TEXAS Health and Human Services | Texas Department of State Health Services

Texas Respiratory Virus Surveillance Report
2024-2025 Season 2025 MMWR Week 34

(August 17, 2025 – August 23, 2025)
Report produced on August 29, 2025

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Influenza Surveillance

Summary

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. There were no influenza-associated pediatric deaths reported, and no influenza-associated outbreaks reported in Week 34.

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	▼ 0.19%	0.35%	0.54%	2
Percentage of visits due to ILI (ILINet)	▲ 0.49%	1.97%	1.48%	4
Number of regions reporting increased flu/ILI activity	▲2	2	0	7
Number of regions reporting decreased flu/ILI activity	▼2	1	3	7
Number of variant/novel influenza infections	No Change	0	0	7
Number of ILI/influenza outbreaks	No Change	0	0	7
Number of pediatric influenza deaths	No Change	0	0	8

†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 (Tables 2 and 3). 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 34	Season to Date Week Ending August 23, 2025
Number of labs reporting flu tests	13	
Number of specimens tested	3,973	219,637
Number positive specimens (%)	**14 (0.35%)**	**31,448 (14.32%)**
Percentage of total tests that were antigen detection tests	6.12%	
Positive specimens by type/subtype [n (%)]		
Influenza A	**10 (71.43%)**	**29,463 (93.69%)**
Subtyping performed	6 (60.00%)	6,781 (23.02%)
A (H1N1)	3 (50.00%)	2,313 (34.11%)
A (H3N2)	3 (50.00%)	4,468 (65.89%)
Subtyping not performed	4 (40.00%)	22,682 (76.98%)
Influenza B	**4 (28.57%)**	**1,985 (6.31%)**

Figure 1: Number and Percentage of Tests (Antigen, Culture, PCR) Positive for Influenza by Type and Subtype Reported by Texas Hospital Laboratories, 2024-2025 Season

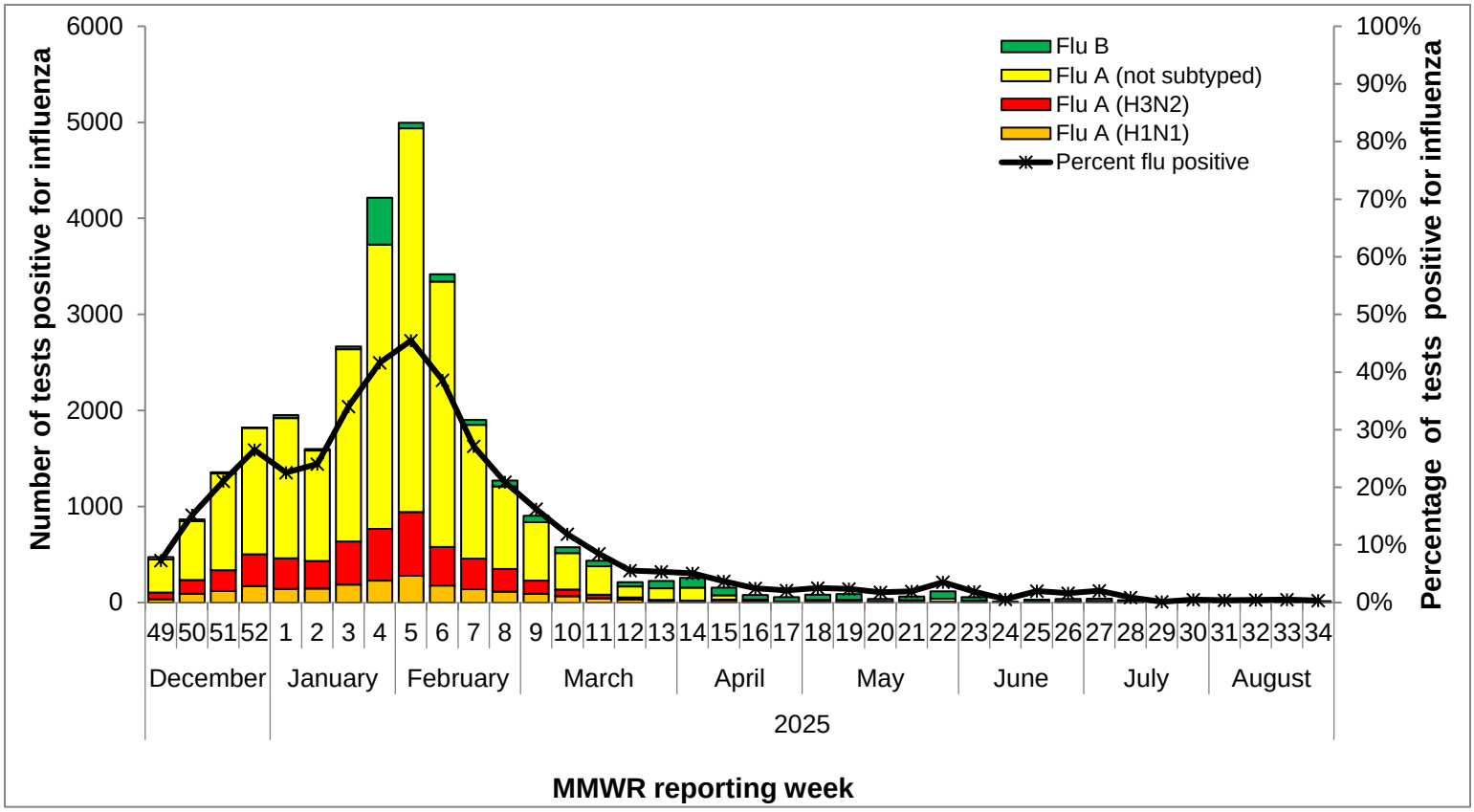
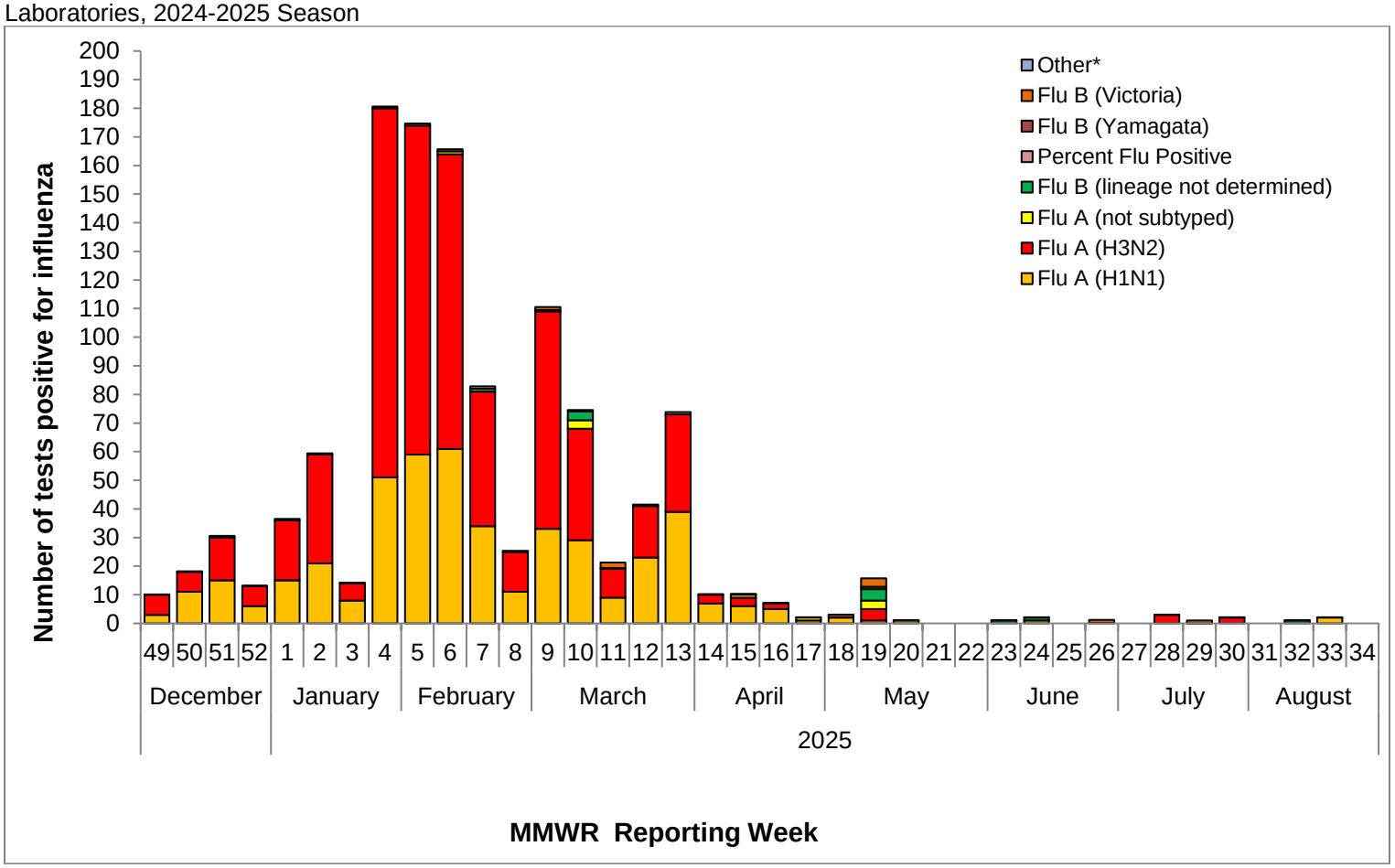


Table 3: Influenza Testing Performed by Texas Public Health Laboratories for the Current Week

	Week 34	Season to Date Week Ending: August 23, 2025
Number of labs reporting flu tests	5	
Number of specimens tested	47	3,203
Number of positive specimens (%)	**0 (0.00%)**	**1,212 (37.84%)**
Positive specimens by type/subtype/lineage [n (%)]		
Influenza A	**0 (0.00%)**	**1,192 (98.35%)**
Subtyping performed	0 (0.00%)	1,183 (99.24%)
A (H1N1)	0 (0.00%)	471 (39.81%)
A (H3N2)	0 (0.00%)	712 (60.19%)
Subtyping not performed	0 (0.00%)	9 (0.76%)
Influenza B	**0 (0.00%)**	**20 (1.65%)**
Lineage testing performed	0 (0.00%)	9 (45.00%)
B/Victoria	0 (0.00%)	9 (100.00%)
B/Yamagata	0 (0.00%)	0 (0.00%)
Lineage testing not performed	0 (0.00%)	11 (55.00%)
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))

Figure 2: Number of Tests (PCR) Positive for Influenza by Type, Subtype, and Lineage Reported by Texas Public Health Laboratories, 2024-2025 Season



Subtype Final/Antigenic Characterization

Since September 29, 2024, CDC has reported subtype final/antigenic characterization results from Thirty-Five (35) Influenza A (H1N1), Thirty-Five (35) Influenza A (H3N2), and Nine (9) Influenza B virus received from the Texas Department of State Health Services (DSHS) Laboratory and the City of Houston Department of Health. The DSHS Laboratory and participating LRN Laboratories send a representative sample of influenza viruses to the CDC throughout the flu season.

Antiviral Resistance

No antiviral resistance testing data for Texas specimens is available presently.

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

Table 4: Texas ILINet Reporting and Patient Visit Summary for the Current Week

	Week 34
Number of providers reporting	40
Number of providers reporting patient visits	38
Number (%) of providers with at least one ILI case	31 (81.6%)
Percentage of all visits due to ILI	1.97%
Texas ILINet baseline‡, 2024-2025	4.40%

‡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 is a patient with fever (≥ 100°F, 37.8°C) AND cough and/or sore throat.

Table 5: Percentage of Visits for Influenza-like Illness Reported by Texas ILINet Providers (as of 08/28/2025 9:55 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+			
202440	50	364	689	345	98	68	1564	53241	2.94%
202441	50	433	634	324	123	49	1563	52830	2.96%
202442	50	423	562	332	112	49	1478	56519	2.62%
202443	50	351	657	312	111	61	1492	52656	2.83%
202444	50	427	703	322	117	54	1623	51880	3.13%
202445	49	547	716	280	92	63	1698	51742	3.28%
202446	50	651	766	355	181	81	2034	52431	3.88%
202447	50	642	845	463	151	93	2194	52229	4.20%
202448	49	617	494	318	109	75	1613	40295	4.00%
202449	49	514	705	528	206	143	2096	52098	4.02%
202450	50	577	866	459	190	139	2231	50277	4.44%
202451	48	708	960	572	166	158	2564	48475	5.29%
202452	47	880	873	759	284	242	3038	42938	7.08%
202501	48	526	573	741	324	261	2425	34955	6.94%
202502	48	497	923	706	336	225	2687	45339	5.93%
202503	48	550	1161	852	327	196	3086	52294	5.90%
202504	49	623	1557	1014	362	201	3757	47313	7.94%
202505	50	854	2799	1405	597	409	6064	58223	10.42%
202506	50	755	2193	1256	509	347	5060	57906	8.74%
202507	49	469	1079	781	300	230	2859	48217	5.93%
202508	49	527	1129	721	352	197	2926	48255	6.06%
202509	48	601	1242	777	358	189	3167	57270	5.53%
202510	49	455	955	593	268	123	2394	49653	4.82%
202511	47	424	626	506	234	133	1923	44312	4.34%
202512	48	422	642	466	199	131	1860	49449	3.76%
202513	49	367	637	396	187	97	1684	50873	3.31%
202514	49	393	616	373	151	96	1629	51004	3.19%
202515	49	378	629	387	159	86	1639	49748	3.29%
202516	48	346	503	277	81	74	1281	43958	2.91%
202517	47	396	563	350	158	87	1554	45365	3.43%
202518	49	377	625	341	118	82	1543	49539	3.11%
202519	49	412	571	340	150	124	1597	48295	3.31%
202520	48	402	610	354	132	74	1572	48599	3.23%
202521	47	361	484	323	127	85	1380	47519	2.90%
202522	48	339	340	289	137	89	1194	43220	2.76%
202523	48	279	288	285	115	67	1034	45513	2.27%
202524	46	262	251	255	145	56	969	43722	2.22%
202525	48	202	220	229	98	78	827	43891	1.88%
202526	48	140	198	196	107	74	715	44282	1.61%
202527	47	153	145	204	69	50	621	40249	1.54%
202528	13	15	13	18	17	3	66	3846	1.72%
202529	14	13	28	11	18	14	84	7239	1.16%
202530	45	97	91	130	51	32	401	38791	1.03%
202531	46	124	104	152	61	48	489	42032	1.16%
202532	45	112	138	156	67	51	524	42625	1.23%

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+			
202533	43	154	162	194	71	54	635	43000	1.48%
202534	40	195	274	197	61	52	779	39532	1.97%

Note: ILI percentages are not static from week to week. ILI percentages can change based on when the providers enter the ILI patient visits as providers can enter patient visits after the initial report week.

