

## Texas Influenza Surveillance Report 2022-2023 Season/ 2022 MMWR Week 52

(December 25, 2022 – December 31, 2022)  
Report produced on 01/05/2022

### Summary

\*This report excludes COVID-19 data. For information about COVID-19 in Texas, please visit [www.dshs.texas.gov/coronavirus](http://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 decreased. Zero influenza associated pediatric death were identified. One influenza-associated institutional outbreak was reported in a long-term care facility. No school closures 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 <sup>†</sup>	Page of Report
Statewide ILINet Activity Indicator assigned by CDC (intensity of influenza-like illness)	Stayed the Same	Very High	Very High	-
Percentage of specimens positive for influenza by hospital laboratories	▼ 2.91%	10.33%	13.24%	1
Percentage of visits due to ILI (ILINet)	▼ 0.20%	6.53%	6.73%	4
Number of regions reporting increased flu/ILI activity	Stayed the Same	4	4	6
Number of regions reporting decreased flu/ILI activity	▲ 2	4	2	6
Number of variant/novel influenza infections	No change	0	0	6
Number of ILI/influenza outbreaks	Decreased	1	3	6
Number of pediatric influenza deaths	Decreased	0	2	7

<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

	Week 52	Season to Date Week Ending: December 31, 2022
Number of labs reporting flu tests	18	
Number of specimens tested	6087	157871
Number of positive specimens (%) <sup>†</sup>	<b>629 (10.33%)</b>	<b>35477 (22.47%)</b>
Percentage of total tests that were antigen detection tests	27.06%	
<b>Positive specimens by type/subtype [n (%)]</b>		
<b>Influenza A</b>	<b>588 (93.48%)</b>	<b>34775 (98.02%)</b>
Subtyping performed	109 (18.54%)	5748 (16.53%)
A (H1N1)	51 (46.79%)	1497 (26.04%)
A (H3N2)	58 (53.21%)	4251 (73.96%)
Subtyping not performed	479 (81.46%)	29027 (83.47%)
<b>Influenza B</b>	<b>41 (6.52%)</b>	<b>702 (1.98%)</b>

<sup>†</sup>Laboratory data in 2016-2017 and 2017-2018 season reports may not be comparable to reports from seasons previous to 2016-2017 because the data only includes public health laboratories data for the current season (from Week 9, March 9, 2018 flu report)

