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

Texas Respiratory Virus Surveillance Report
2025-2026 Season 2026 MMWR Week 18

(May 3, 2026 – May 9, 2026)
Report produced on May 15, 2026

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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 was one influenza-associated pediatric death reported, and three influenza-associated outbreaks were reported in Week 18.

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	▼ 0.30%	1.63%	1.93%	2
Percentage of visits due to ILI (ILINet)	▲ 0.30%	2.26%	1.96%	4
Number of regions reporting increased flu/ILI activity	▲ 5	6	1	7
Number of regions reporting decreased flu/ILI activity	▼ 2	2	4	7
Number of variant/novel influenza infections	No Change	0	0	7
Number of ILI/influenza outbreaks	▲ 3	3	0	7
Number of pediatric influenza deaths	▼ 1	1	2	9

†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 18	Season to Date Week Ending May 9, 2026
Number of labs reporting flu tests	13	
Number of specimens tested	2,520	139,113
Number positive specimens (%)	**41 (1.63%)**	**23,655 (17.00%)**
Percentage of total tests that were antigen detection tests	4.29%	
Positive specimens by type/subtype [n (%)]		
Influenza A	**0 (0.00%)**	**16,032 (67.77%)**
Subtyping performed	0 (0.00%)	4023 (25.09%)
A (H1N1)	0 (0.00%)	569 (14.14%)
A (H3N2)	0 (0.00%)	3454 (85.86%)
Subtyping not performed	0 (0.00%)	12009 (74.91%)
Influenza B	**41 (100.00%)**	**7,623 (32.23%)**

Figure 1: Number and Percentage of Tests (Antigen, Culture, PCR) Positive for Influenza by Type and Subtype Reported by Texas Hospital Laboratories, 2025-2026 Season

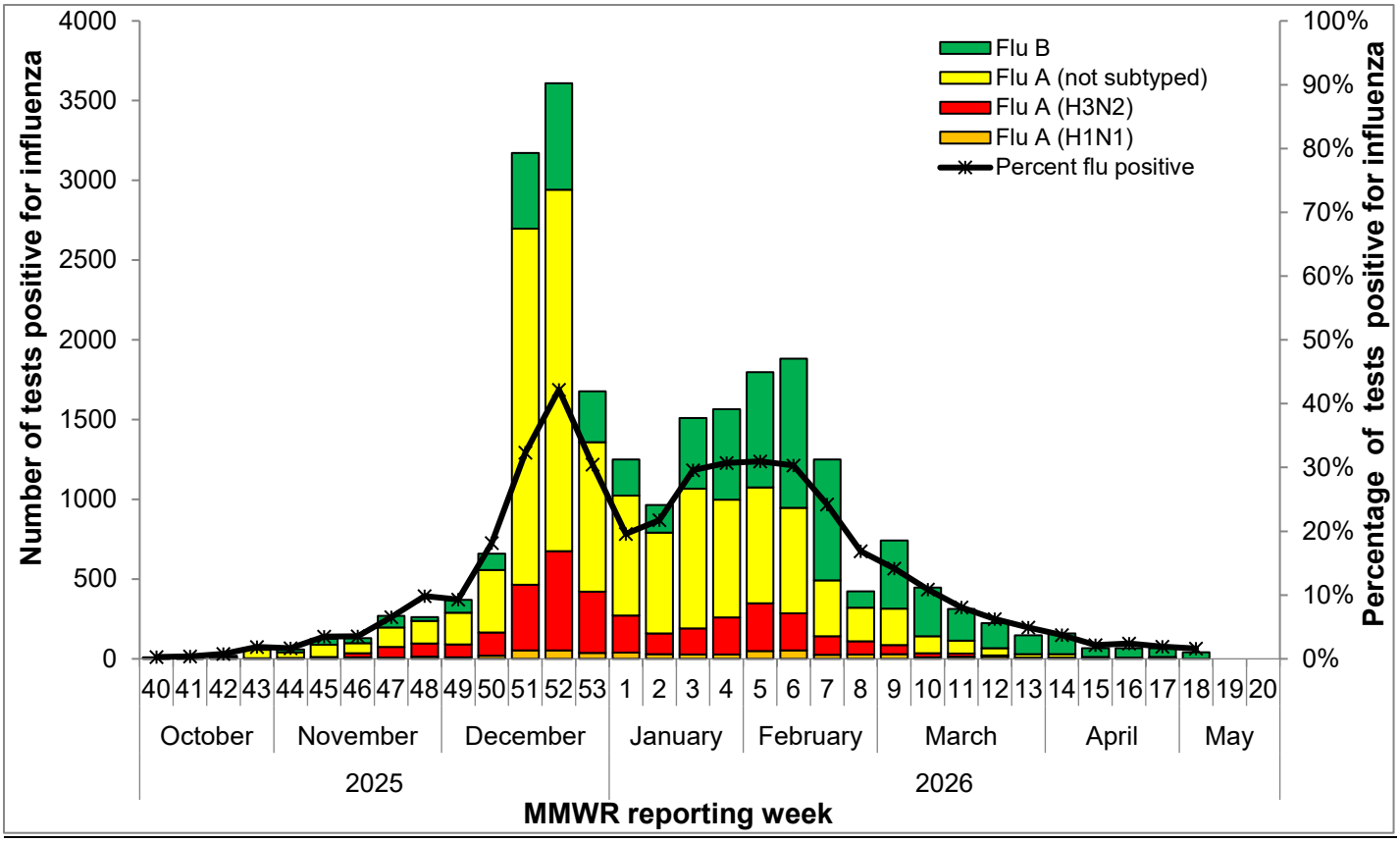
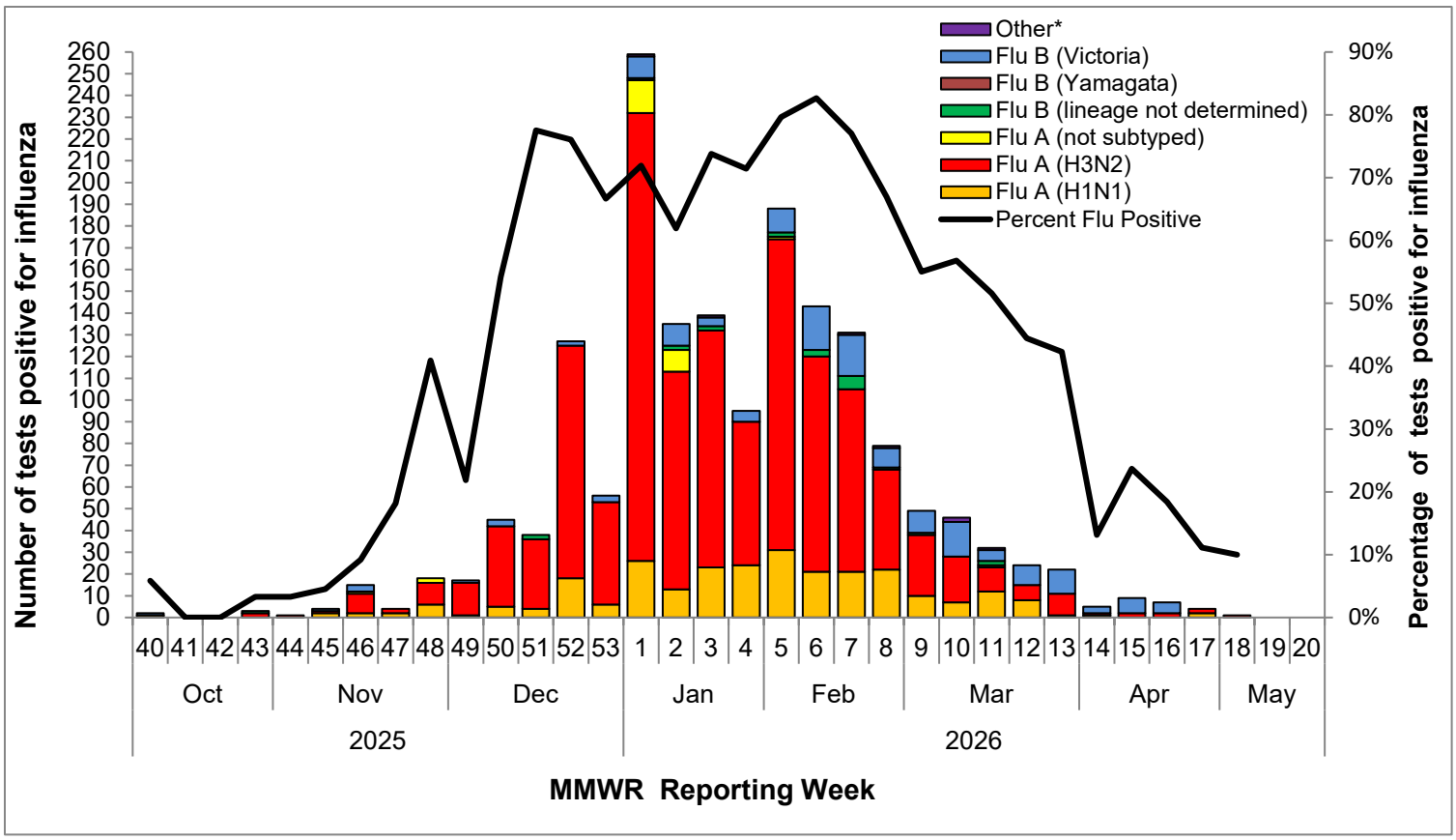