Figure 3: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2024-2025 Season

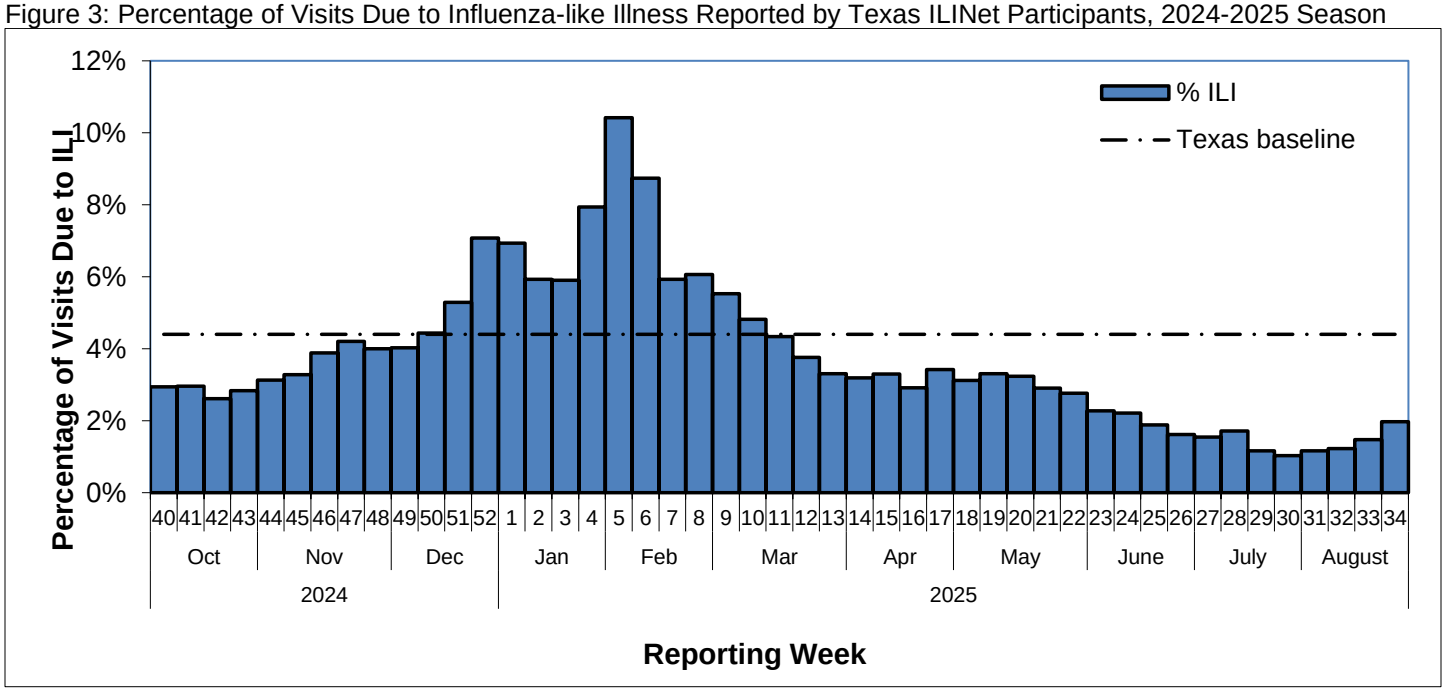
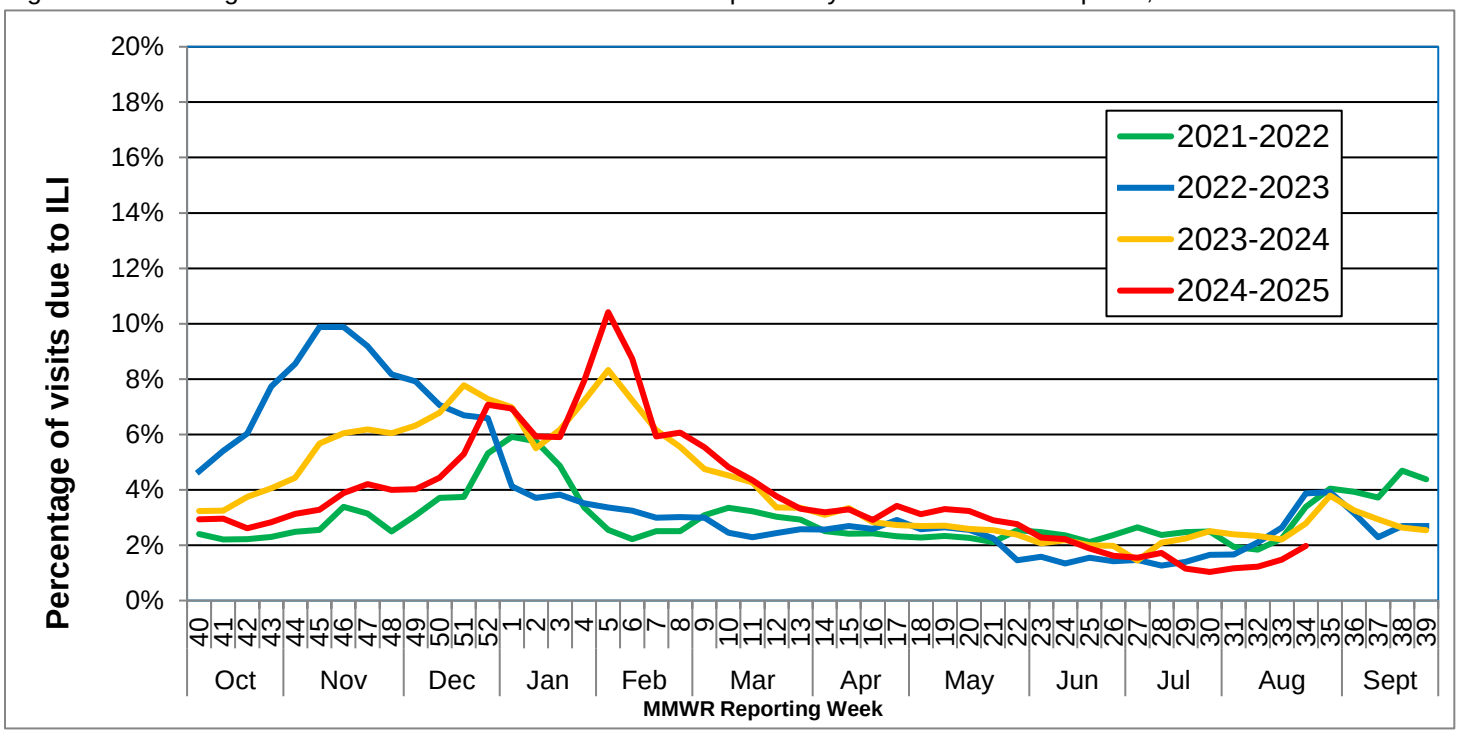


Figure 4: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2021–2025 Seasons



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

Reports from Public Health Regions

Reports were received from Public Health Regions (PHRs) during Week 34.

Table 6: Influenza Activity compared to Week 33 by Public Health Regions (PHRs).

Influenza Activity Comparison	
Increased	8, 6/5S
Same	1, 4/5N, 7, 9/10, 11
Decreased	2/3
Unsure	

Variant Influenza Viruses

No novel/variant influenza viruses have been detected in Texas during the 2024-2025 season.

Institutional Outbreaks and School Closures

No respiratory disease outbreaks were reported in Week 34.

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 illnesses") 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 for pneumonia and influenza related mortality.

Ten Thousand Two Hundred and Two (10202) P&I deaths have been reported in Texas during the 2024-2025 influenza season.

Table 7: Texas P&I Deaths Occurring September 29, 2024– August 23, 2025* by Age.

Age Category (years)	Number of P&I Deaths+	Mortality Rate (per 100,000)
0 – 4	39	1.72
5 - 17	39	0.69
18 – 49	765	5.39
50 - 64	1682	31.58
65 +	7677	161.45
Overall	10202	31.68

*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 8: Texas P&I Deaths Occurring September 29, 2024– August 23, 2025* by Public Health Region (PHR).

PHR	Number of P&I Deaths+	Mortality Rate (per 100,000)
1	371	39.71
2/3	2789	29.66
4/5N	836	53.47
6/5S	2507	28.56
7	1206	30.54
8	1127	32.96
9/10	466	26.62
11	899	37.33
Unknown	1	.
Overall	10202	31.68

*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 mortalities were reported in Week 34.

Eighteen influenza-associated pediatric mortalities (18) have been reported in Texas during the 2024-2025 influenza season.
Cases of influenza-associated pediatric mortality (children <18 years of age) are reportable year-round by law in Texas.

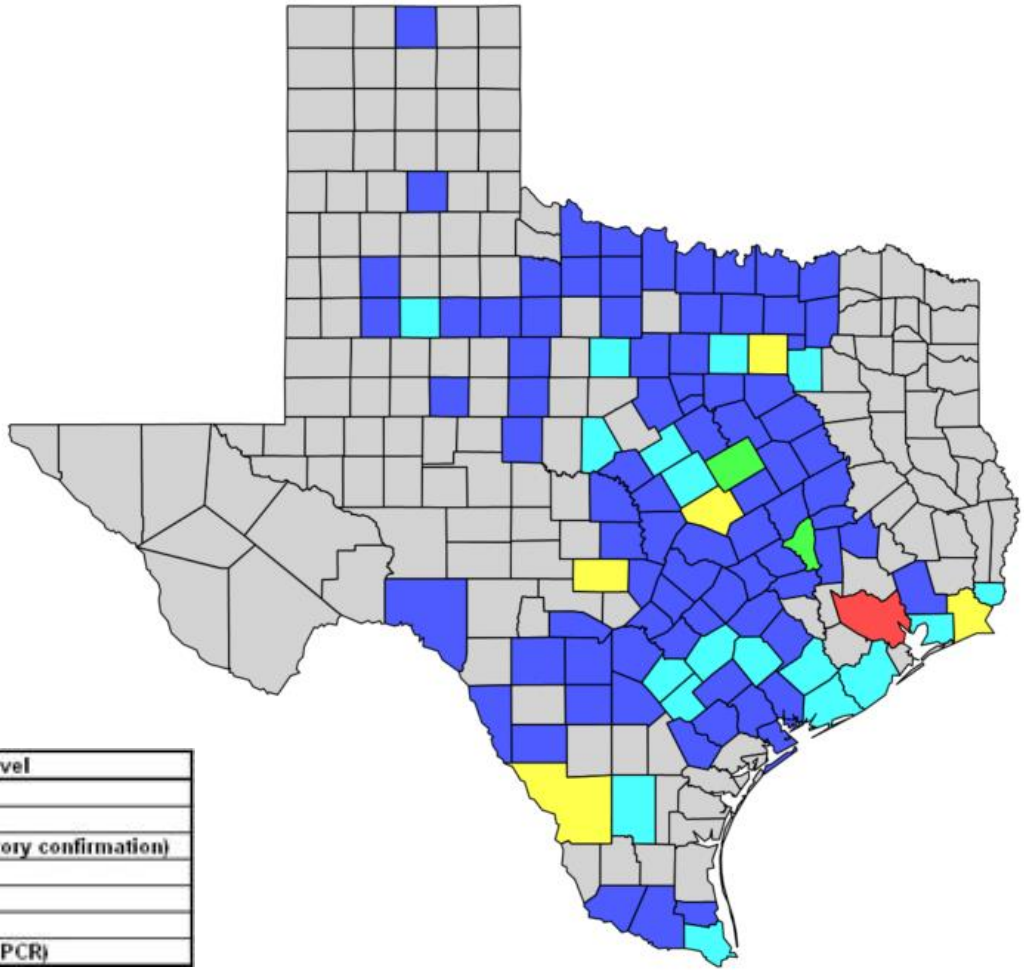
Table 9: Influenza-Associated Pediatric Deaths Reported in Texas during the 2024-2025 Season

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
2024							
October	0	0	0	0	0	0	0
November	0	0	0	0	0	0	0
December	2	3	0	0	0	0	5
2025							
January	1	3	1	0	0	0	5
February	0	1	0	1	0	0	2
March	2	1	0	1	0	0	4
April	0	0	0	0	0	0	0
May	0	0	0	0	0	0	0
June	0	0	0	2	0	0	2
July	0	0	0	0	0	0	0
August	0	0	0	0	0	0	0
Total*	**5**	**8**	**1**	**4**	**0**	**0**	**18**

*Total count of typed cases may be adjusted as lab testing and case investigation are completed; this does not alter total count of all cases (final column).

Statewide Influenza Activity Map

Figure 5: Texas Map Displaying the Highest Level of Influenza or ILI Activity Reported by County for the Week Ending August 23, 2025 (MMWR Week 34)



County Influenza Activity Level
No information / no reporters
No activity
Influenza-like illness only (no laboratory confirmation)
Rapid test positive flu
Flu A (confirmed by culture or PCR)
Flu B (confirmed by culture or PCR)
Flu A and B (confirmed by culture or PCR)

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.

Respiratory Syncytial Virus (RSV) Surveillance

Respiratory Syncytial Virus (RSV) surveillance in Texas utilizes passive surveillance and is based on data submitted by providers and facilities to the National Respiratory and Enteric Virus Surveillance System (NREVSS). Data is reported in aggregate and is utilized by DSHS to produce the weekly surveillance graphs statewide and by health service regions. Some providers report RSV data directly to DSHS. As such, the weekly surveillance graphs may differ from NRVESS data. For a review of available RSV data by region, please see the addendum found at the end of this report.