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

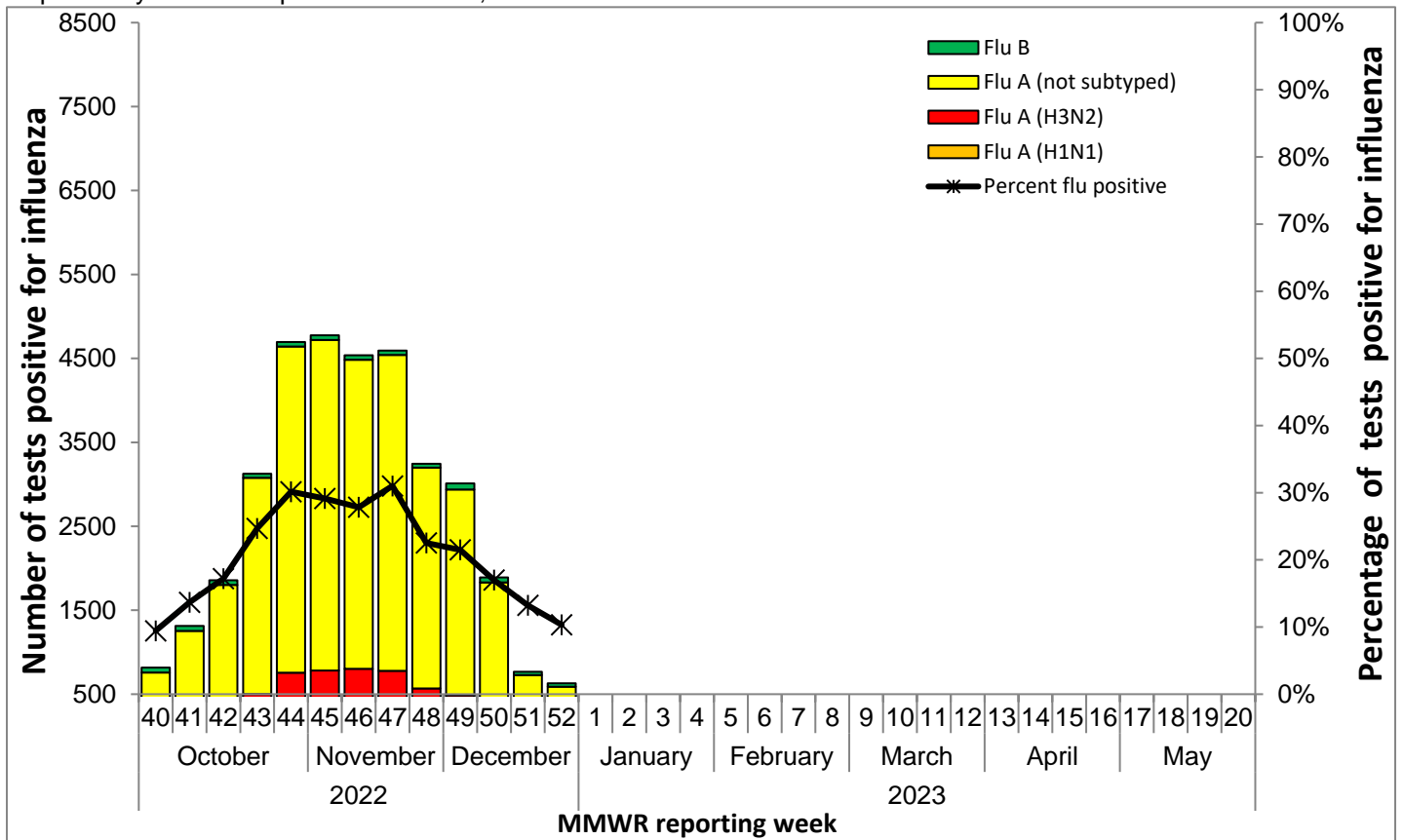


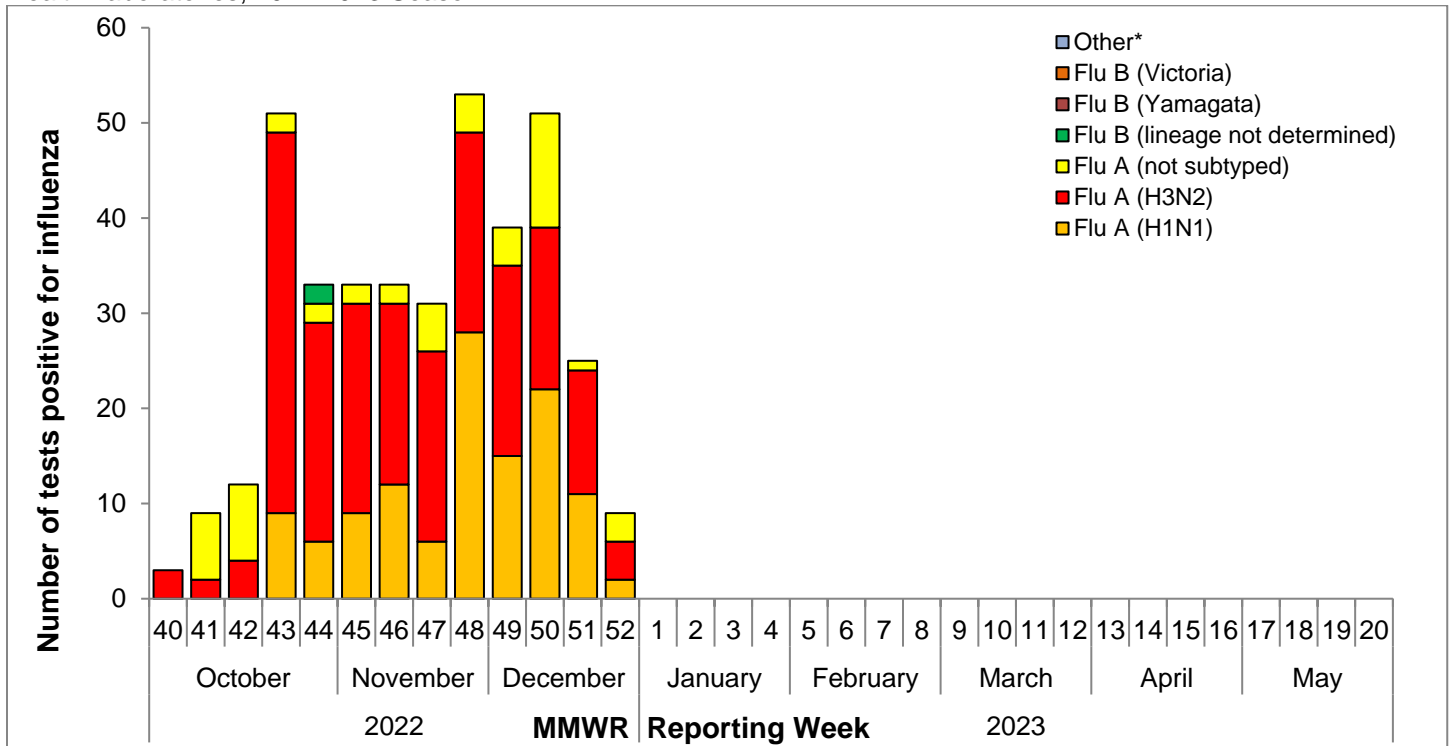
Table 3: Influenza Testing Performed by Texas Public Health Laboratories for the Current Week