Table 3: Influenza Testing Performed by Texas Public Health Laboratories for the Current Week

	Week 18	Season to Date Week Ending: May 9, 2026
Number of labs reporting flu tests	3	
Number of specimens tested	10	2,878
Number of positive specimens (%)	**1 (10.00%)**	**1,697 (58.96%)**
Positive specimens by type/subtype/lineage [n (%)]		
Influenza A	**1 (100.00%)**	**1,499 (88.33%)**
Subtyping performed	1 (100.00%)	1469 (98.00%)
A (H1N1)	0 (0.00%)	269 (18.31%)
A (H3N2)	1 (100.00%)	1200 (81.69%)
Subtyping not performed	0 (0.00%)	30 (2.00%)
Influenza B	**0 (0.00%)**	**191 (11.26%)**
Lineage testing performed	0 (0.00%)	168 (87.96%)
B/Victoria	0 (0.00%)	168 (100.00%)
B/Yamagata	0 (0.00%)	0 (0.00%)
Lineage testing not performed	0 (0.00%)	23 (12.04%)
Other*	**0 (0.00%)**	**7 (0.41%)**

*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, 2025-2026 Season



Subtype Final/Antigenic Characterization
Since September 29, 2025, CDC has reported subtype final/antigenic characterization results from Seventy-Four (74) Influenza A (H1N1), Two Hundred and Fifty-Nine (259) Influenza A (H3N2), and Eighty-Six (86) 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)

Due to a lapse in Federal appropriation for Fiscal Year 2026 or a Continuing Resolution for the Department of Health and Human Services, CDC Influenza Division will not be updating FluView or FluView Interactive, but CDC is continuing to monitor national surveillance data.

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

	Week 18
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	2.26%
Texas ILINet baseline‡, 2025-2026	3.83%

‡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 05/14/2026 10:00 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+			
202540	47	235	412	204	68	45	964	45637	2.11%
202541	47	202	363	181	65	39	850	41351	2.06%
202542	47	233	368	188	71	43	903	43342	2.08%
202543	44	211	289	164	69	37	770	43020	1.79%
202544	46	198	274	160	57	35	724	40710	1.78%
202545	45	214	366	193	62	34	869	39934	2.18%
202546	46	286	471	264	97	60	1178	41457	2.84%
202547	44	343	579	250	94	49	1315	42086	3.12%
202548	45	330	316	185	66	52	949	30649	3.10%
202549	46	393	638	319	124	66	1540	39647	3.88%
202550	46	448	703	383	126	88	1748	42277	4.13%
202551	45	657	1037	517	168	105	2484	42136	5.90%
202552	43	932	1144	666	226	188	3156	37100	8.51%
202553	41	670	595	650	253	232	2400	36925	6.50%
202601	42	415	575	635	261	158	2044	42379	4.82%
202602	45	373	654	426	166	118	1737	40974	4.24%
202603	30	121	415	79	44	35	694	10822	6.41%
202604	44	371	737	417	132	88	1745	34681	5.03%
202605	31	104	464	75	40	29	712	11117	6.40%
202606	44	409	906	462	178	112	2067	43316	4.77%
202607	42	368	705	403	142	106	1724	43441	3.97%
202608	44	312	573	354	125	98	1462	40023	3.65%
202609	43	329	624	310	109	66	1438	40740	3.53%
202610	43	281	384	247	91	58	1061	38275	2.77%
202611	44	261	292	226	85	69	933	37719	2.47%
202612	43	252	337	221	84	57	951	42100	2.26%
202613	43	204	295	180	58	38	775	39252	1.97%
202614	41	259	283	184	58	44	828	40486	2.05%
202615	43	262	286	186	58	41	833	42101	1.98%
202616	42	238	312	168	59	33	810	40144	2.02%
202617	43	225	310	181	65	57	838	42723	1.96%
202618	40	277	322	216	77	41	933	41359	2.26%