Figure 6: Number and Percent of Antigen Tests Positive for Respiratory Syncytial Virus in the State of Texas, 2025-2026 Season

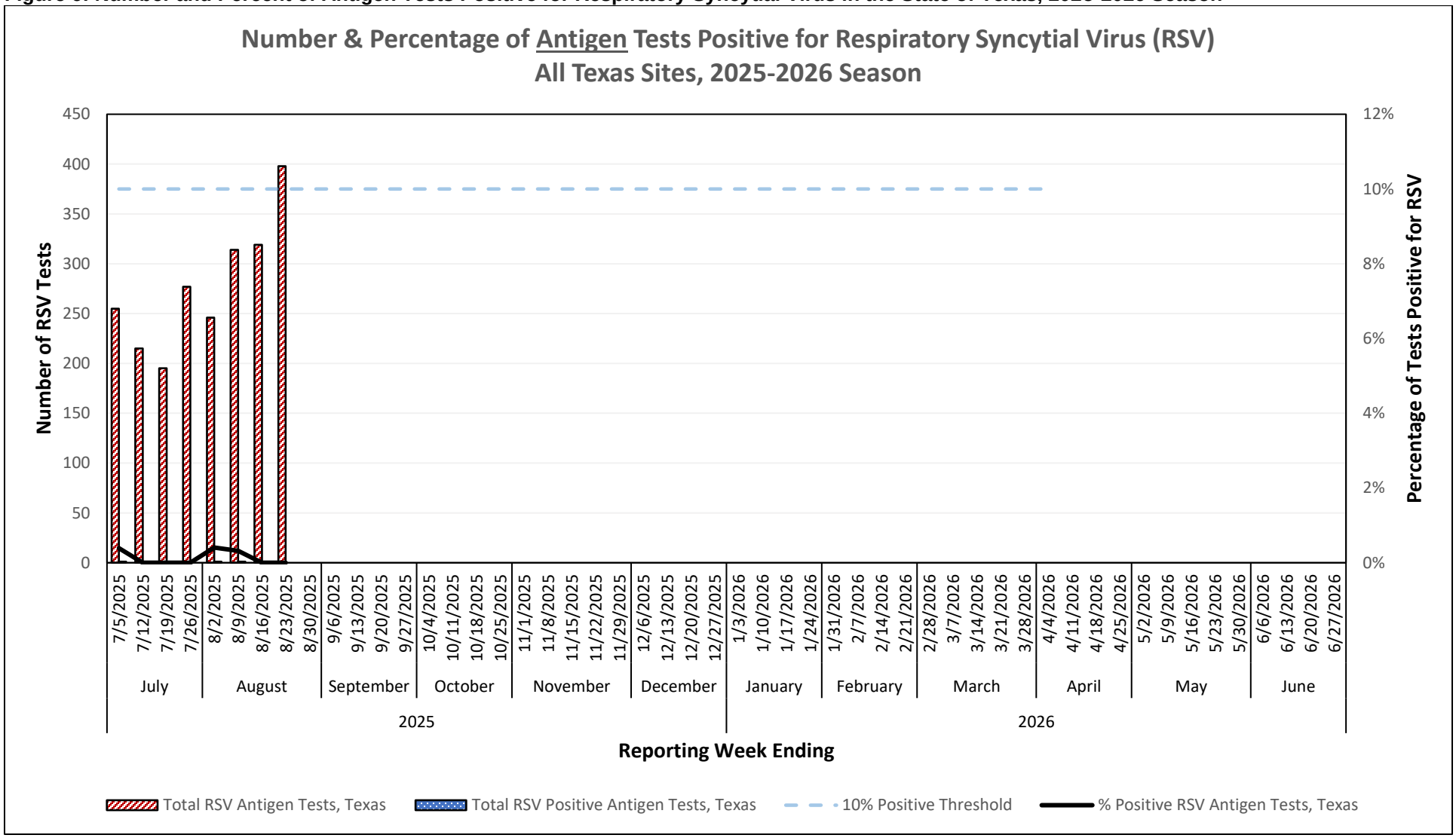
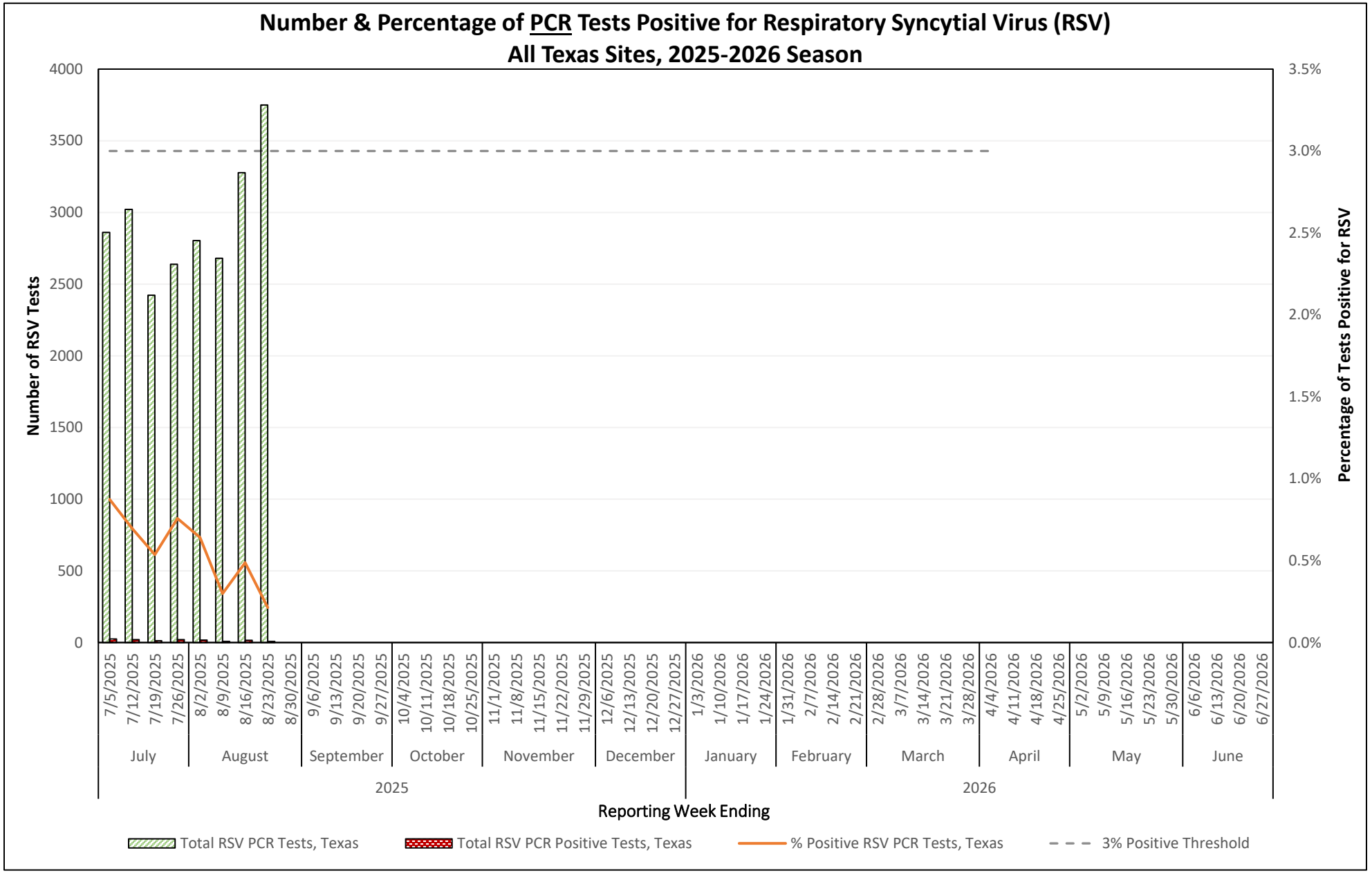


Figure 7: Number and Percent of PCR Tests Positive for Respiratory Syncytial Virus in the State of Texas, 2025-2026 Season



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 10: 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)	12	1743	38	2.18%
HMPV	12	1743	11	0.63%
Parainfluenza virus	12	1743	46	2.64%
Rhino/enterovirus	12	2072	805	38.85%
RSV†^	15	3910	8	0.20%
Seasonal coronavirus (does not include MERS-CoV or COVID-19)	11	1724	9	0.52%

† 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.

COVID-19 Surveillance

Note: As of March 8, 2024, individual confirmed, and probable COVID-19 cases are no longer required to be reported to the Texas Department of State Health Services. Thus, as of March 8, 2024, COVID-19 case counts and associated rates represent COVID-19 cases which were reported to DSHS on a voluntary basis rather than a mandatory basis.

Summary

The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in monitoring Coronavirus Disease 2019 (COVID-19). Multiple sources of data are being used to monitor the situation in Texas.

Between March 6, 2020, and the current report week, **9,403,589 confirmed and probable cases** of **COVID-19** were reported in Texas. So far for 2025, **75,147 confirmed and probable cases** of **COVID-19** were reported in Texas.

Table 11: Summary of COVID-19 Cases, COVID-19-Associated Fatalities, and Hospitalizations for the Current Reporting Week*

Texas Surveillance Component	Change from Previous Week	Current Week	Previous Week
New COVID-19 Cases (Probable and Confirmed)**	▲ 1,890	7,072	5,182
New COVID-19 Confirmed Cases**	▲ 1,523	5,427	3,904
New COVID-19 Probable Cases**	▲ 367	1,645	1,278
Total COVID-19 Cases (Probable and Confirmed)**	▲ 7,072	9,403,589	9,396,517
Total COVID-19 Confirmed Case**	▲ 5,427	7,140,119	7,134,692
Total COVID-19 Probable Cases**	▲ 1,645	2,263,470	2,261,825
Newly Reported COVID-19-Associated Fatalities	▲ 1	8	7
Hospitalized COVID-19 Cases (Day of Report)***	-	-	-
Hospitalized COVID-19 Cases (Rolling 7-Day Average)***	-	-	-

▲ = increase and ▼ = decrease
* Numbers and percentages might vary from the previous COVID-19 report due to additional data becoming available for non-finalized surveillance years. COVID-19 case data for 2020-2021 are finalized. All other data are provisional and subject to change.
** Cases for the current week include both cases reported in the last week and may include newly reported cases from prior weeks.
*** Hospitalization data are not currently available.

COVID-19 cases reported increased in Texas by **36.5%** in **Week 34** compared to the previous MMWR Week.

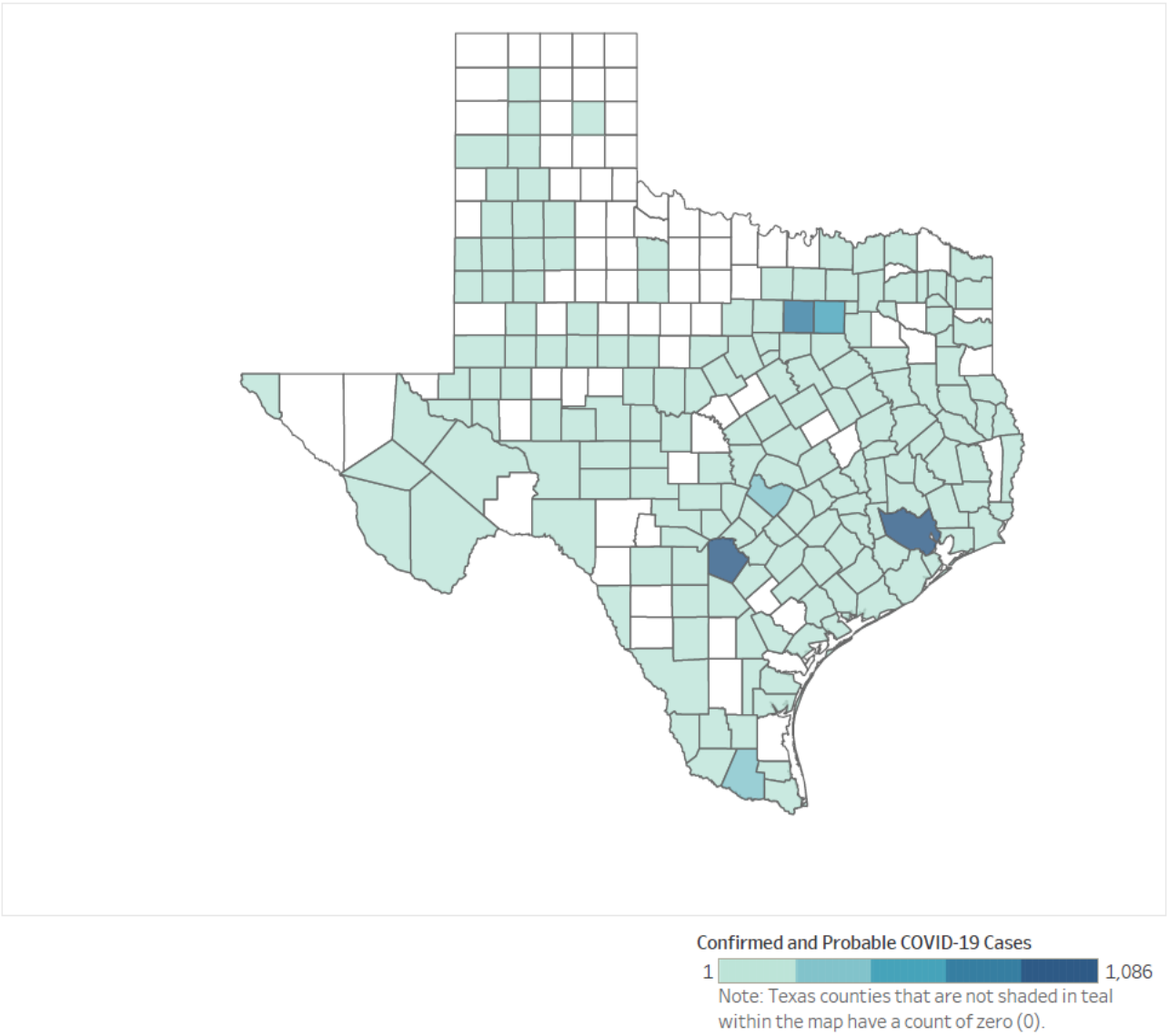
COVID-19-associated fatalities increased by **14.3%** in **Week 31,** when compared to the previous week. COVID-19-associated fatalities are shown by week during which the death occurred, up to three weeks prior to current report week because death certificates are required to be filed within 10 days of date of death.

***Note**: Cumulative counts will consistently reflect all cases within the National Electronic Disease Surveillance System as of report date. Counts may include cases which were provided after initial reporting, such as backlogged cases; and reflect regular case quality assurance updates.*

Weekly COVID-19 Case Map

A map of weekly confirmed and probable COVID-19 cases by county can be viewed below.