	Week 52	Season to Date Week Ending: December 31, 2022
Number of labs reporting flu tests	4	
Number of specimens tested	42	1727
Number of positive specimens (%)†	<b>9 (21%)</b>	382 (22.12%)
<b>Positive specimens by type/subtype/lineage [n (%)]</b>		
<b>Influenza A</b>	<b>9 (100.00%)</b>	<b>380 (99.47%)</b>
Subtyping performed	6 (66.67%)	328 (86.31%)
A (H1N1)	2 (33.33%)	120 (36.59%)
A (H3N2)	4 (66.67%)	208 (63.41%)
Subtyping not performed	3 (33.33%)	52 (13.68%)
<b>Influenza B</b>	<b>0 (0.00%)</b>	<b>2 (0.53%)</b>
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%)	2 (100.00%)
<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))

†Laboratory data in 2016-2017 and 2017-2018 season reports may not be comparable to reports from seasons previous to 2016-2017 because the data only includes public health laboratories data for the current season (from Week 9, March 9, 2018 flu report)

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)	16	1743	293	16.81%
HMPV	16	1743	218	12.51%
Parainfluenza virus	16	1743	112	6.43%
Rhino/enterovirus	16	1743	451	25.87%
RSV <sup>†^</sup>	18	4033	235	5.83%
Seasonal coronavirus (does not include MERS-CoV or COVID-19)	16	1743	175	10.04%

<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>.

**Antigenic Characterization**

Antigenic characterization data for Texas specimens are not currently available. The DSHS Laboratory sends a representative sample of influenza viruses to the CDC throughout the flu season.

**Antiviral Resistance**

Antiviral resistance testing data for Texas specimens are not currently available.

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

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

Week 52	
Number of providers reporting	48
Number of providers reporting patient visits	47
Number (%) of providers with at least one ILI case	40 (85%)
Percentage of all visits due to ILI	6.53%
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 01/05/2022 11:35 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	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	60	1405	2461	569	431	130	4996	50371	9.92%
202246	49	1106	1755	431	159	142	3593	36326	9.89%
202247	60	1431	1861	1052	377	208	4929	53304	9.25%
202248	58	1347	1870	1132	438	285	5072	62099	8.17%
202249	55	1168	1887	880	379	251	4565	57691	7.91%
202250	56	1074	1566	786	324	226	3976	56203	7.07%
202251	53	785	1017	741	303	217	3063	45522	6.73%
202252	48	947	916	1080	473	385	3801	58216	6.53%