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, 2025-2026 Season

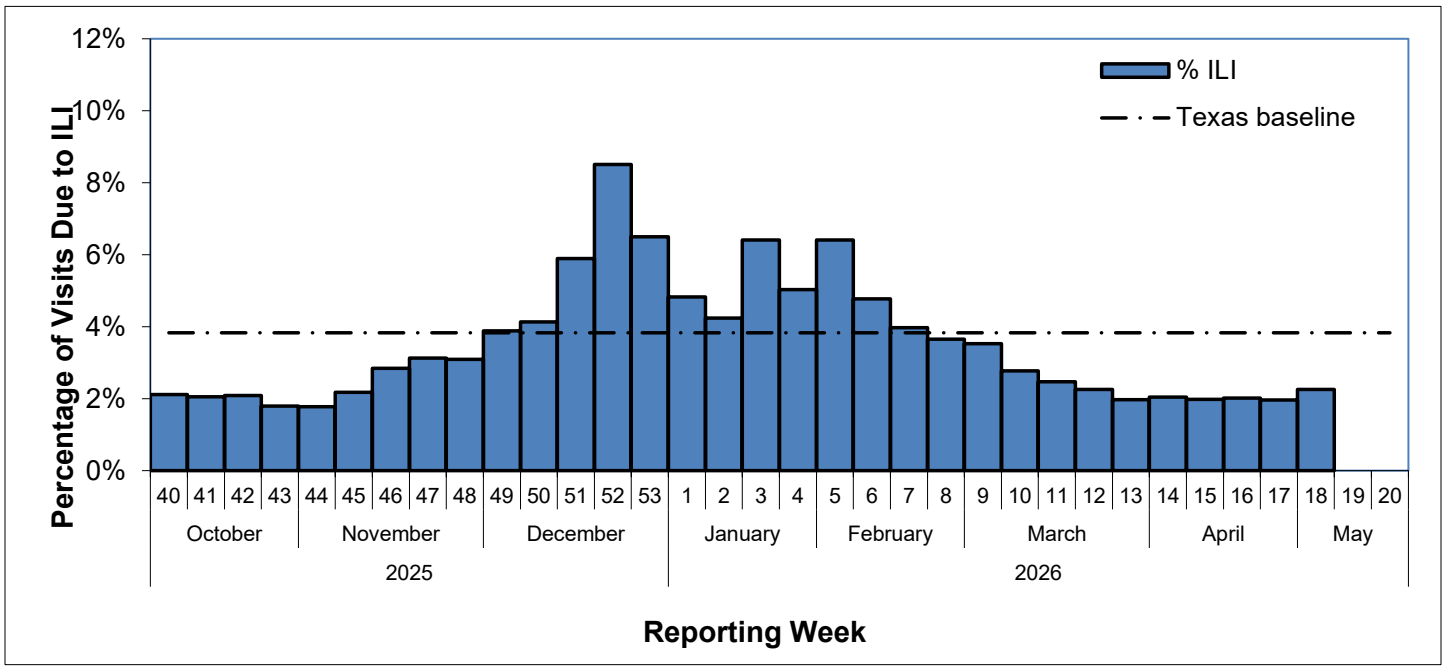
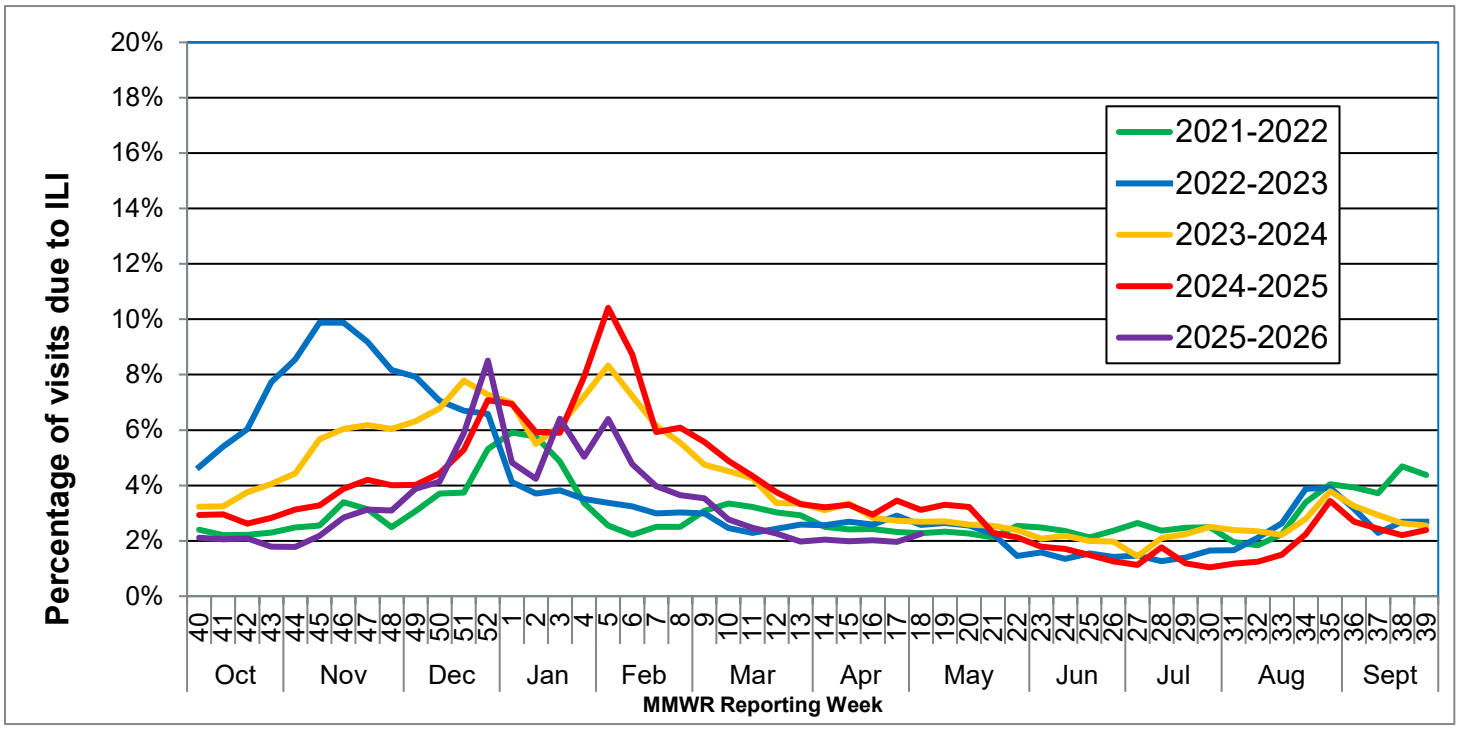