Figure 8: Texas Map Displaying COVID-19 Case Counts by County for the Current Reporting Week



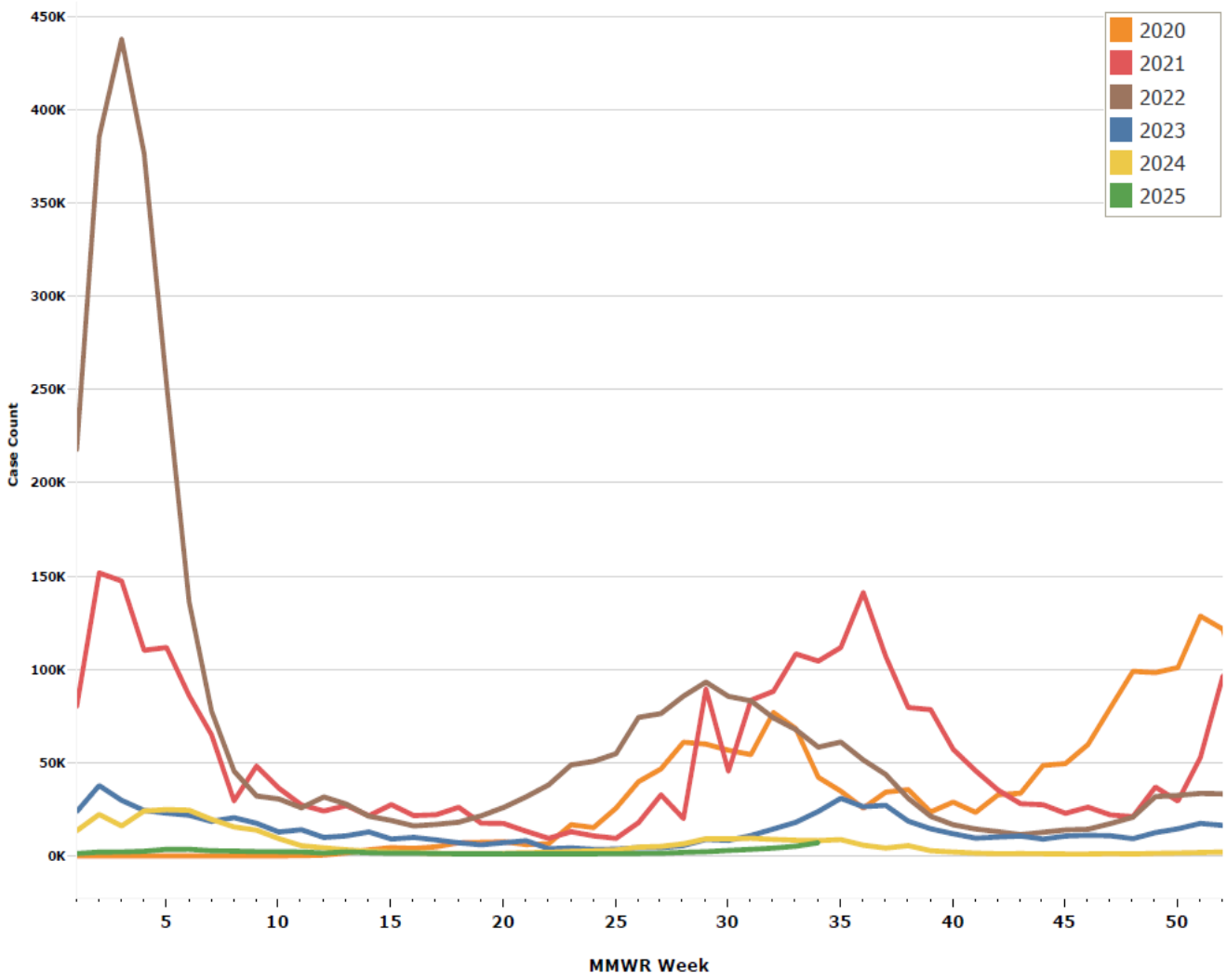
COVID-19 Case Map Notes

COVID-19 cases shown are for the MMWR week of the report. This count includes cases reported in the past week, as well as newly reported cases from prior weeks. All counts are provisional and subject to change.

The populations used are population projections from the Texas Demographic Center*. There may be COVID-19 cases with incomplete address reported to Texas DSHS which are not included in the COVID-19 Case Map by County, Figure 8

*Refer to Appendix 4 for the link to view the population projections from Texas Demographic Center

Figure 9. Cases of COVID-19 by MMWR Week, Texas, 2020 to Current Report Week (N = 9,396,517)



Note: The COVID-19 pandemic reported the first locally acquired SARS-CoV-2 case in Texas during the MMWR Week 10 in 2020. Prior to MMWR Week 10 in 2020 there were no locally acquired cases of SARS-CoV-2 infection reported among Texas residents. Case counts are reported based on all MMWR weeks as they are provided.

Laboratory Results

Providers throughout Texas submit specimens for SARS CoV-2 testing to Texas laboratories which are reported to the National Electronic Disease Surveillance System (NEDSS).

Statewide, COVID-19 laboratory reporting decreased in **Week 33.**

Table 12: Summary of All COVID-19 PCR and Antigen Tests Reported for the Current Week Versus the Previous Week

Test Reported	Change from Previous Week	Current Week	Previous Week
PCR Tests*	▲ 1,477	6,334	4,857
per 100,000 population	-	20.32	15.58
Antigen Tests*	▲ 451	2,077	1,626
per 100,000 population	-	6.66	5.22

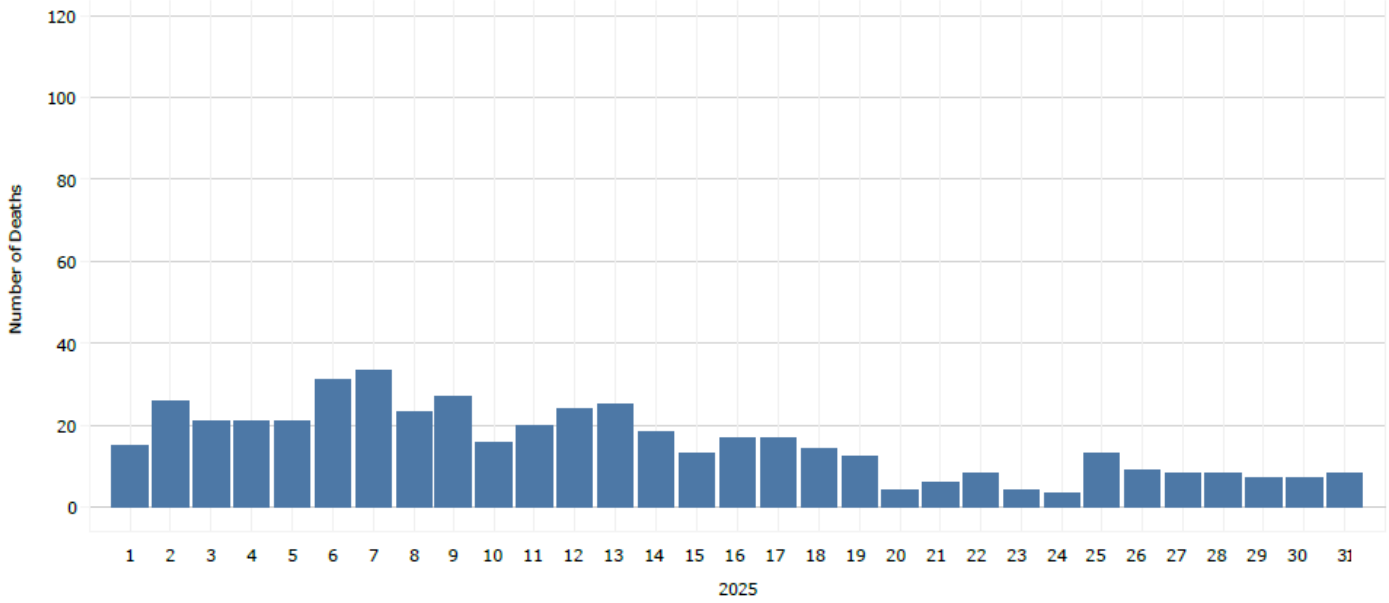
* As of June 15th, 2023, only positive tests must be reported to DSHS. Negative tests are no longer required to be reported, resulting in a decrease in the number of tests reported

COVID-19 Mortality

COVID-19 mortality data in this report are obtained from death certificates of Texas residents whose underlying or contributing cause(s) of death is reported as COVID-19. Reporting of deaths occurs up to three weeks following date of death. Data is provisional until data close out occurs.

479† COVID-19-associated deaths were reported up to MMWR Week 31 in 2025 from death certificates of Texas residents. There were **8 COVID-19-associated deaths** reported in MMWR Week 31. In total, **96,379 COVID-19-associated deaths** have been identified from death certificates of Texas residents.

Figure 10: COVID-19 Associated Deaths Identified from Vital Statistics Data by MMWR Week of Death, MMWR Year 2025 Week 31



Note: Counts shown reflect the available death certificate data. This will be updated as death certificate data becomes available. Data exclude the most recent three MMWR weeks due to lag time inherent in death registration and reporting processes. Death certificate data should be considered provisional and subject to change as additional information becomes available.

Table 13: COVID-19-Associated Mortality Rate by Age for the Current Year*

Age Group	Total Number of COVID-19 Deaths (2025) †	Total Mortality Rate (Per 100,000) (2025) †	MMWR Week Total Number of COVID-19 Deaths***	MMWR Week Mortality Rate (per 100,000)****
<1 year	<10	<10	<10	<10
1-9 years	<10	0.05	<10	<10
10-19 years	<10	<10	<10	<10
20-29 years	<10	<10	<10	<10
30-39 years	<10	0.17	<10	<10
40-49 years	<10	0.17	<10	<10
50-59 years	16	0.44	<10	<10
60-64 years	13	0.76	<10	<10
65-69 years	29	1.87	<10	<10
70-74 years	40	3.24	<10	<10
75-79 years	66	7.16	<10	<10
80+ years	246	23.41	<10	<10
Unknown	55	N/A	<10	<10
Overall	479	1.49	<10	<10

*If the cell number of deaths is less than 10, the number or percent of COVID-19 deaths is suppressed and <10 or n/a is written in the cell. The population estimates from the Texas Demographic Center are used for population rates. Data is provisional and subject to change, errors, and duplicates.

† Refer to Texas COVID-19 Surveillance Components and Measures on page 7, Section: Mortality

Table 14: COVID-19-Associated Mortality Rate by Race/Ethnicity for the Current Year*

Race/Ethnicity	Total Number of COVID-19 Deaths (2025) †	Total Mortality Rate (per 100,000) (2025) †	MMWR Report Week Number of COVID-19 Deaths***	MMWR Report Week Mortality Rate (per 100,000)****
White	309	2.48	<10	0.05
Black	29	0.74	<10	0.03
Hispanic	126	0.96	<10	<10
Asian	14	0.73	<10	0.05
Other Race	<10	0.13	<10	<10
Unknown Race/Ethnicity	<10	<10	<10	<10
Overall	479	1.49	<10	0.02

* If the cell number of deaths is less than 10, the number or percent of COVID-19 deaths is suppressed and <10 or n/a is written in the cell. The population estimates from the Texas Demographic Center are used for population rates. Data is provisional and subject to change, errors, and duplicates.

Table 15: COVID-19-Associated Mortality Rate by PHR for the Current Year*

PHR	Total Number of COVID-19 Deaths (2025) †	Total Mortality Rate (per 100,000) (2025) †	MMWR Report Week Number of COVID-19 Deaths***	MMWR Report Week Mortality Rate (per 100,000)****
PHR 1	29	3.10	<10	0.11
PHR 2/3	150	1.60	<10	0.01
PHR 4/5N	37	2.37	<10	0.13
PHR 6/5S	82	0.93	<10	0.06
PHR 7	46	1.17	<10	0.03
PHR 8	46	1.35	<10	0.03
PHR 9/10	47	2.70	<10	0.29
PHR 11	42	1.74	<10	0.12
Overall	479	1.49	<10	0.02

*If the cell number of deaths is less than 10, the number or percent of COVID-19 deaths is suppressed and <10 or n/a is written in the cell. The population estimates from the Texas Demographic Center are used for population rates. Data is provisional and subject to change, errors, and duplicates.

Table 16: COVID-19-Associated Mortality Rate by Sex for the Current Year*

Sex	Total number of COVID-19 Deaths (2025) †	Total Mortality Rate (per 100,000) (2025) †	MMWR Report Week Number of COVID-19 Deaths***	MMWR Report Week Mortality Rate (per 100,000)****
Female	233	1.44	<10	0.04
Male	246	1.54	<10	0.01
Overall	479	1.49	<10	0.02

*If the cell number of deaths is less than 10, the number or percent of COVID-19 deaths is suppressed and <10 or n/a is written in the cell. The population estimates from the Texas Demographic Center are used for population rates. Data is provisional and subject to change, errors, and duplicates.

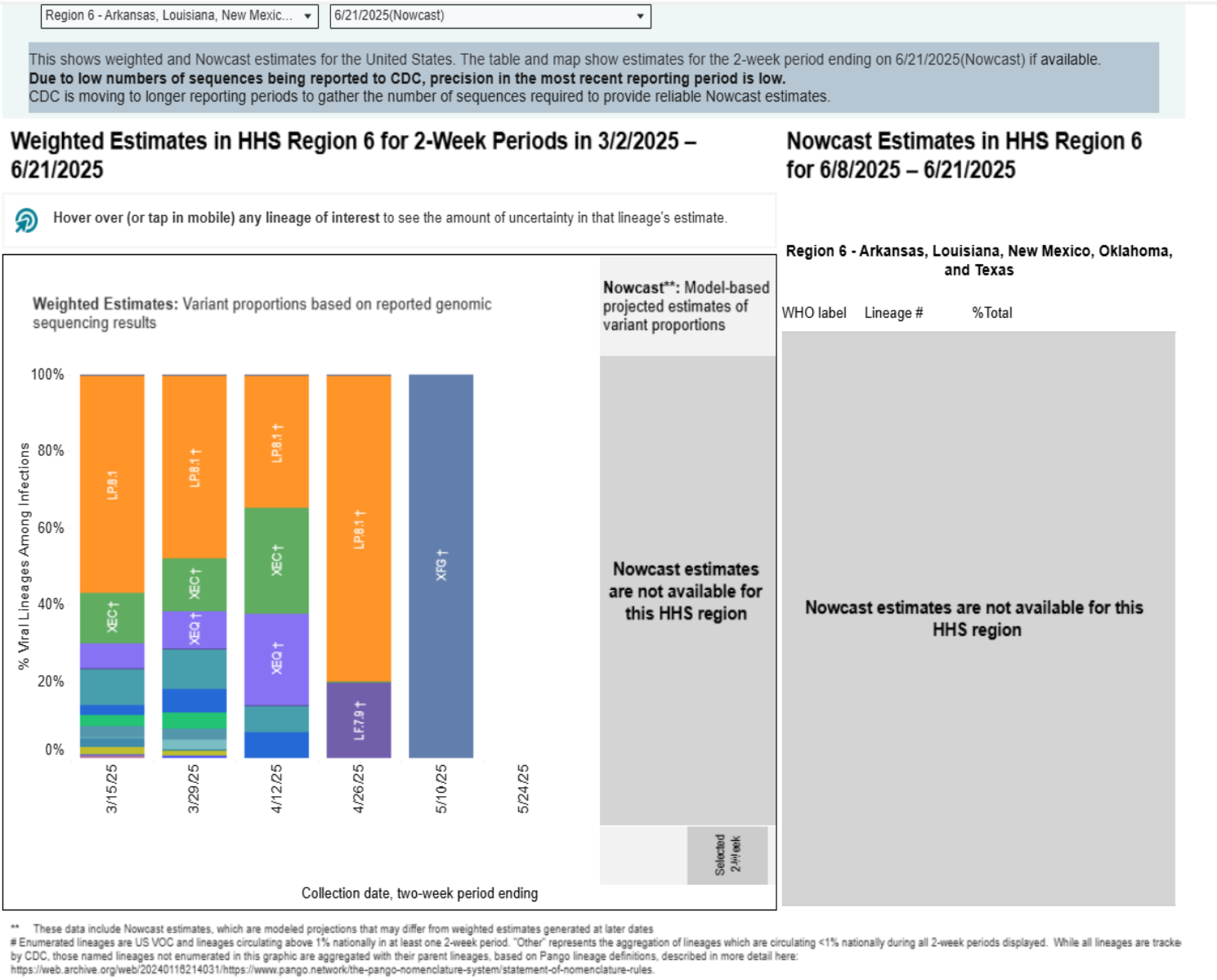
† Refer to Texas COVID-19 Surveillance Components and Measures on page 7, Section: Mortality.