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

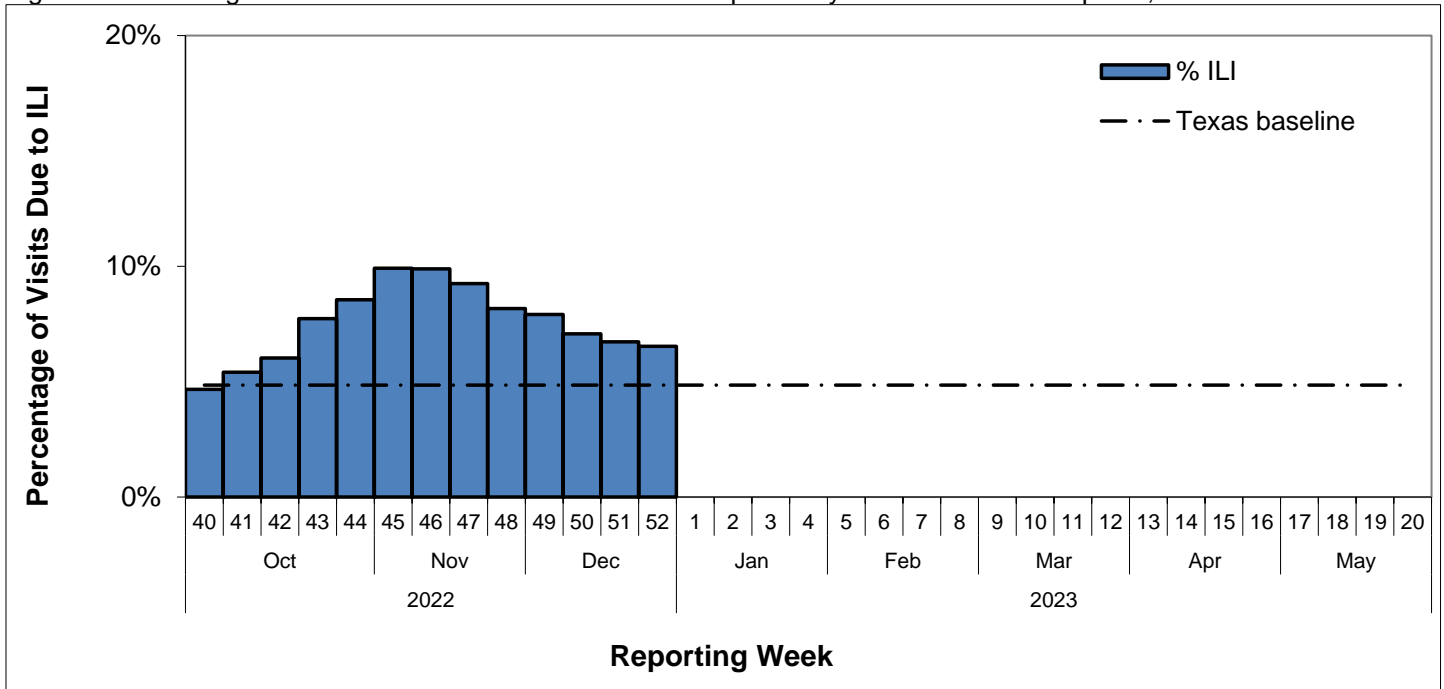
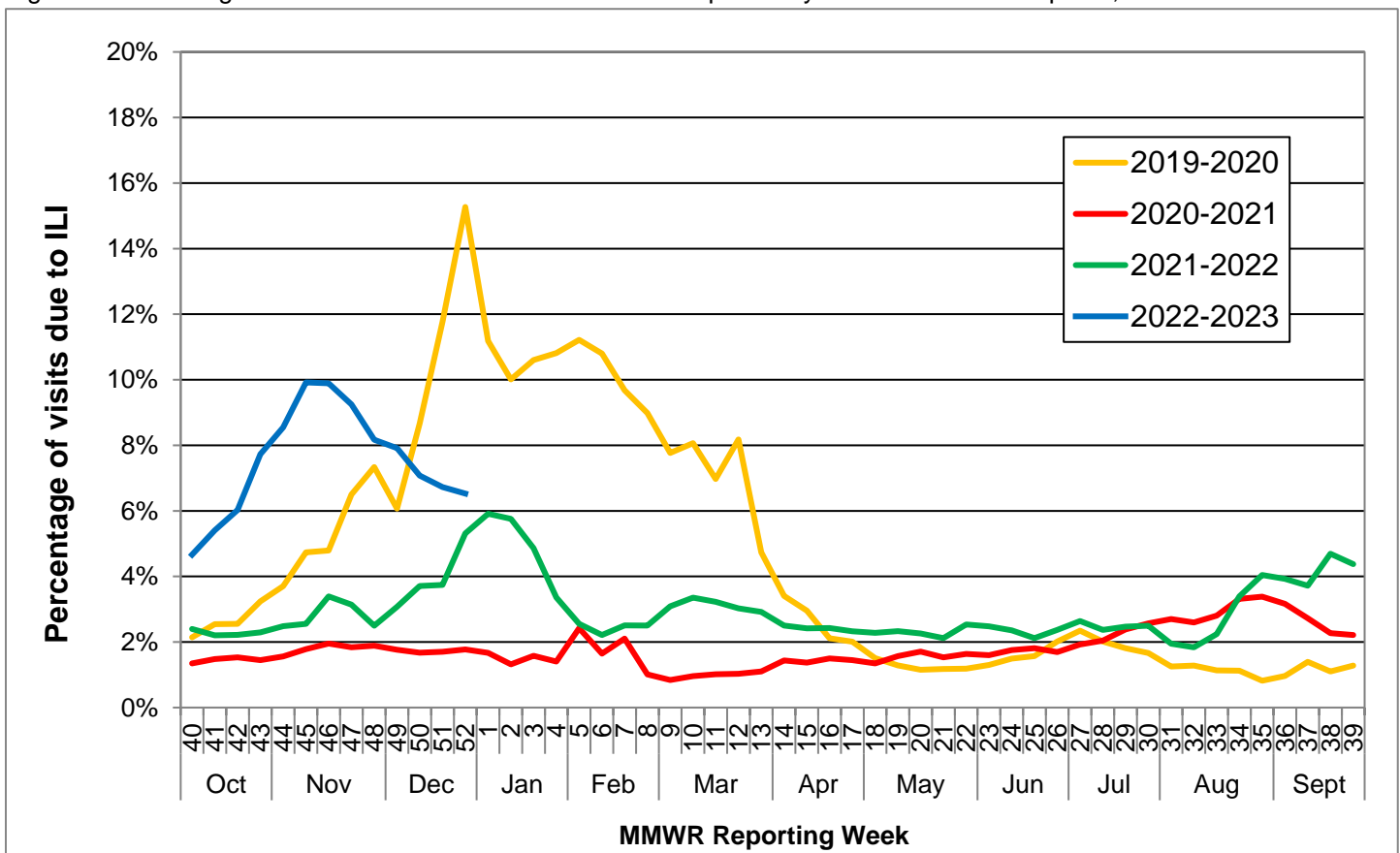


