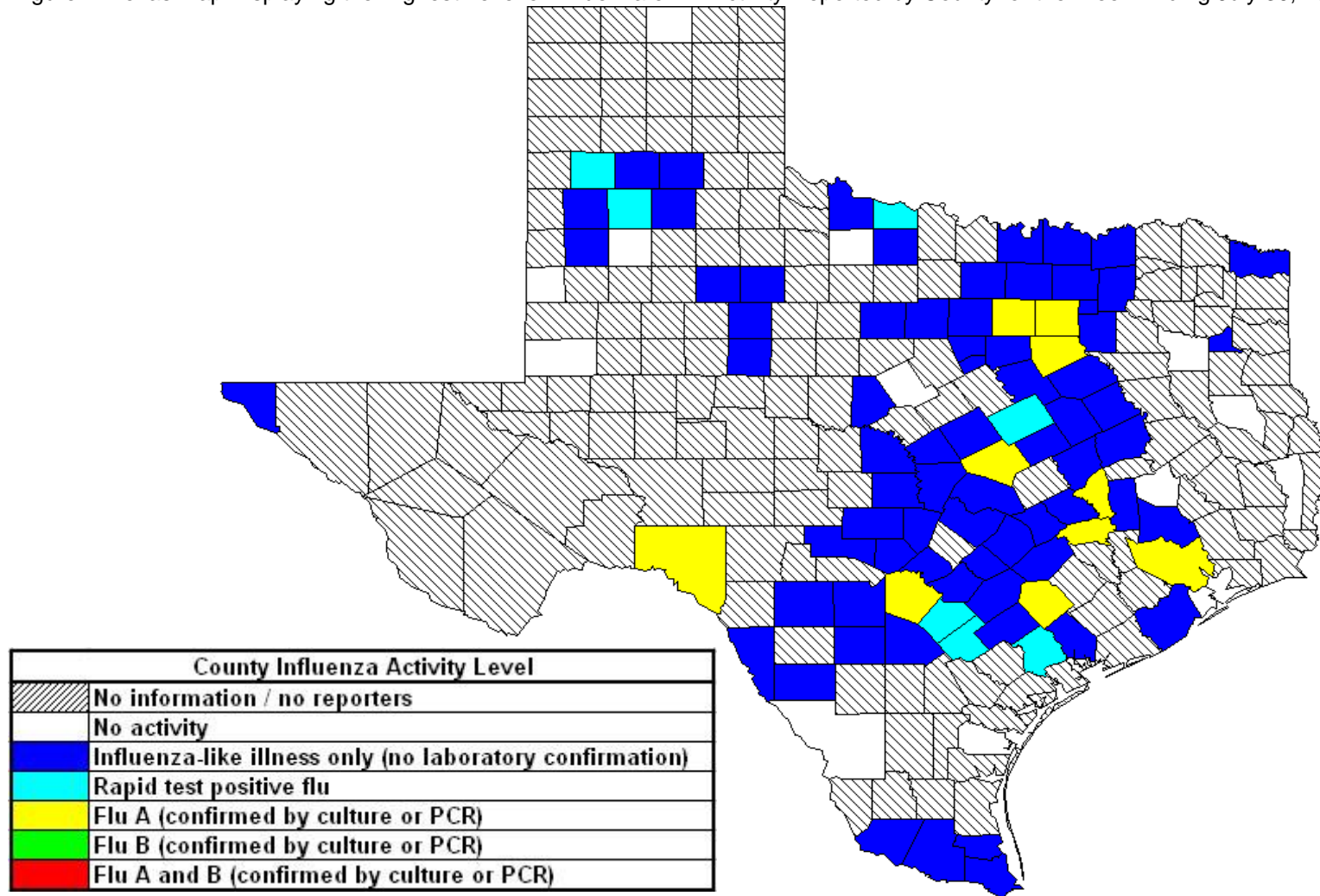
Table 10: Influenza-Associated Pediatric Deaths Reported in Texas during the 2021-2022 Season

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
2021							
October	0	0	0	0	0	0	0
November	0	0	0	0	0	0	0
December	0	0	0	0	0	0	0

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							
January	0	0	0	0	0	0	0
February	0	0	0	0	0	0	0
March	0	0	0	0	0	0	0
April	0	0	0	0	0	0	0
May	0	0	0	0	0	0	0
June	0	0	0	0	0	0	0
July	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0

Statewide Influenza Activity Map

Figure 2: Texas Map Displaying the Highest Level of Influenza or ILI Activity Reported by County for the Week Ending July 30, 2022 (MMWR Week 30)



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 <https://www.dshs.texas.gov/IDCU/disease/influenza/surveillance/Influenza-like-illness-ILI.aspx> 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/>