COVID-19 Sequencing and Variant Surveillance

An interactive version of the CDC COVID-19 variant dashboard can be viewed at:
https://covid.cdc.gov/covid-data-tracker/#variant-proportions

Information provided on this page has been sourced from the CDC Variant Proportions Webpage.

Due to low numbers of sequences being reported to CDC, precision in the most recent reporting period is low. CDC is moving to longer reporting periods to gather the number of sequences required to provide reliable Nowcast estimates.



** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
# Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed. While all lineages are tracke by CDC, those named lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango lineage definitions, described in more detail here: https://web.archive.org/web/20240118214031/https://www.pango.network/the-pango-nomenclature-system/statement-of-nomenclature-rules.

Nowcast estimates are only available for HHS regions having above 300 sequences in the two weeks ending 05/24/2025

Note: Further information about data sources, limitations, and context is described in the Texas COVID-19 Surveillance Components and Measures Section of this report on Variant Dashboard Limitations on page 22.

Surveillance Components and Measures

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

Texas Respiratory Syncytial Virus (RSV) Surveillance Components and Measures

Technical Notes

The start of RSV season is the first of two consecutive weeks with ≥10% of tests positive, and the end is the last of two consecutive weeks with ≥10% of tests positive.

"The percentage of positive detections reflects test ordering practices and might not directly reflect disease burden." Centers for Disease Control and Prevention. Respiratory Syncytial Virus-United States, July 2007-June 2011. Morbidity and Mortality Weekly Report (MMWR). September 2011; 60 (35):1203-1206.

National and state RSV analyses typically rely on antigen test data; however PCR testing is also becoming more common.

Regional-level results may not be reliable if the number of RSV tests performed each week is small or if reporting is inconsistent. There is currently insufficient data/ participating RSV reporters to properly present trends for the following regions:

PHR 10 (Upper Rio Grande/El Paso)

RSV is not a notifiable condition in Texas. Sentinel laboratories voluntarily enter their RSV data weekly into the CDC National Respiratory and Enteric Virus Surveillance System (NREVSS), and these data are compiled to create the Texas Weekly RSV Report

Texas COVID-19 Surveillance Components and Measures

Provisional Data

Provisional data may not be complete. More data may be coming in to complete the data set, and DSHS and others have not completed quality checks of the information. Provisional data become final once the data set is complete and quality checks are finished. That process often takes several months.

COVID-19 Case Reporting

Investigations are performed on all cases of Coronavirus Disease 2019 (COVID-19). This condition is reportable by law in Texas.

Confirmed Case

A person who has tested positive through a molecular test that looks for the virus's genetic material. Texas uses the confirmed case definition adopted by the Council of State and Territorial Epidemiologists (CSTE). See the DSHS Epidemiologic Case Criteria Guide for full case definition.

Probable Case

A person who has tested positive through an antigen test. Texas uses the probable case definition adopted by the Council of State and Territorial Epidemiologists (CSTE).

New Confirmed Cases, New Probable Cases or Newly Reported Fatalities

Cases or fatalities reported for the first time on the DSHS COVID-19 report that day.

Mortality

Due to constraints related to COVID-19 funding, updates to the COVID-19 fatality data may be delayed, and some information might be missing or not aligned with the latest MMWR report.

COVID-19-associated deaths in Texas Residents. Deaths associated with COVID-19 are reported to health departments in Texas. Deaths suspected of being caused by a reportable disease are required to be reported in accordance with Texas Health and Safety Code §81.045. Death certificates must be filed with Texas DSHS within 14 days of the date of death but may be amended at a later date. COVID-19 associated deaths are deaths for which COVID-19 is listed as a cause of death on the death certificate. A medical certifier, usually a doctor, determines the cause(s) of death. DSHS does not include deaths of people who had COVID-19 but died of an unrelated cause. Fatalities are reported by where the person lived as listed on the death certificate. Fatality data may include both confirmed and probable cases. **Data is considered provisional and subject to update as additional information becomes available until annual data has been finalized.**

†While reviewing report production methods, the 2023 COVID-19-Associated Deaths count as well as 2023 subtotals reported within tables 3 through 6 were found to have incorporated fatalities that had been reported with dates of death up through the report date rather than up through the end of the MMWR week. This has been corrected as of the MMWR week 38 report. The 2023 count thus was adjusted from with the original calculation method to the displayed count.

Laboratory

Positive SARS-CoV-2 laboratory results are reported to the Texas DSHS National Electronic Disease Surveillance System (NEDSS) by laboratories or local health departments. Positive SARS-CoV-2 laboratory results, including antigen, antibody, and molecular tests performed under CLIA oversight must be reported to Texas DSHS in accordance with Texas Health and Safety Code §81.045. This number does not include tests with results pending. Testing data is considered provisional and subject to update as additional information becomes available until annual data has been finalized.

Genomic Surveillance

Variants of SARS-CoV-2, the virus that causes COVID-19, are expected to continue to emerge, a natural process that occurs as viruses spread. Some variants will disappear, and others will continue to spread and may overtake previous variants. For example, the ancestral strain of the virus that caused the first Texas COVID-19 cases in early 2020 is no longer being detected. It was displaced by the Alpha variant, followed by the Delta variant and Omicron variants and may continue to be replaced by other emerging variants.

The Texas SARS-CoV-2 genomic sequencing data includes data provided by the CDC's commercial partner laboratories as a part of the national SARS-CoV-2 genomic surveillance program, sequencing conducted at academic and commercial laboratories, and Texas Department of State Health Services Austin Laboratory's genomic sequencing. The programs sequence hundreds of COVID-19 cases each week to monitor the spread of variants in Texas. This information helps scientists and public health professionals understand how the virus spreads and changes over time. It also helps researchers know whether existing COVID-19 tests, treatments, and vaccines will continue to work against emerging variants.

This report shows data on variants of concern (VOC), variants of interest (VOI) and variants being monitored (VBM) with all other variants grouped together. More information on variant classification is available on the CDC website at https://www.cdc.gov/coronavirus/2019-ncov/variants/

Lab Confirmed COVID-19 Patients in Texas Hospitals

The total number of patients in Texas hospitals who have tested positive for COVID-19.

Appendix

Appendix 1: COVID-19 Data Sources and Limitations

Data sources for this report are Texas DSHS Vital Statistics, COVID-19-Associated Fatalities, and National Electronic Disease Surveillance System (NEDSS), each of which have associated limitations. The use of multiple data sources can lead to overestimation through duplication of case reports within each system, and between systems. COVID-19 case investigation data entered in NEDSS is dependent upon accurate user entry of case information into the system and resources available for public health follow up.

Limitations

Vital Statistics

· Delay in reporting of COVID-19-associated fatalities of 10-14 days on average from date of death.

NEDSS

· Cases created off electronic laboratory report (ELR) feed may be missing information, such as patient race or ethnicity, or complete address.

· The completeness of case investigations is dependent on the information available to case investigators in the initial report, the resources available to local health departments for case follow up, and the availability of medical records and the information provided by the case.

· Case count data from 2020 and 2021 is considered finalized. Data from 2022 and 2023 are considered provisional and subject to update until data are finalized.

Note: DSHS completed the process of transferring case investigations from the COVID Case Investigation System (CCIS) to the Texas National Electronic Disease Surveillance System (NEDSS) in November 2021. Deduplication between cases entered into CCIS and NEDSS has taken place, and the transition was completed as of 11/15/2021. NEDSS data cited in this report is provisional and subject to the limitations of resources available for case investigation, the participation of the public in case investigation, and the process of transition from CCIS to NEDSS. Deduplication of newly reported COVID-19 laboratory results in NEDSS occurs automatically prior to data ingestion into NEDSS preventing generation of duplicate case reports.

Variant Dashboard Limitations

Due to constraints related to COVID-19 funding, updates to the data may be delayed, and some information might be missing or not aligned with the latest MMWR report.

The data shown in this report is collected by the CDC's commercial partner laboratories as a part of the national SARS-CoV-2 genomic surveillance program, commercial laboratories, academic laboratories, and Texas Department of State Health Services Austin Laboratory's genomic sequencing. Because samples collected by CDC National SARS-CoV-2 Strain Surveillance (NS3) partner laboratories are intended to be representative of Texas' proportion of the national population and estimate the prevalence of variants statewide, this data is not intended to count every variant case present in Texas. It does not necessarily represent geographic trends within the state of Texas. Some areas may be oversampled due to high numbers of participating laboratories. Local health officials may have more specific information regarding variant cases in their jurisdictions. No sample weighting is applied to this data. Sequencing results included in this data set take an average of 11 days from initial sample collection to report date. DSHS will post results after two weeks so that there will be enough results to represent a reliable estimate. The data visualization on the DSHS website is updated weekly on Tuesdays before 5 pm. Data is displayed by week of sample collection. Data should be considered preliminary and subject to change.

COVID Case Numbers

Case numbers and percentages might vary from the previous COVID-19 report due to continual changes in previous week totals. Data are provisional and are subject to change.

Possible attributes of various case numbers:

- Backlog from of COVID-19 results from reporting facilities
- Electronic laboratory reporting (ELR) failure in importing lab data
- Evidence of increased transmissibility
- Evidence of increased disease severity

Appendix 2: COVID-19 Data Cleaning Procedures

This report is generated on a weekly cycle, with the report prepared on Thursdays covering a one-week period beginning and ending the previous MMWR week.

Deduplication occurs routinely within NEDSS and ELR imports are prevented from creating duplicate case investigation and patient records if records matching first name, last name, date of birth and patient sex already exist. Data cleaning for this report included removal of out of state cases, matching residency based on patient address and county assignment in NEDSS. County of residency is determined based on zip code of residence, followed by provider zip code if residence zip code is unavailable. If both provider and residence zip codes are unavailable, ordering facility zip code is used. Out of bounds dates for specimen collection pre-January 1, 2020, and post report date are recoded as blank.

For the ELR Lab data file, the following cleaning procedures were used; out of state data was removed, residency is determined based on zip code of residence, followed by provider zip code if residence zip code is unavailable. If both provider and residence zip codes are unavailable, ordering facility zip code is used. Records are deduplicated by testing lab accession number, specimen collection date, ordered test code and reporting facility CLIA.