Figure 4: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2019–2023 Seasons



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 eight Health Service Regions (HSRs) during week 52.

Table 7: Influenza Activity compared to week 51 by Health Service Region (HSR)

Influenza Activity Comparison	
Increased	4/5N, 6/5S, 8, and 11
Same	
Decreased	1, 2/3, 7, and 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 institutional outbreak was reported in week 52. The identified outbreak was reported from Public Health Region 2/3. The flu outbreak occurred in a long-term care facility and was identified as Influenza A with rapid antigen testing. Facility isolation procedures were enacted, and educational material provided to mitigate outbreak spread. Outbreaks will continue to be monitored until closure. Health departments remain in communication with facilities experiencing these outbreaks to offer outbreak guidance, and aid when 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.

Two thousand three hundred and fifty-nine (2359) P&I deaths have been reported in Texas during the 2022-2023 influenza season.

Table 8: Texas P&I Deaths Occurring October 2, 2022– December 31, 2022\* by Age

Age Category (years)	Number of P&I Deaths <sup>+</sup>	Mortality Rate (per 100,000)
0 - 4	11	0.50
5 - 17	<10	-
18 - 49	154	1.12
50 - 64	401	7.62
65 +	1785	40.47
Overall	2359	7.57

\*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– December 31, 2022\* by Health Service Region (HSR)

HSR	Number of P&I Deaths <sup>+</sup>	Mortality Rate (per 100,000)
1	105	10.93
2/3	682	7.73
4/5N	173	11.13
6/5S	538	6.21
7	253	7.16
8	243	5.76
9/10	139	13.30
11	226	9.51
Unknown	-	-
Overall	2359	7.57

\*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 for week 52.

Seven 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.

