

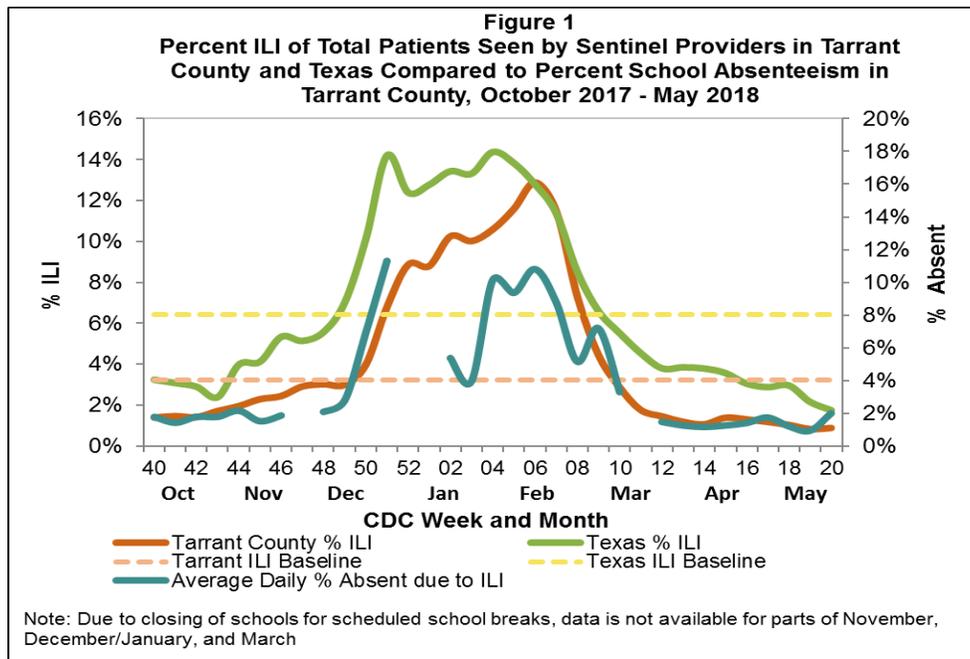


## Tarrant County Influenza Surveillance Activity Summary October 2017 – May 2018

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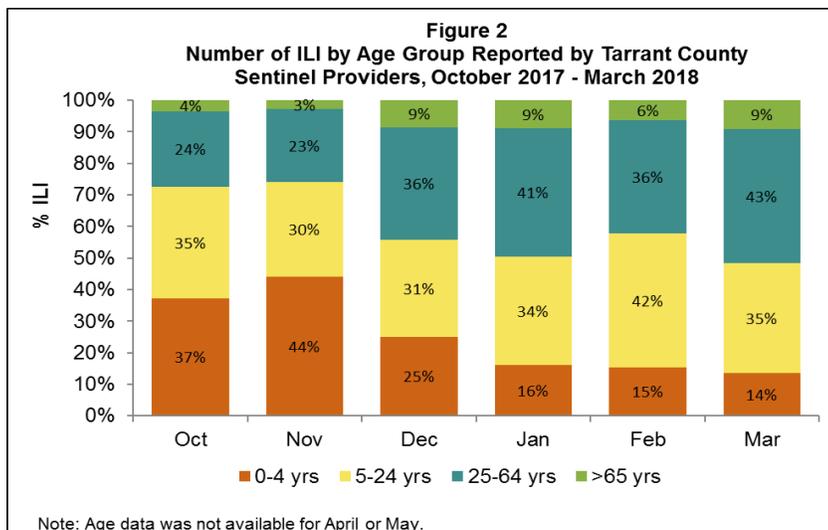
### What was the 2017-2018 flu season like?

Tarrant County influenza activity in the 2017-2018 influenza season peaked in early February, which was also when the 2016-2017 season peaked. During the 2017-2018 season, activity was at or above the Tarrant County baseline for twelve consecutive weeks, which is longer than the five weeks above baseline in the 2016-2017 season. The first week that influenza activity was above the Tarrant County baseline was CDC Week 50 (December 10-16, 2017) and the last week was CDC Week 9 (February 25-March 3, 2018).



### When did the 2017-2018 flu season peak?

Tarrant County influenza activity peaked during CDC Week 6 (February 4-10, 2018), which was two weeks after influenza activity peaked for Texas. Student absenteeism due to influenza-like illness (ILI) in Tarrant County peaked twice during the season: during CDC Week 3 (January 14-20, 2018) and during CDC Week 6 (February 5-11, 2018).