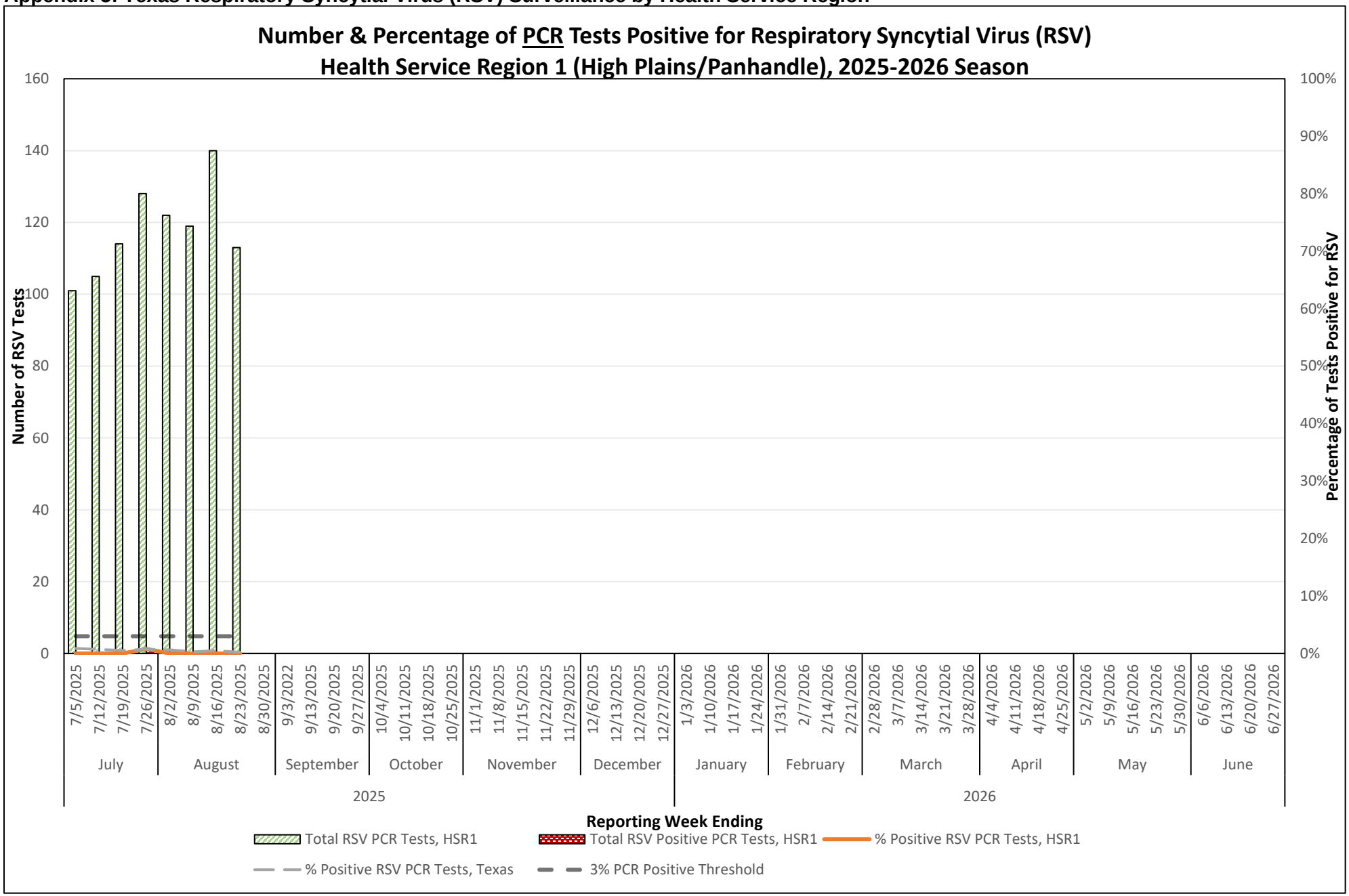
Appendix 3: COVID-19 MMWR Weeks

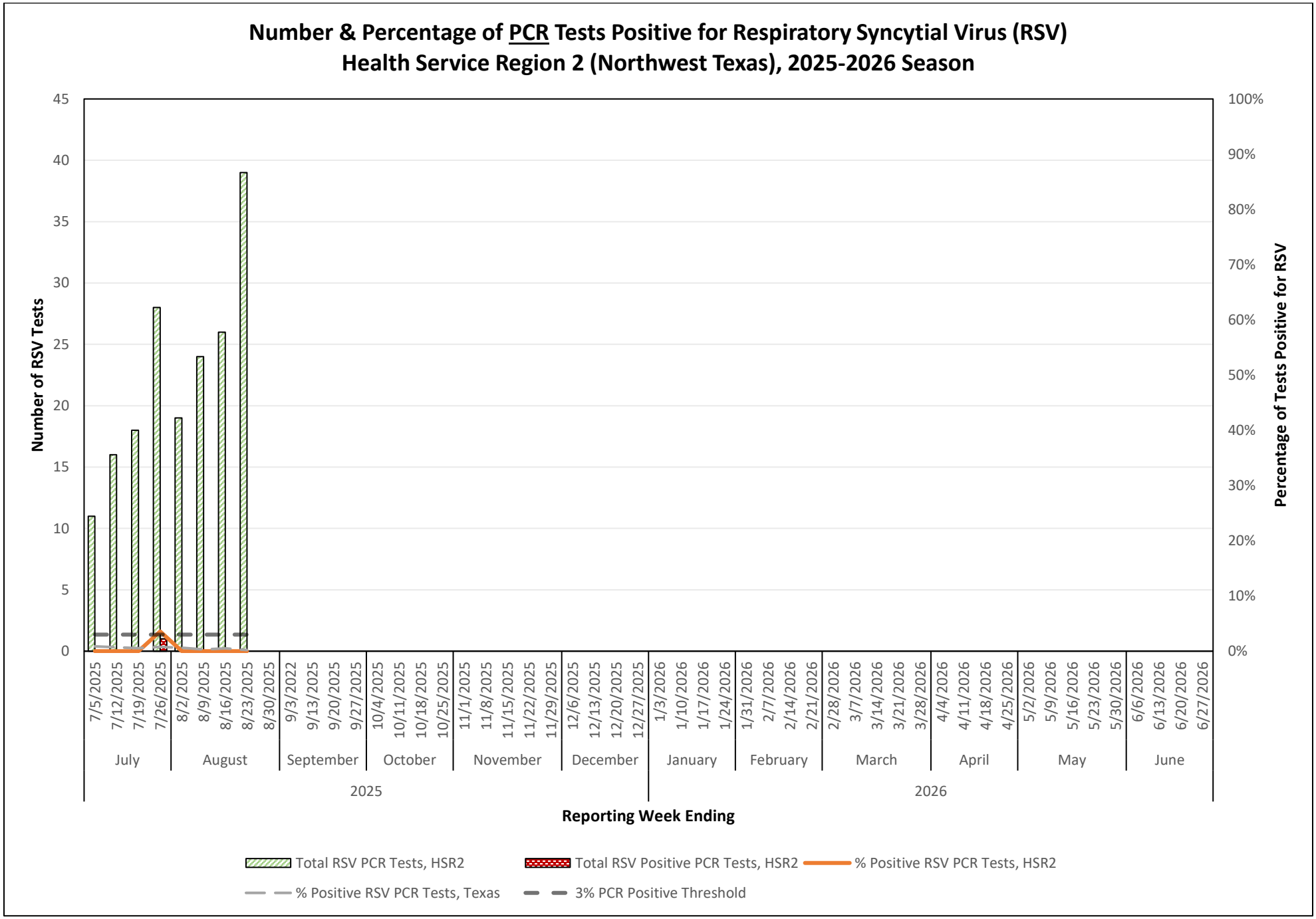
For a full list of MMWR Week dates please visit: https://ndc.services.cdc.gov/wp-content/uploads/MMWR-Week-Log-2022-2023.pdf

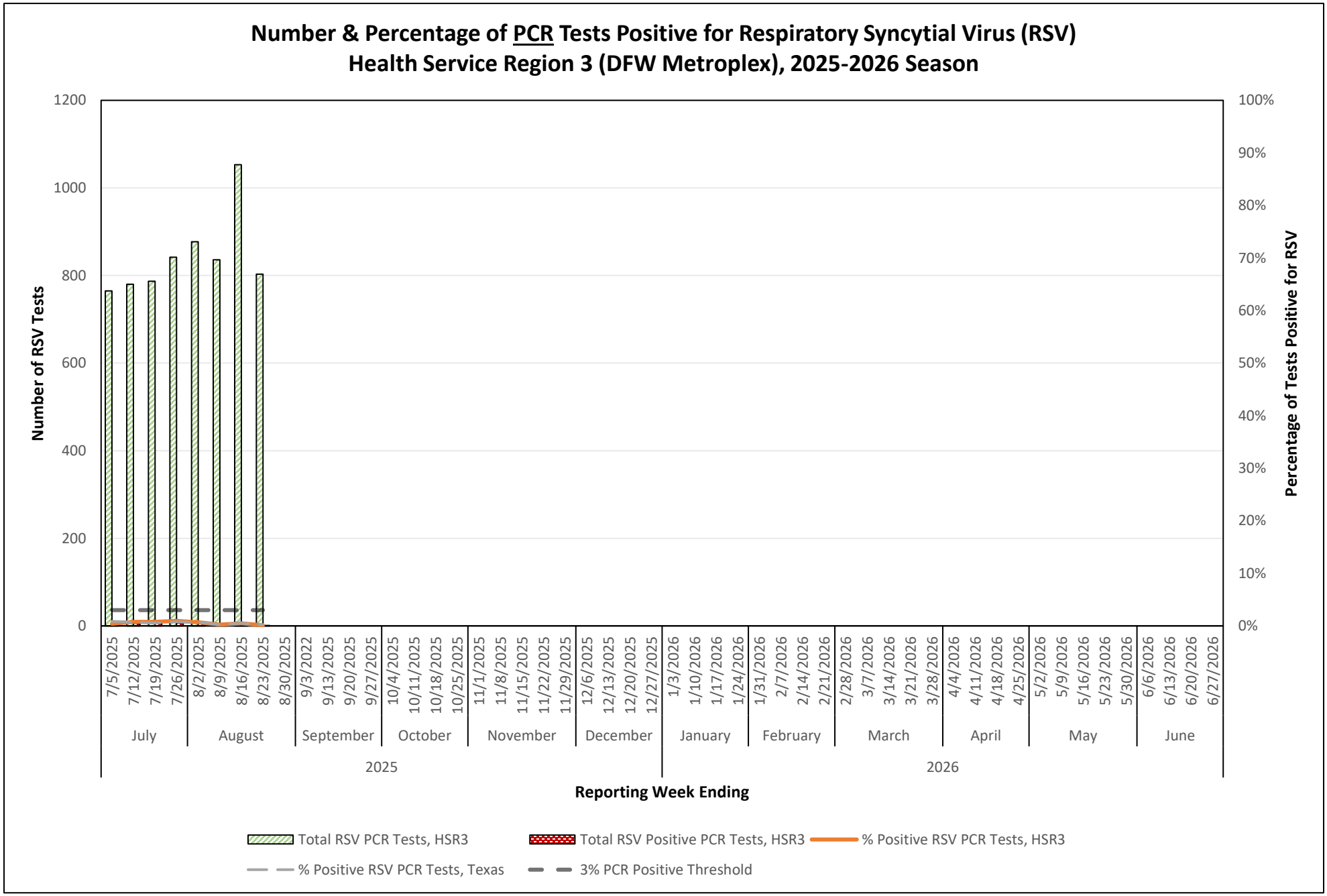
Appendix 4: COVID-19 Texas Demographic Center

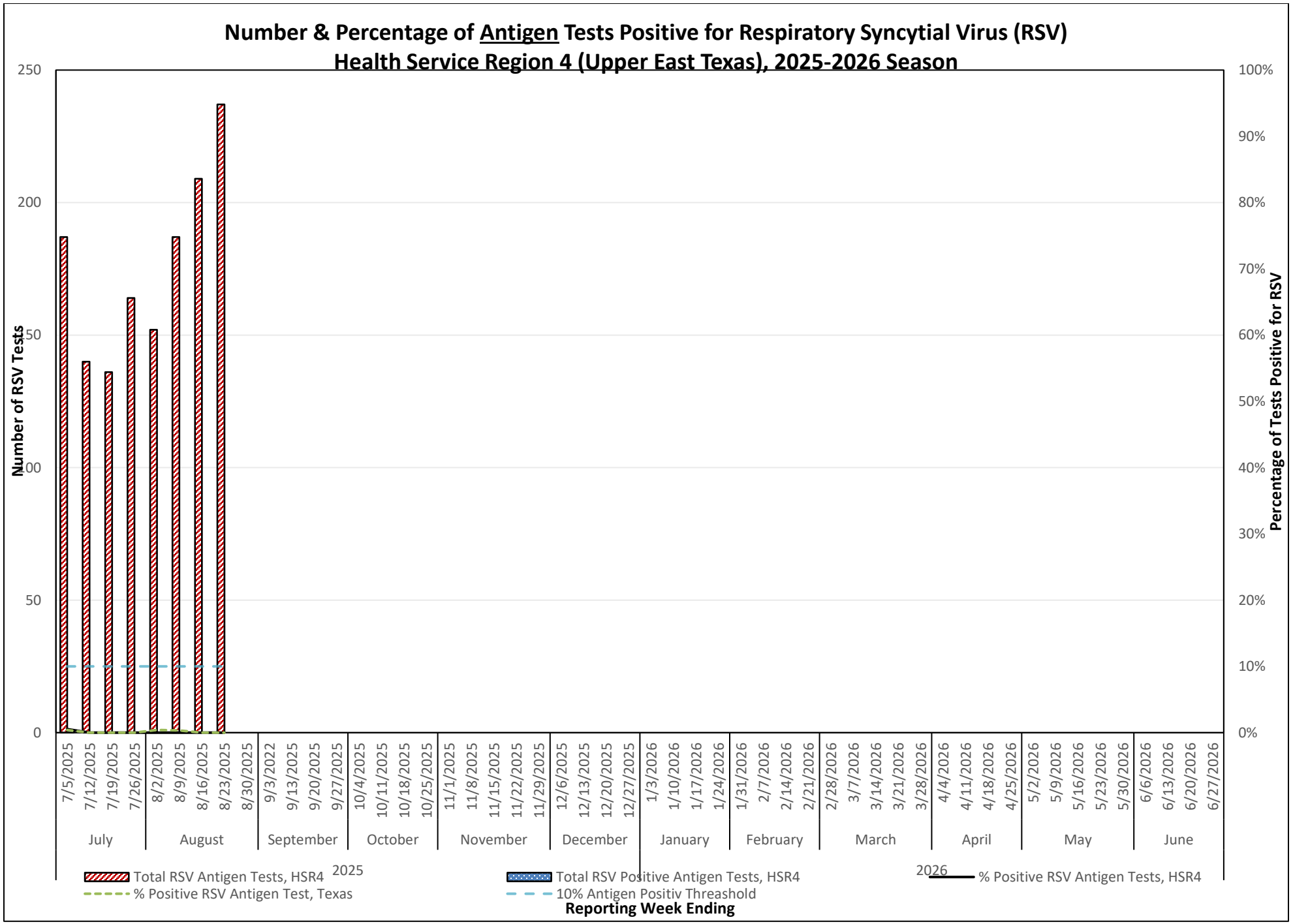
For population projections in Texas by county, please visit: https://demographics.texas.gov/Projections/

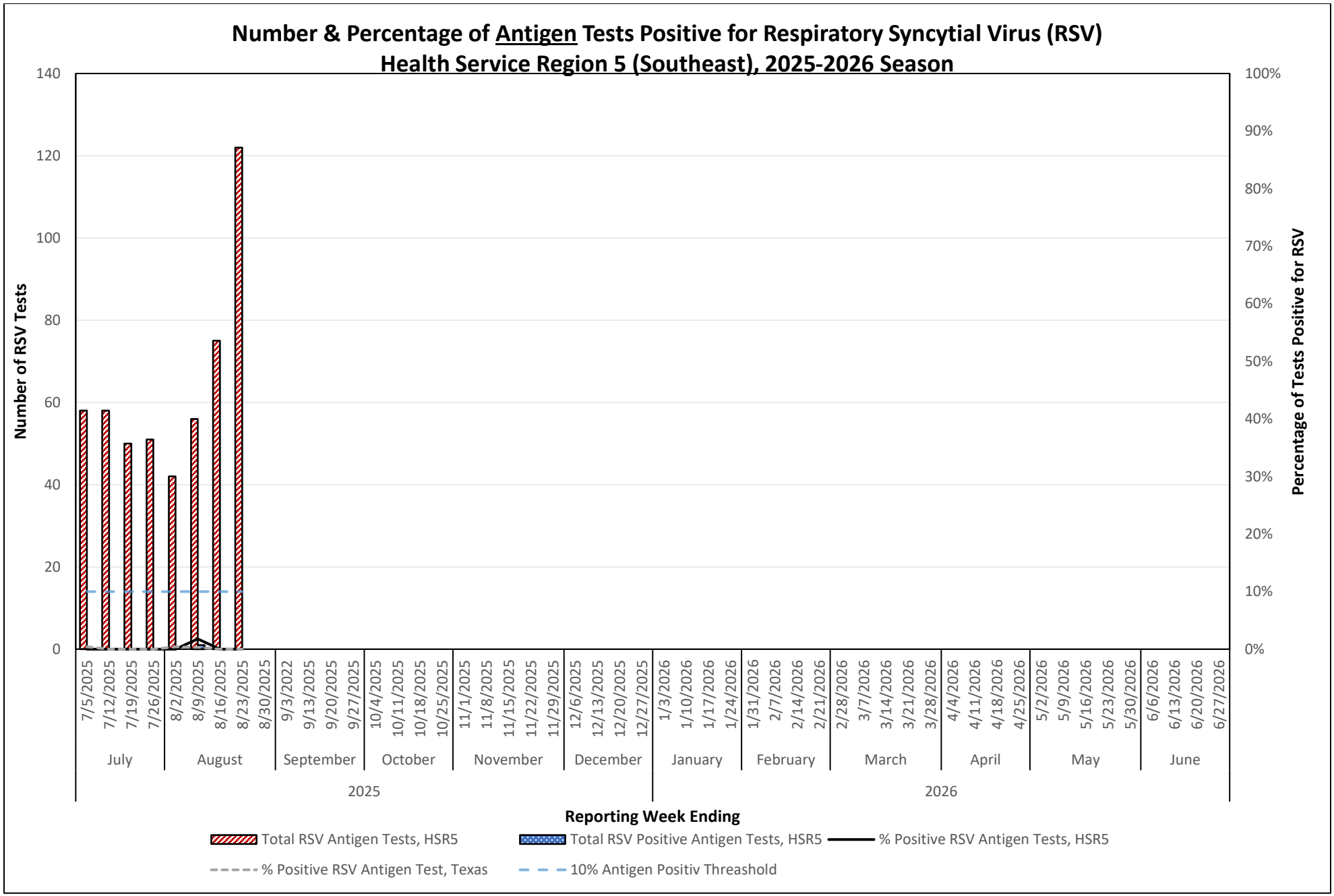
Appendix 5: Texas Respiratory Syncytial Virus (RSV) Surveillance by Health Service Region