Figure 4: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2021–2026 Season



Note: The 2020-2021/2025-2026 Flu Season contains MMWR week 202053/202553. 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 18.

Table 6: Influenza Activity compared to Week 17 by Public Health Regions (PHRs).

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

Variant Influenza Viruses

No novel/variant influenza viruses have been detected in Texas during the 2025-2026 season.

Influenza/ILI Outbreaks and School Closures

Three (3) respiratory disease outbreaks were reported in Week 18. One COVID-19 outbreak was reported at an assisted living facility in PHR 7. The second was an RSV outbreak at an assisted living facility in PHR 7. The third outbreak was associated with influenza-like-illness at an elementary school in PHR 11.

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.

Six Thousand Four Hundred and Eighty-Seven (6,487) P&I Deaths have been reported in Texas for the 2025-2026 season.

Table 7: Texas P&I Deaths Occurring September 29, 2025 – May 13, 2026* by Age.

Age Category (years)	Number of P&I Deaths+	Mortality Rate (per 100,000)
0 – 4	19	0.96
5 – 17	25	0.46
18 – 49	393	2.76
50 - 64	1022	18.87
65 +	5028	100.00
Overall	6487	20.24

*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, 2025 – May 13, 2026* by Public Health Region (PHR).

PHR	Number of P&I Deaths+	Mortality Rate (per 100,000)
1	253	27.29
2/3	1764	18.38
4/5N	527	33.18
6/5S	1517	17.69
7	756	18.19
8	762	22.96
9/10	337	21.78
11	571	24.45
Overall	6487	20.24

*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

One (1) influenza-associated pediatric mortality was reported in Week 18.

Sixteen (16) influenza-associated pediatric mortalities have been reported in Texas during the 2025-2026 Influenza season.
Cases of influenza-associated pediatric mortality (children <18 years of age) are reportable year-round by law in Texas.

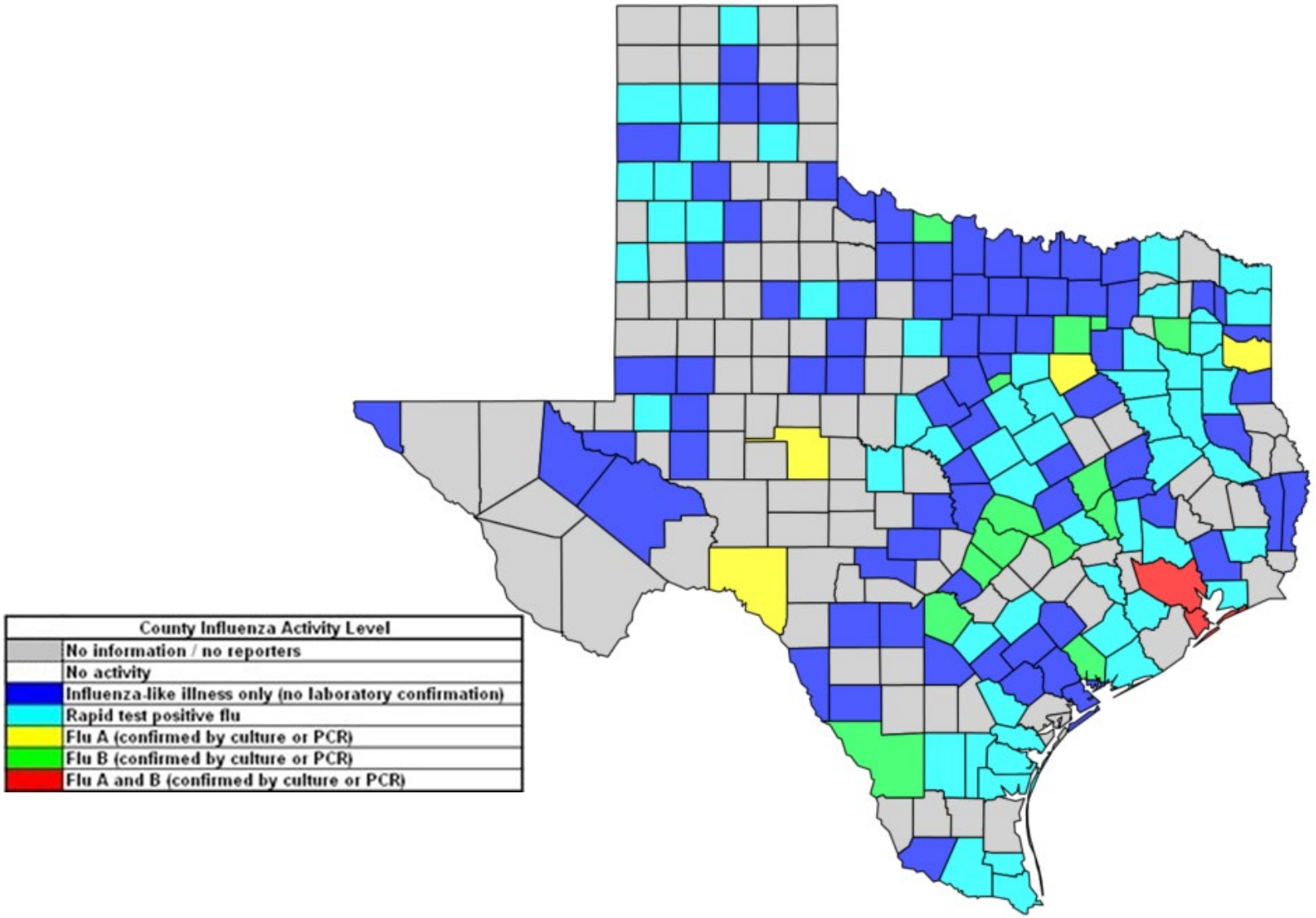
Table 9: Influenza-Associated Pediatric Deaths Reported in Texas during the 2025-2026 Season

