



Travis County Influenza Surveillance

Summary – Season 2016-2017 (Data through the week ending January 28, 2017).

Travis County influenza and influenza-like illness (ILI) activity:

- Since January 15th, influenza activity in Travis has increased. Increased influenza activity is expected for several weeks.
- The percent of emergency visits for ILI was above levels observed in previous seasons at this time.
- There no deaths related to influenza.
- CDC recommends annual vaccination for everyone ≥6 months old. Is not too late to get the vaccine for the 2016-2017 influenza season. If you have not gotten vaccinated yet, you should get vaccinated now.
- For the week ending January 28, one outbreak of influenza was reported in a long-term care facility.
- Since the start of the 2016-2017 influenza season, the most common influenza subtype detected has been influenza A.
- Seasons in which influenza A (H3) predominates have been associated with more severe illness, particularly in young children and adults ≥65 years old.
- While influenza A (H3) viruses have predominated during the early season, the past two weeks have shown an increase in influenza B (Yamagata lineage). The vaccine is a good match to the circulating influenza.
- PCR testing is performed for specimens referred by area sentinel Influenza surveillance reporters. Providers interested in becoming sentinel providers may call the Austin/Travis County Health and Human Services Epidemiology and Health Statistics Unit at (512) 972-5555.

Texas influenza activity:

- Influenza activity has been increasing in Texas over the past couple of weeks.
- Compared to the previous week, the percentage of specimens testing positive for influenza reported by hospital laboratories slightly increased, while the percentage of specimens testing positive for influenza reported by public health laboratories and the percentage of patient visits due to influenza-like illness (ILI) marginally decreased.

Austin/Travis County influenza surveillance does not attempt to capture all cases of influenza or influenza-like illness. These data should be used for trending purposes over time and for identifying types/strains of influenza that are occurring in the Austin area rather than for estimating the total number of cases.





- Four influenza outbreaks were reported.
- No influenza-associated pediatric deaths were reported.
- In addition to flu, other respiratory viruses—especially RSV and rhino/enteroviruses—were detected in Texas during week ending January 21.
- There is increased risk for highly pathogenic avian influenza (HPAI) H5 virus identification in birds during the fall and winter migratory season. HPAI H5 has not been identified in Texas birds and would be expected to be seen in more northerly states first, but identifications are possible.
- Due to the annual epidemics of human infections with avian influenza A (H7N9) virus, CDC has recommended to Public health officials should consider H7N9 virus infection as a possible etiology among travelers returning from China with severe respiratory illness, especially if they have exposure to poultry.

Preventive Actions:

- The CDC recommends that anyone six months of age and older should be vaccinated for the flu every flu season. Individuals who are at high risk are especially advised to be vaccinated. High risk individuals are as follows:
 - $\circ~$ Persons 65 years of age and older
 - Pregnant women
 - o Individuals with certain chronic medical conditions, including diabetes, asthma, heart and lung disease
 - o Health care workers
 - \circ $\;$ Individuals who live with and/or care for high risk individuals
- In addition to the vaccine, there are certain preventive measures an individual can take to prevent the flu:
 - Wash your hands often with soap and water, or use an alcohol-based hand sanitizer if soap is not available.
 - Practice proper sneezing and coughing measures.
 - Avoid touching your nose, mouth and eyes.
 - Avoid coming into contact with an individual who is sick.
 - If you are sick, stay home until you are fever free for 24 hours without the use of fever-reducing medications.

Although these preventive actions are highly recommended they do not take the place of the flu vaccine.

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Positive

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0%

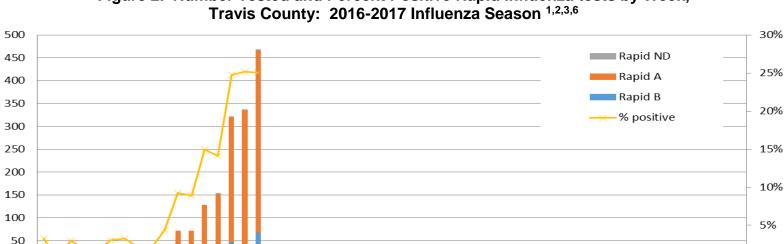
12/24/2016 12/31/2016 1/7/2017 Week Ending 12/10/2016 12/17/2016 1/14/2017 1/21/2017 1/28/2017 MMWR⁴ Week 2 3 49 50 51 52 1 4 # Influenza Rapid Tests Performed 857 637 779 800 1090 1296 1339 1869 72 # Total Positive Influenza Tests 28 71 128 154 321 337 468 % Positive Influenza Tests 4.4% 9.2% 8.9% 14.9% 14.1% 24.8% 25.2% 25.0% 15 # Positive A Influenza 58 41 91 121 273 298 398 38 # Positive B Influenza 13 14 30 37 31 47 68 # Non-Differentiated Influenza⁵ 0 0 0 0 2 1 1 2

Figure 1. Influenza Surveillance for the last 8 weeks, Travis County Providers ^{1,2,3}

Data source: Austin/Travis County Influenza surveillance reporters

Tested

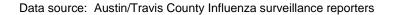
0



MMWR Week

10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40

Figure 2. Number Tested and Percent Positive Rapid Influenza tests by Week,



2

4

6

8

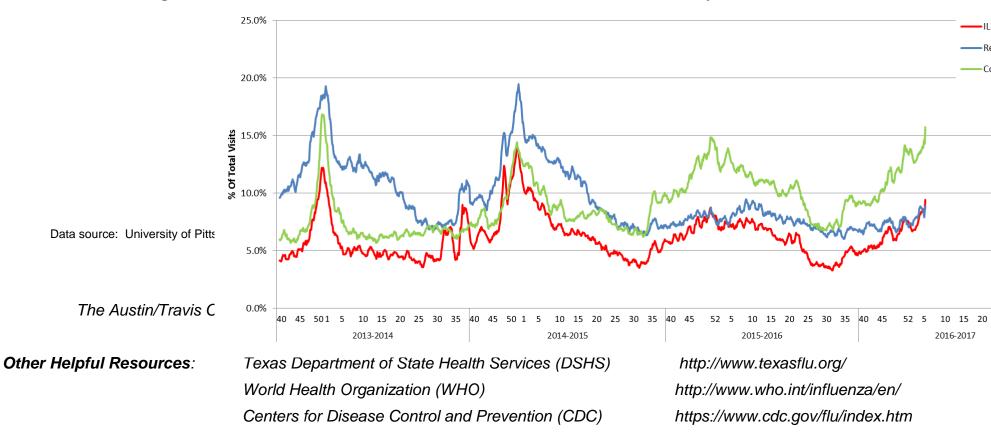
40 42 44 46 48 50 52

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Figure 3. Real-time Outbreak and Disease Surveillance Data, Travis County: 2010-2017



¹ Influenza is not a reportable condition in Texas; therefore, data is provided by sentinel surveillance reporters and is only a sample of the Influenza activity occurring in the Austin/Travis County area

² Data represent rapid Influenza testing; these tests provide quick results reporting only Influenza A or B (no subtyping). Early in the flu season, results should be used with caution due to false positive results which can occur, especially during times when Influenza activity is low

³ Influenza data is collected from a variety of reporters; the number of reporters can vary from week to week

 $^{^4}$ MMWR is the Morbidity and Mortality weekly report week published by the CDC

⁵ Influenza A is commonly split into 2 subtypes: H1N1 and H3N2. Both strains can circulate each Influenza season

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⁶ Data for Austin/Travis County ILI reporters only; the number of reporters can vary from week to week

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