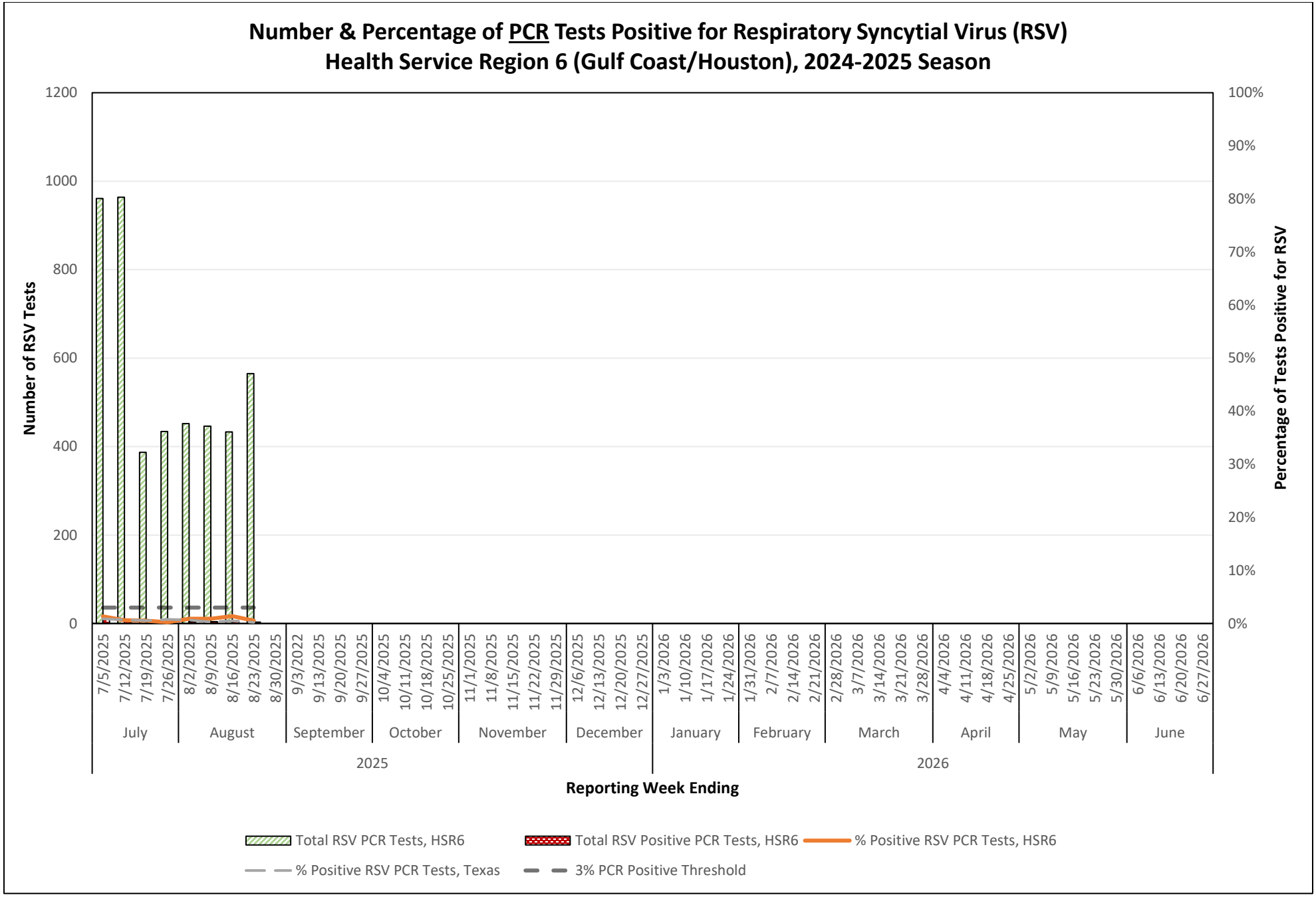


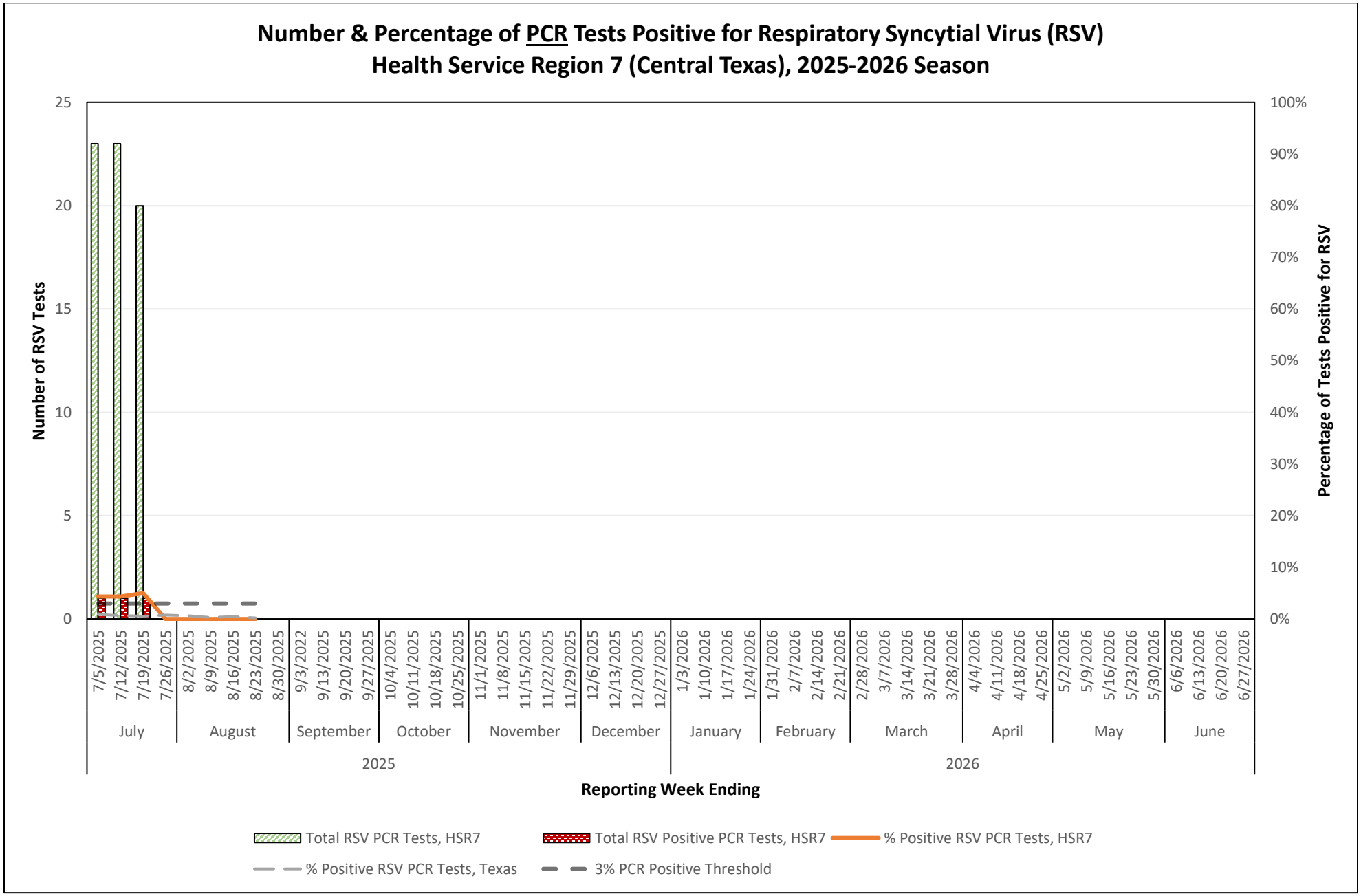

Number & Percentage of PCR Tests Positive for Respiratory Syncytial Virus (RSV)
Health Service Region 2 (Northwest Texas), 2025-2026 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
Reporting Week Ending
2025
2026
July
August
September
October
November
December
January
February
March
April
May
June
Total RSV PCR Tests, HSR2
Total RSV Positive PCR Tests, HSR2
% Positive RSV PCR Tests, HSR2
% Positive RSV PCR Tests, Texas
3% PCR Positive Threshold

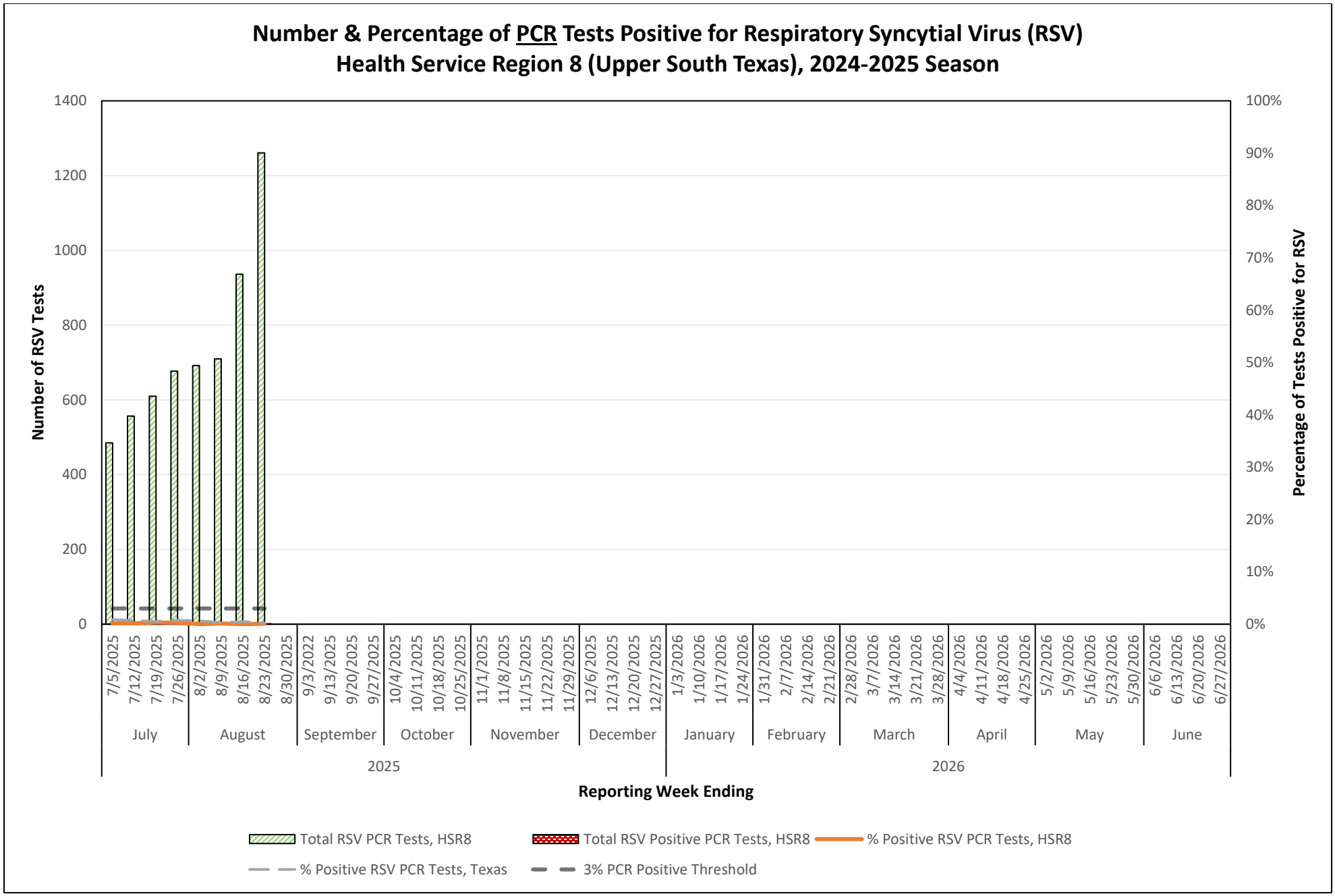

Number & Percentage of PCR Tests Positive for Respiratory Syncytial Virus (RSV)
Health Service Region 3 (DFW Metroplex), 2025-2026 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
1200
1000
800
600
400
200
0
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
7/5/2025
7/12/2025
7/19/2025
7/26/2025
8/2/2025
8/9/2025
8/16/2025
8/23/2025
8/30/2025
9/3/2022
9/13/2025
9/20/2025
9/27/2025
10/4/2025
10/11/2025
10/18/2025
10/25/2025
11/1/2025
11/8/2025
11/15/2025
11/22/2025
11/29/2025
12/6/2025
12/13/2025
12/20/2025
12/27/2025
1/3/2026
1/10/2026
1/17/2026
1/24/2026
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3/7/2026
3/14/2026
3/21/2026
3/28/2026
4/4/2026
4/11/2026
4/18/2026
4/25/2026
5/2/2026
5/9/2026
5/16/2026
5/23/2026
5/30/2026
6/6/2026
6/13/2026
6/20/2026
6/27/2026
July
August
September
October
November
December
January
February
March
April
May
June
2025
2026
Reporting Week Ending
Total RSV PCR Tests, HSR3
Total RSV Positive PCR Tests, HSR3
% Positive RSV PCR Tests, HSR3
% Positive RSV PCR Tests, Texas
3% PCR Positive Threshold