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
2025							
October	0	0	0	1	0	0	1
November	0	0	0	1	0	0	1
December	0	4	0	1	0	0	5
2026							
January	0	1	0	2	0	0	3
February	0	1	0	3	0	0	4
March	1	1	0	0	0	0	2
April	0	0	0	0	0	0	0
May	0	0	0	0	0	0	0
Total*	**1**	**7**	**0**	**8**	**0**	**0**	**16**

*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 May 9, 2026 (MMWR Week 18)



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

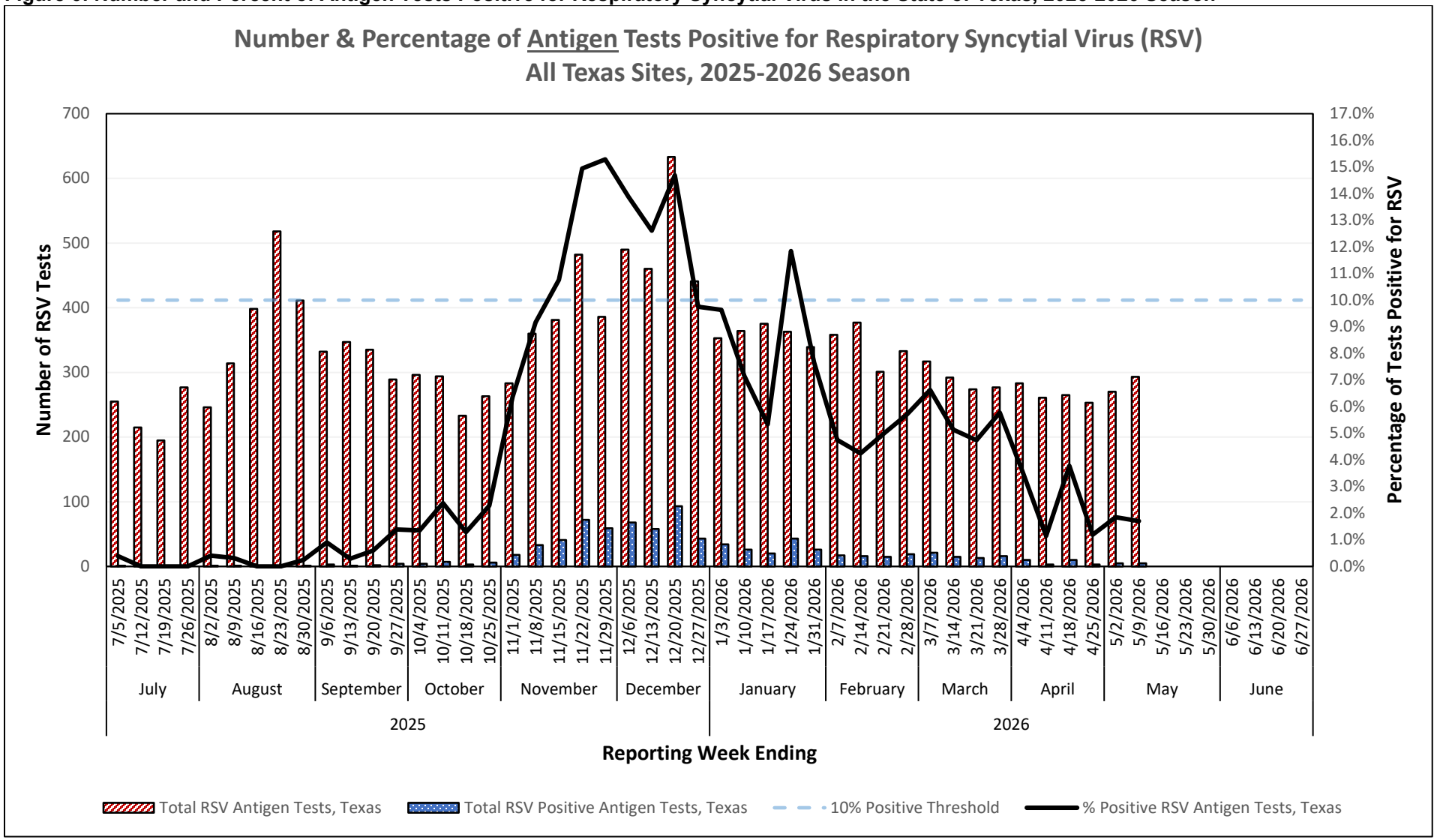
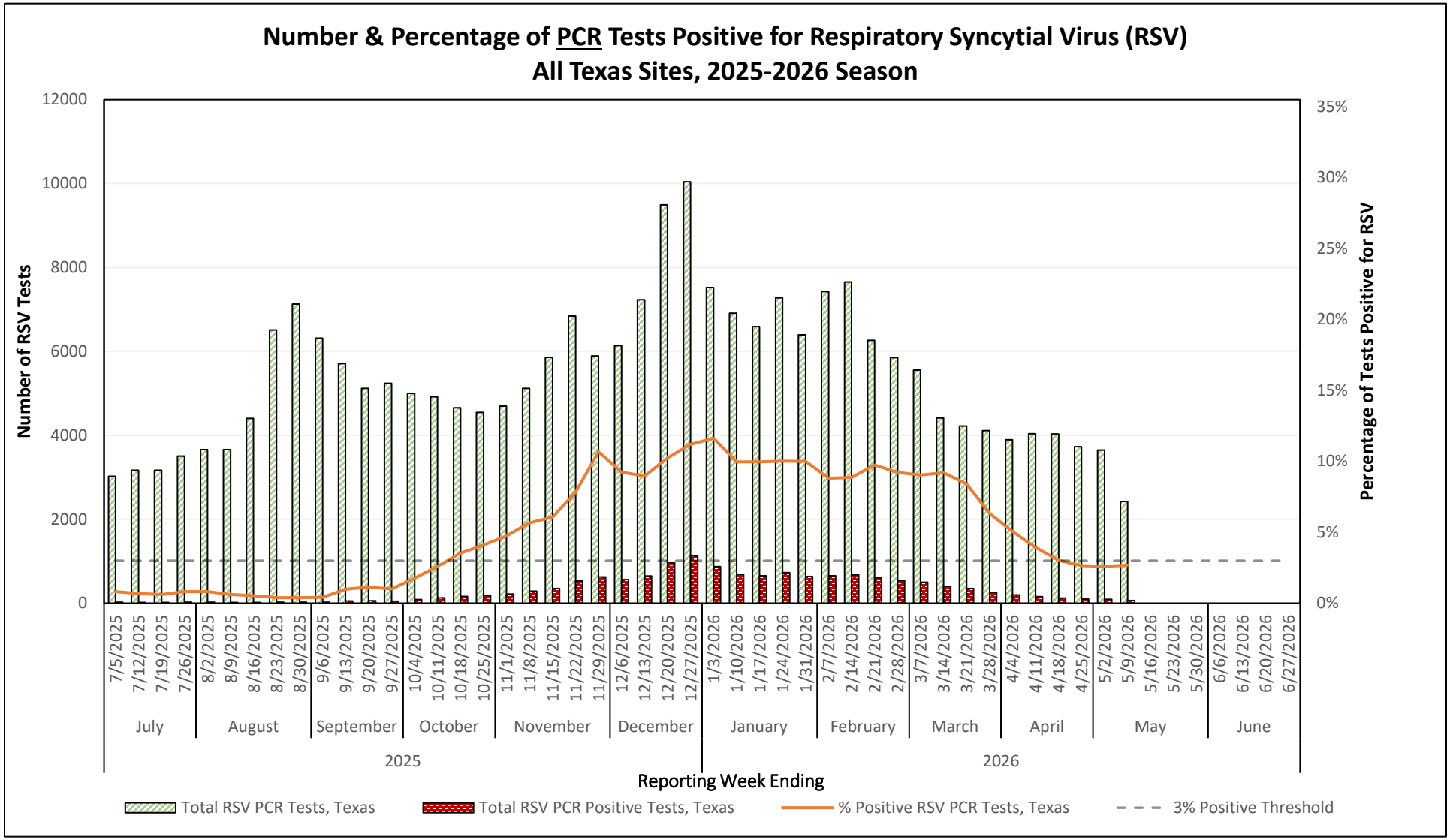