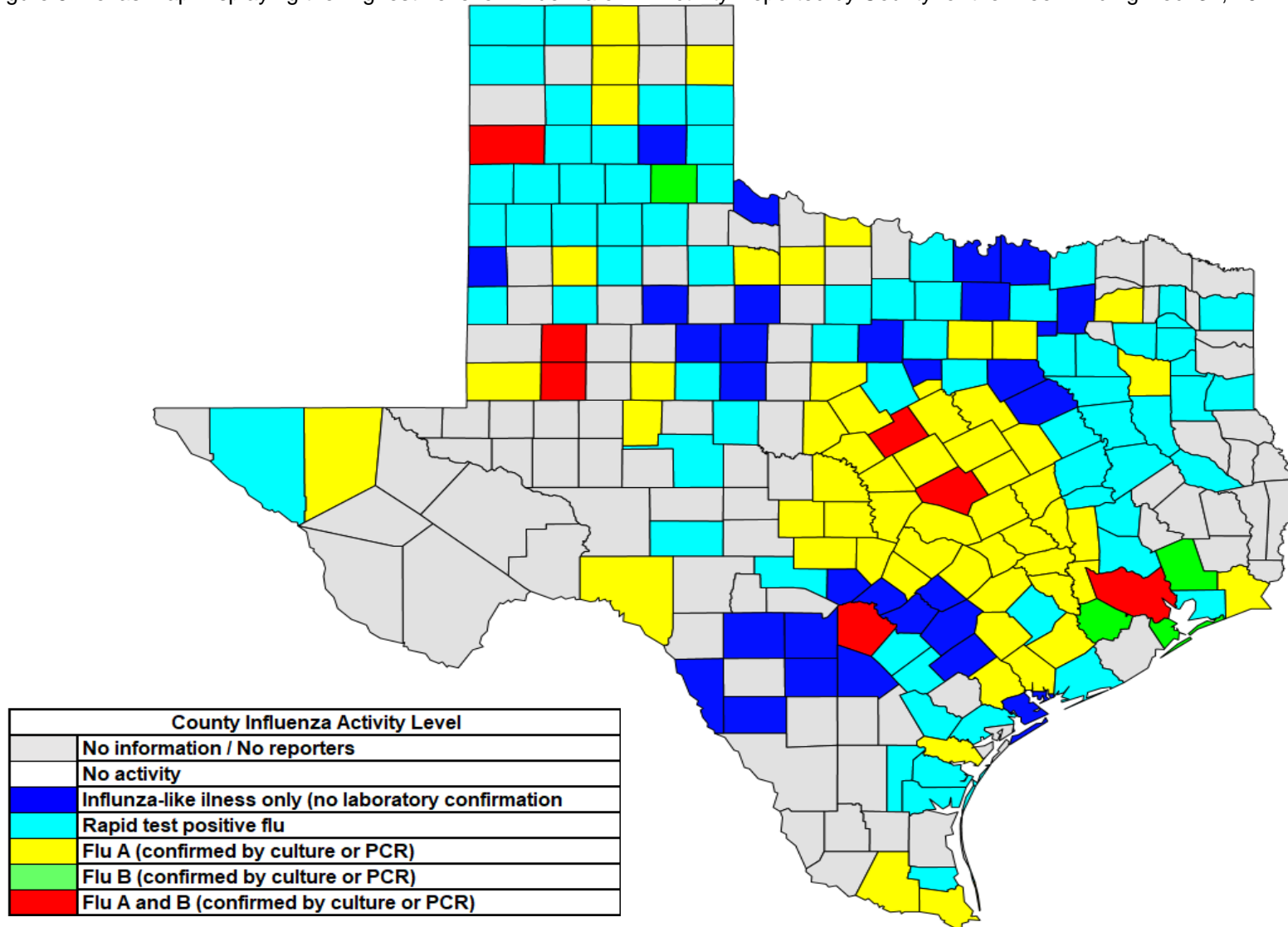
Table 10: Influenza-Associated Pediatric Deaths Reported in Texas during the 2022-2023 Season

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	0	0	0	0	2
December	0	1	1	0	0	0	2
<b>Total*</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>7</b>

\*Total count of typed cases may be adjusted as lab testing and case investigation is 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 Dec. 31, 2022 (MMWR Week 52)



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/>