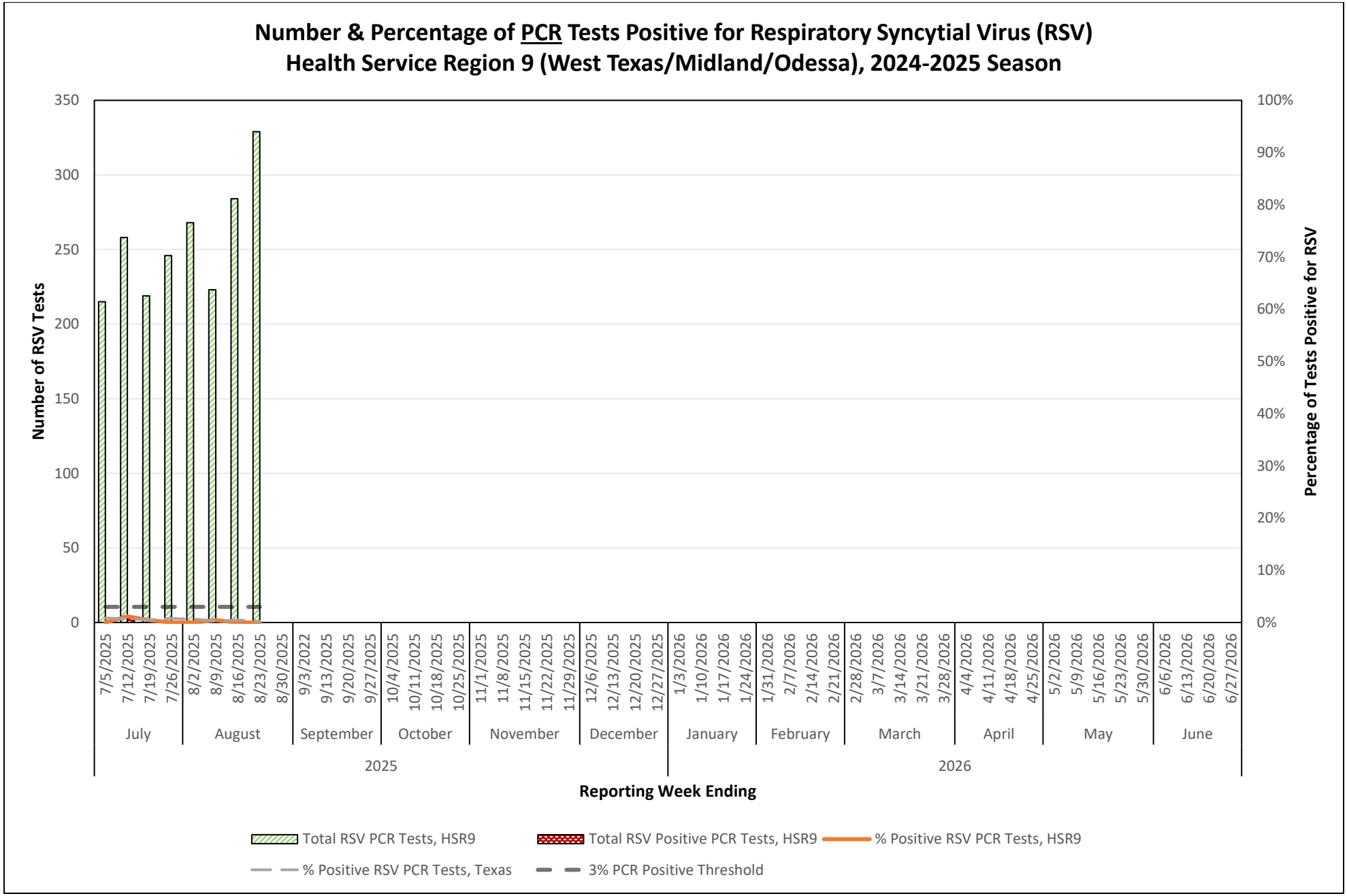

Number & Percentage of Antigen Tests Positive for Respiratory Syncytial Virus (RSV)
Health Service Region 4 (Upper East Texas), 2025-2026 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
250
200
50
0
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
7/5/2025
7/12/2025
7/19/2025
7/26/2025
8/2/2025
8/9/2025
8/16/2025
8/23/2025
8/30/2025
9/3/2022
9/13/2025
9/20/2025
9/27/2025
10/4/2025
10/11/2025
10/18/2025
10/25/2025
11/1/2025
11/8/2025
11/15/2025
11/22/2025
11/29/2025
12/6/2025
12/13/2025
12/20/2025
12/27/2025
1/3/2026
1/10/2026
1/17/2026
1/24/2026
1/31/2026
2/7/2026
2/14/2026
2/21/2026
2/28/2026
3/7/2026
3/14/2026
3/21/2026
3/28/2026
4/4/2026
4/11/2026
4/18/2026
4/25/2026
5/2/2026
5/9/2026
5/16/2026
5/23/2026
5/30/2026
6/6/2026
6/13/2026
6/20/2026
6/27/2026
July
August
September
October
November
December
January
February
March
April
May
June
2025
2026
Total RSV Antigen Tests, HSR4
Total RSV Positive Antigen Tests, HSR4
% Positive RSV Antigen Tests, HSR4
% Positive RSV Antigen Test, Texas
10% Antigen Positiv Threashold
Reporting Week Ending

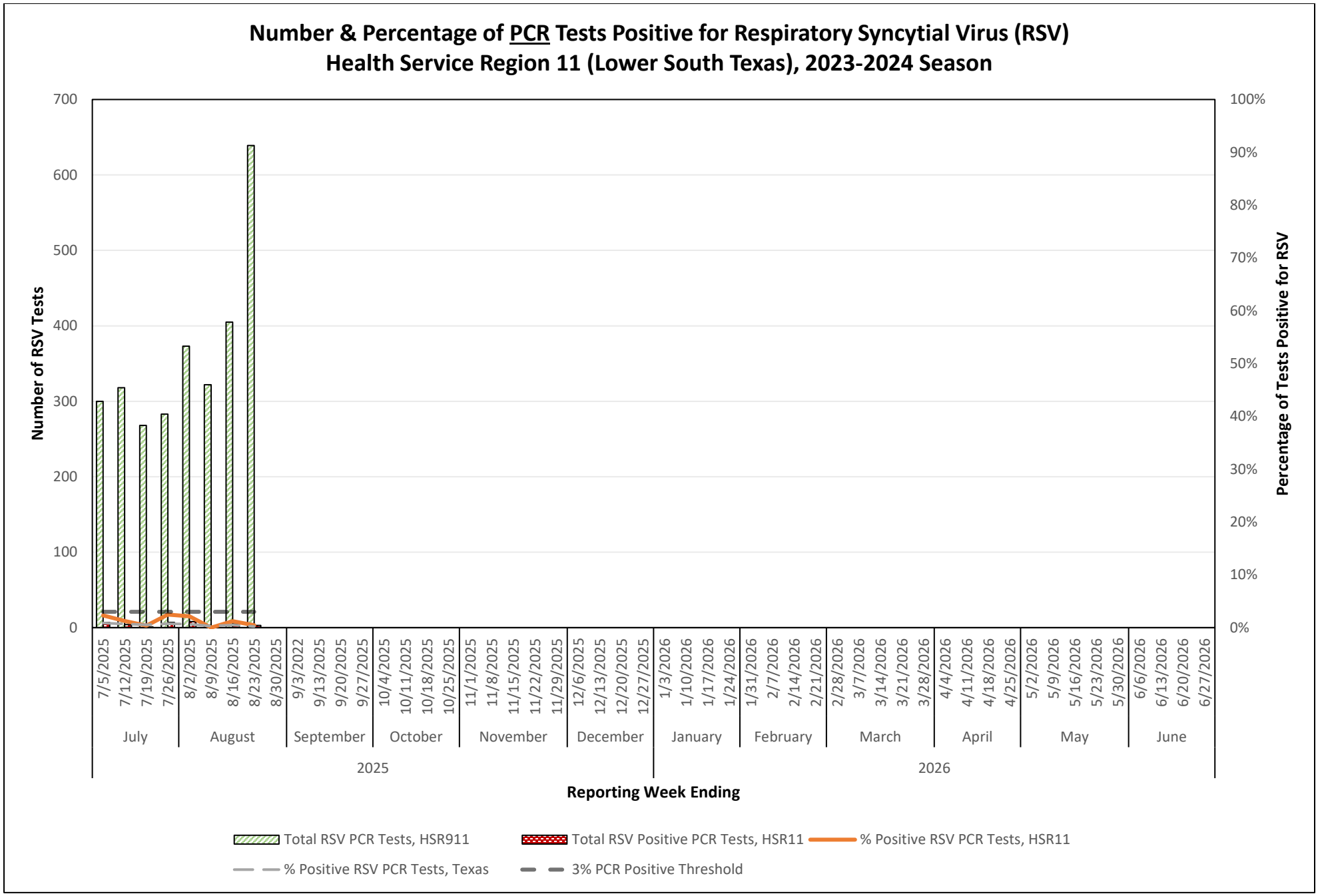

Number & Percentage of Antigen Tests Positive for Respiratory Syncytial Virus (RSV)
Health Service Region 5 (Southeast), 2025-2026 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
140
120
100
80
60
40
20
0
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
7/5/2025
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7/26/2025
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8/16/2025
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10/18/2025
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2/7/2026
2/14/2026
2/21/2026
2/28/2026
3/7/2026
3/14/2026
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4/11/2026
4/18/2026
4/25/2026
5/2/2026
5/9/2026
5/16/2026
5/23/2026
5/30/2026
6/6/2026
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6/27/2026
July
August
September
October
November
December
January
February
March
April
May
June
2025
2026
Reporting Week Ending
Total RSV Antigen Tests, HSR5
Total RSV Positive Antigen Tests, HSR5
% Positive RSV Antigen Tests, HSR5
% Positive RSV Antigen Test, Texas
10% Antigen Positiv Threashold


Number & Percentage of PCR Tests Positive for Respiratory Syncytial Virus (RSV)
Health Service Region 6 (Gulf Coast/Houston), 2024-2025 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
1200
1000
800
600
400
200
0
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
7/5/2025
7/12/2025
7/19/2025
7/26/2025
8/2/2025
8/9/2025
8/16/2025
8/23/2025
8/30/2025
9/3/2022
9/13/2025
9/20/2025
9/27/2025
10/4/2025
10/11/2025
10/18/2025
10/25/2025
11/1/2025
11/8/2025
11/15/2025
11/22/2025
11/29/2025
12/6/2025
12/13/2025
12/20/2025
12/27/2025
1/3/2026
1/10/2026
1/17/2026
1/24/2026
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4/11/2026
4/18/2026
4/25/2026
5/2/2026
5/9/2026
5/16/2026
5/23/2026
5/30/2026
6/6/2026
6/13/2026
6/20/2026
6/27/2026
July
August
September
October
November
December
January
February
March
April
May
June
2025
2026
Reporting Week Ending
Total RSV PCR Tests, HSR6
Total RSV Positive PCR Tests, HSR6
% Positive RSV PCR Tests, HSR6
% Positive RSV PCR Tests, Texas
3% PCR Positive Threshold


Number & Percentage of PCR Tests Positive for Respiratory Syncytial Virus (RSV)
Health Service Region 7 (Central Texas), 2025-2026 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
25
20
15
10
5
0
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
7/5/2025
7/12/2025
7/19/2025
7/26/2025
8/2/2025
8/9/2025
8/16/2025
8/23/2025
8/30/2025
9/3/2022
9/13/2025
9/20/2025
9/27/2025
10/4/2025
10/11/2025
10/18/2025
10/25/2025
11/1/2025
11/8/2025
11/15/2025
11/22/2025
11/29/2025
12/6/2025
12/13/2025
12/20/2025
12/27/2025
1/3/2026
1/10/2026
1/17/2026
1/24/2026
1/31/2026
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4/11/2026
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5/9/2026
5/16/2026
5/23/2026
5/30/2026
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6/27/2026
July
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October
November
December
January
February
March
April
May
June
2025
2026
Reporting Week Ending
Total RSV PCR Tests, HSR7
Total RSV Positive PCR Tests, HSR7
% Positive RSV PCR Tests, HSR7
% Positive RSV PCR Tests, Texas
3% PCR Positive Threshold


Number & Percentage of PCR Tests Positive for Respiratory Syncytial Virus (RSV)
Health Service Region 8 (Upper South Texas), 2024-2025 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
1400
1200
1000
800
600
400
200
0
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
7/5/2025
7/12/2025
7/19/2025
7/26/2025
8/2/2025
8/9/2025
8/16/2025
8/23/2025
8/30/2025
9/3/2022
9/13/2025
9/20/2025
9/27/2025
10/4/2025
10/11/2025
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5/16/2026
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2025
2026
Reporting Week Ending
Total RSV PCR Tests, HSR8
Total RSV Positive PCR Tests, HSR8
% Positive RSV PCR Tests, HSR8
% Positive RSV PCR Tests, Texas
3% PCR Positive Threshold


Number & Percentage of PCR Tests Positive for Respiratory Syncytial Virus (RSV)
Health Service Region 9 (West Texas/Midland/Odessa), 2024-2025 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
350
300
250
200
150
100
50
0
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
7/5/2025
7/12/2025
7/19/2025
7/26/2025
8/2/2025
8/9/2025
8/16/2025
8/23/2025
8/30/2025
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2025
2026
Reporting Week Ending
Total RSV PCR Tests, HSR9
Total RSV Positive PCR Tests, HSR9
% Positive RSV PCR Tests, HSR9
% Positive RSV PCR Tests, Texas
3% PCR Positive Threshold


Number & Percentage of PCR Tests Positive for Respiratory Syncytial Virus (RSV)
Health Service Region 11 (Lower South Texas), 2023-2024 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
700
600
500
400
300
200
100
0
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
7/5/2025
7/12/2025
7/19/2025
7/26/2025
8/2/2025
8/9/2025
8/16/2025
8/23/2025
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2025
2026
Reporting Week Ending
Total RSV PCR Tests, HSR911
Total RSV Positive PCR Tests, HSR11
% Positive RSV PCR Tests, HSR11
% Positive RSV PCR Tests, Texas
3% PCR Positive Threshold