Figure 7: Number and Percent of PCR Tests Positive for Respiratory Syncytial Virus in the State of Texas, 2025-2026 Season



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)	11	1708	80	4.68%
HMPV	11	1708	136	7.96%
Parainfluenza virus	11	1708	181	10.60%
Rhino/enterovirus	12	1804	607	33.65%
RSV†^	14	2502	68	2.72%
Seasonal coronavirus (does not include MERS-CoV or COVID-19)	10	1695	56	3.30%

† 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, **9,453,648 confirmed and probable cases** of **COVID-19** were reported in Texas. So far for 2026, **12,472 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)**	▲ 70	391	321
New COVID-19 Confirmed Cases**	▲ 41	243	202
New COVID-19 Probable Cases**	▲ 29	148	119
Total COVID-19 Cases (Probable and Confirmed)**	▲ 391	9,453,638	9,453,247
Total COVID-19 Confirmed Case**	▲ 243	7,174,373	7,174,130
Total COVID-19 Probable Cases**	▲ 148	2,279,265	2,279,117
Newly Reported COVID-19-Associated Fatalities	0	4	4
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 2020-2023 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 **21.8%** in **Week 18** compared to the previous MMWR Week.

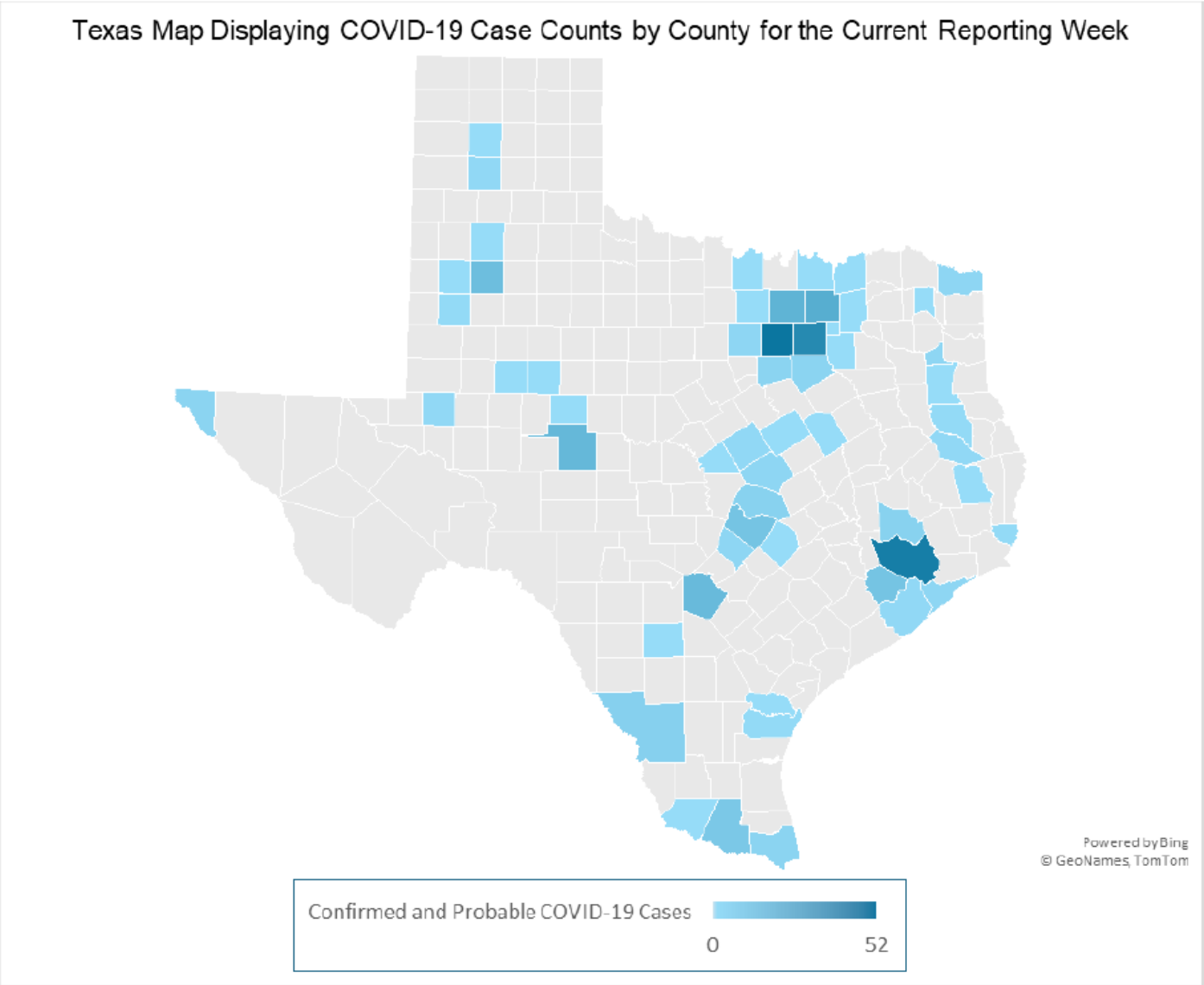
COVID-19-associated fatalities changed by **0.0%** in **Week 15** when compared to the previous week. COVID-19-associated fatalities are shown by week during which the death occurred, up to three weeks prior to current report week because death certificates are required to be filed within 10 days of 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



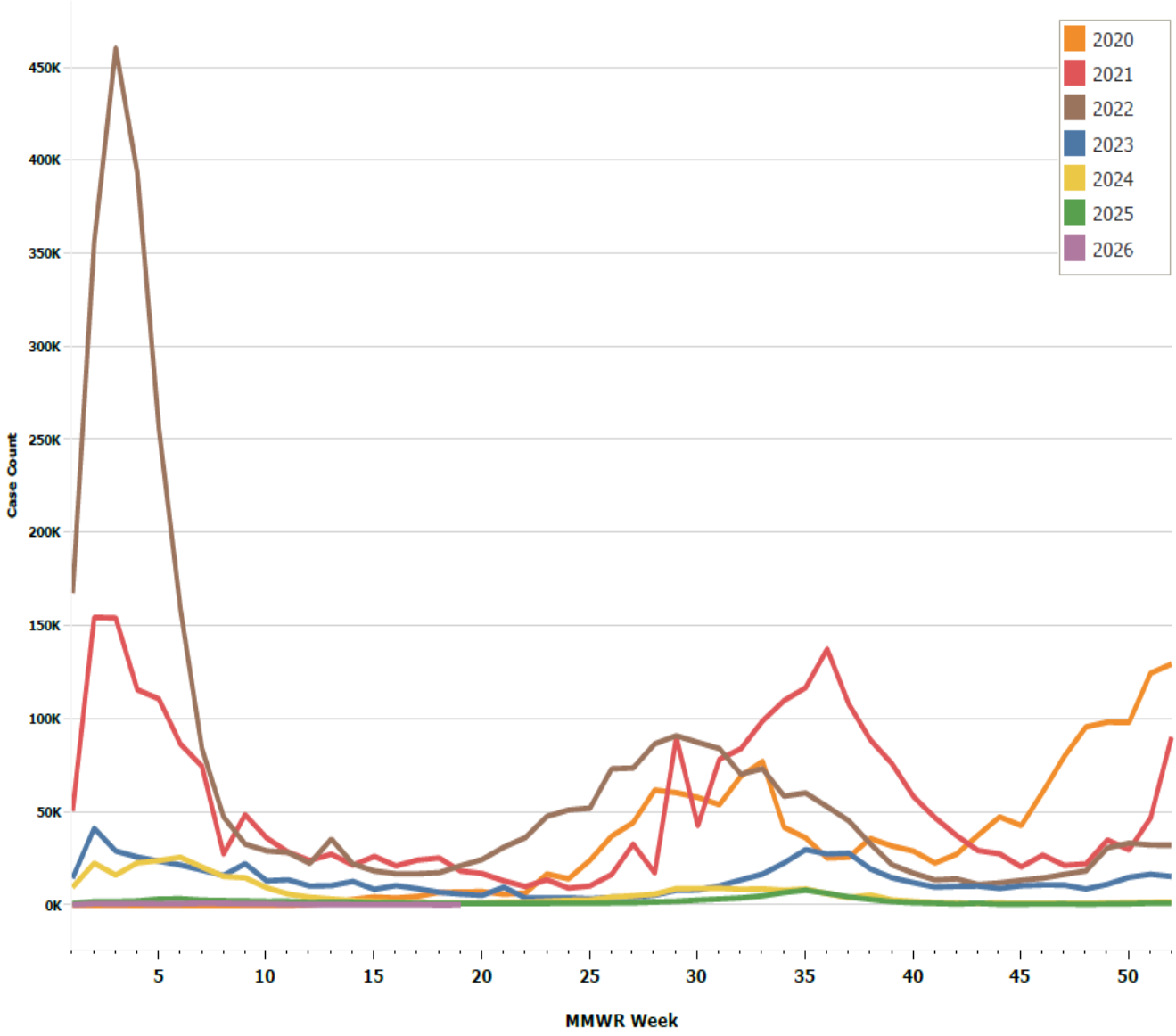
COVID-19 Case Map Notes

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 = 9,453,638)