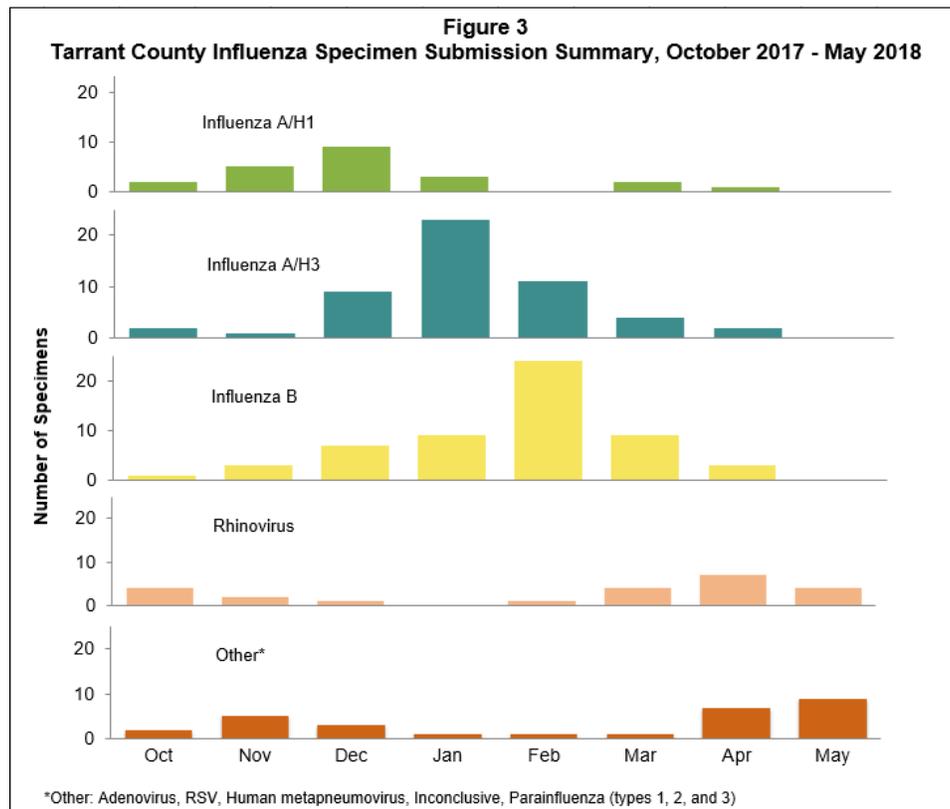


### What age groups had the highest reported ILI numbers this season?

Throughout the 2017-2018 influenza season, the number of reported ILI was generally highest among 25-64 year olds. Individuals 25 to 64 years of age accounted for the majority of ILI in December, January, and March (36%, 41%, 43%) (Figure 2). The number of reported ILI among individuals 65 years and older was consistently lower than that of other age groups. Reported ILI peaked in February with over 3,200 influenza-like illnesses in CDC Week 6, of which people 5 to 24 years of age comprised the greatest proportion of ILI (43%). In October and November, the majority of ILI was reported in those 0-4 years of age (37%, 44%).

## What viruses circulated this season?

Of the 296 specimens submitted during the 2017-2018 season for testing to the North Texas Regional Laboratory (NTRL), approximately 61% were positive for at least one of the tested respiratory viruses. Among specimens testing positive for influenza (130), the majority subtyped as influenza B (43%) or influenza A/H3N2 (40%) followed by influenza A/H1N1 (17%). In October, April, and May, other respiratory viruses were more common than influenza, especially rhinovirus. Before the peak of flu activity in the 2017-2018 season, more specimens were positive for influenza A than B, but that changed starting in February and influenza B remained the most common influenza strain for the rest of the season (Figure 3).



## What ongoing program activities does Tarrant County conduct?

As in previous years, the Tarrant County Public Health Influenza Surveillance Program continues to conduct year-round influenza surveillance including influenza-like illness surveillance in schools and syndromic surveillance. Additionally, NTRL conducts tests on submitted specimens for influenza (by subtype) as well as for parainfluenza (types 1, 2, and 3), RSV, adenovirus, human metapneumovirus, and rhinovirus. To obtain updates on weekly influenza activity within Tarrant County, visit [flu.tarrantcounty.com](http://flu.tarrantcounty.com). If your facility would like to partner with our program as a sentinel provider site or weekly data reporter, contact Laura Lockwood, MPH, *Tarrant County Public Health Influenza Surveillance Specialist*, at (817) 321-4726 or [LBLockwood@tarrantcounty.com](mailto:LBLockwood@tarrantcounty.com).

## What can be expected for the 2018-2019 influenza season?

The week beginning September 30, 2018, marks the beginning of the 2018-2019 influenza season. Predicting the exact timing of influenza activity and which strains will dominate remains challenging. In February 2018, experts from the World Health Organization released their selection of proposed 2018-2019 northern hemisphere vaccine strains based on national and global surveillance. The U.S. Food and Drug Administration (FDA) Vaccines and Related Biological Products Advisory Committee (VRBPAC) adopted the proposed vaccine strains for the trivalent vaccine:

- an A/Michigan/45/2015 (H1N1)pdm09-like virus
- an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus
- a B/Colorado/06/2017-like virus (Victoria lineage)

The committee also recommended that quadrivalent vaccines contain a B/Phuket/3073/2013-like virus (Yamagata lineage) in addition to the above-mentioned virus strains.<sup>1,2</sup>

Current guidelines for the use of antiviral agents for the treatment and chemoprophylaxis of influenza can be found at <https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>.

1. "Prevention and Control of Seasonal Influenza with Vaccines Recommendations of the Advisory Committee on Immunization Practices — United States, 2018–19 Influenza Season." *MMWR*. Centers for Disease Control and Prevention, 24 August 2018. Web. 28 August 2018.

2. "Frequently Asked Flu Questions 2018-2019 Influenza Season." *Influenza (FLU)*. Centers for Disease Control and Prevention, 30 August 2018. Web. 17 September 2018.

3. "2018-2019 Summary of Recommendations." *Influenza (Flu)*. Centers for Disease Control and Prevention, 5 September 2018. Web. 17 September 2018.

## What are the influenza vaccination recommendations for the 2018-2019 season?

The Advisory Committee on Immunization Practices (ACIP) released updated influenza vaccination recommendations for the 2018-2019 influenza season on the CDC MMWR webpage on August 24, 2018. These recommendations are available on the Tarrant County Public Health Influenza Surveillance website.

### Influenza Vaccination recommendation summary:

- Annual vaccination with an age-appropriate flu vaccine is recommended for people 6 months of age or older with rare exception. Vaccine options include injectable flu vaccines and live attenuated flu vaccines or nasal spray.<sup>1</sup>
- Children 6 months to 8 years of age should receive 2 doses, at least 4 weeks apart, during their first season of vaccination<sup>1</sup>
- Target groups include people who are at high risk of developing serious complications and those who live with or care for those at high risk. Target priority groups for influenza vaccination include:
  - Children aged 6 months through 4 years (59 months)
  - People aged 50 years and older
  - People with chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)
  - People who are immunosuppressed (including immunosuppression caused by medications or by human immunodeficiency virus)
  - Women who are or will be pregnant during the influenza season
  - People who are aged 6 months through 18 years and receiving aspirin- or salicylate- containing medications and who therefore might be at risk for experiencing Reye syndrome after influenza virus infection
  - People who are residents of nursing homes and other chronic-care facilities
  - American Indians/Alaska Natives
  - People who are morbidly obese (body-mass index is 40 or greater)
  - Healthcare personnel in inpatient and outpatient care settings, medical emergency-response workers, employees of nursing home and long-term care facilities who have contact with patients or residents, and students in these professions who will have contact with patients
  - Household contacts and caregivers of children younger than 5 years and adults aged 50 years and older, with particular emphasis on vaccinating contacts of children aged younger than 6 months
  - Household contacts and caregivers of people with medical conditions that put them at high risk of severe complications from influenza<sup>3</sup>
- Vaccination is currently NOT recommended for some people:
  - Children younger than 6 months
  - People with severe, life-threatening allergies to flu vaccine or any ingredient in the vaccine. This might include gelatin, antibiotics, or other ingredients. See the CDC's website for more information<sup>1</sup>
  - There are certain flu shots that have different age indications
- Some people should talk to their doctor before getting the flu shot:  
(<https://www.cdc.gov/flu/protect/vaccine/vaccines.htm>)
  - People with an allergy to eggs or any of the ingredients in the vaccine
  - People that have ever had Guillain-Barré Syndrome
  - People that are not feeling well<sup>1</sup>

For detailed recommendations and information about the different influenza vaccines available and their specific recommendations and precautions, please visit the CDC influenza webpage or contact Laura Lockwood, *Tarrant County Public Health Influenza Surveillance Specialist* at [LBLockwood@tarrantcounty.com](mailto:LBLockwood@tarrantcounty.com).

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