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 increased in **Week 18.**

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*	▲ 18	573	555
per 100,000 population	-	1.84	1.78
Antigen Tests*	▲ 14	156	142
per 100,000 population	-	0.50	0.46

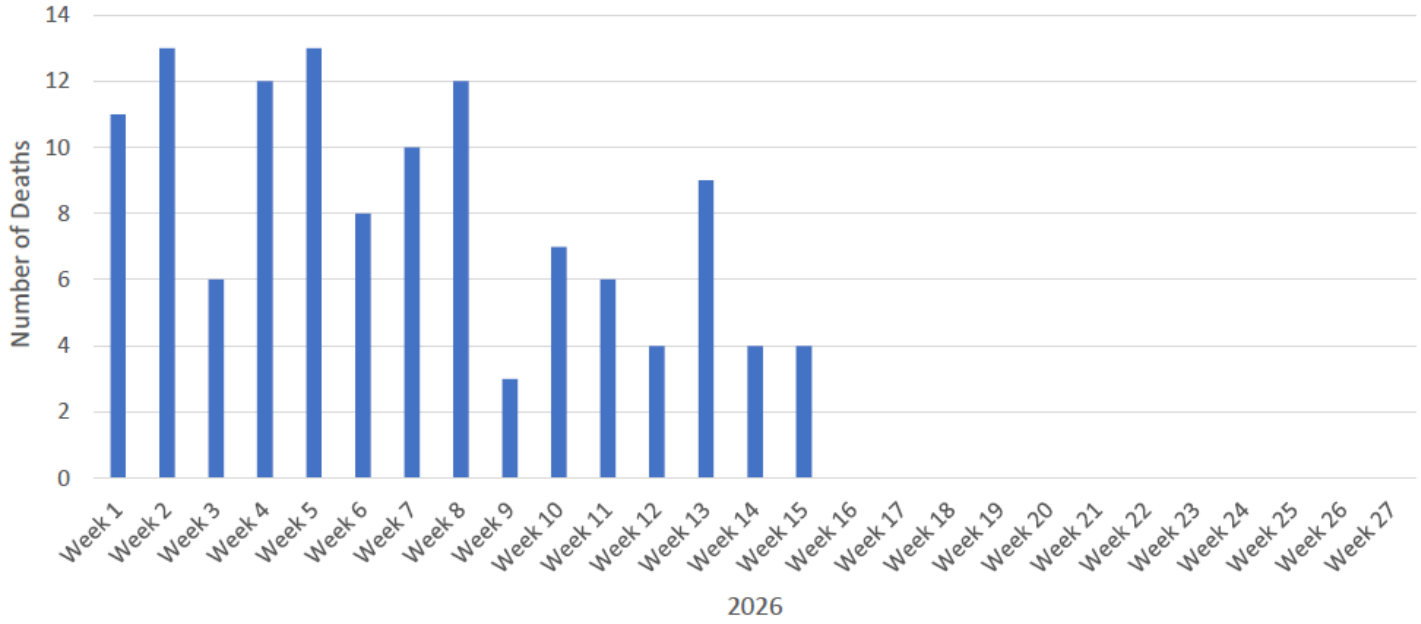
* As of June 15th, 2023, only positive tests must be reported to DSHS. Negative tests are no longer required to be reported, resulting in a decrease in the number of tests reported

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.

One Hundred and Twenty-Two (122†) COVID-19-associated deaths were reported up to **MMWR Week 15** in 2026 from death certificates of Texas residents. There were 4 **COVID-19-associated deaths** reported in **MMWR Week 15**. In total, **96,869 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 2026 Week 15



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 (2026) †	Total Mortality Rate (Per 100,000) (2026) †	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	<10	<10	<10
10-19 years	<10	<10	<10	<10
20-29 years	<10	<10	<10	<10
30-39 years	<10	0.10	<10	0.02
40-49 years	<10	0.10	<10	0.02
50-59 years	<10	0.11	<10	0.03
60-64 years	<10	0.41	<10	0.06
65-69 years	<10	0.51	<10	0.06
70-74 years	11	0.86	<10	0.08
75-79 years	12	1.23	<10	0.10
80+ years	55	5.05	<10	0.37
Unknown	16	N/A	<10	<10
Overall	122	0.37	<10	0.01

*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 22, Section: Mortality

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

Race/Ethnicity	Total Number of COVID-19 Deaths (2026) †	Total Mortality Rate (per 100,000) (2026) †	MMWR Report Week Number of COVID-19 Deaths***	MMWR Report Week Mortality Rate (per 100,000)****
White	82	0.65	<10	0.01
Black	11	0.27	<10	0.02
Hispanic	26	0.19	<10	0.01
Asian	<10	<10	<10	<10
Other Race	<10	<10	<10	<10
Unknown Race/Ethnicity	<10	<10	<10	<10
Overall	122	0.37	<10	0.01

*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 duplications.

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

PHR	Total Number of COVID-19 Deaths (2026) †	Total Mortality Rate (per 100,000) (2026) †	MMWR Report Week Number of COVID-19 Deaths***	MMWR Report Week Mortality Rate (per 100,000)****
PHR 1	10	1.06	<10	0.01
PHR 2/3	41	0.43	<10	0.10
PHR 4/5N	17	1.09	<10	0.02
PHR 6/5S	13	0.15	<10	0.19
PHR 7	16	0.40	<10	0.02
PHR 8	<10	0.26	<10	0.02
PHR 9/10	10	0.57	<10	0.02
PHR 11	<10	0.25	<10	<10
Overall	122	0.37	<10	0.01

*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 (2026) †	Total Mortality Rate (per 100,000) (2026) †	MMWR Report Week Number of COVID-19 Deaths***	MMWR Report Week Mortality Rate (per 100,000)****
Female	62	0.38	<10	0.00
Male	60	0.37	<10	0.02
Overall	122	0.37	<10	0.01

*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.

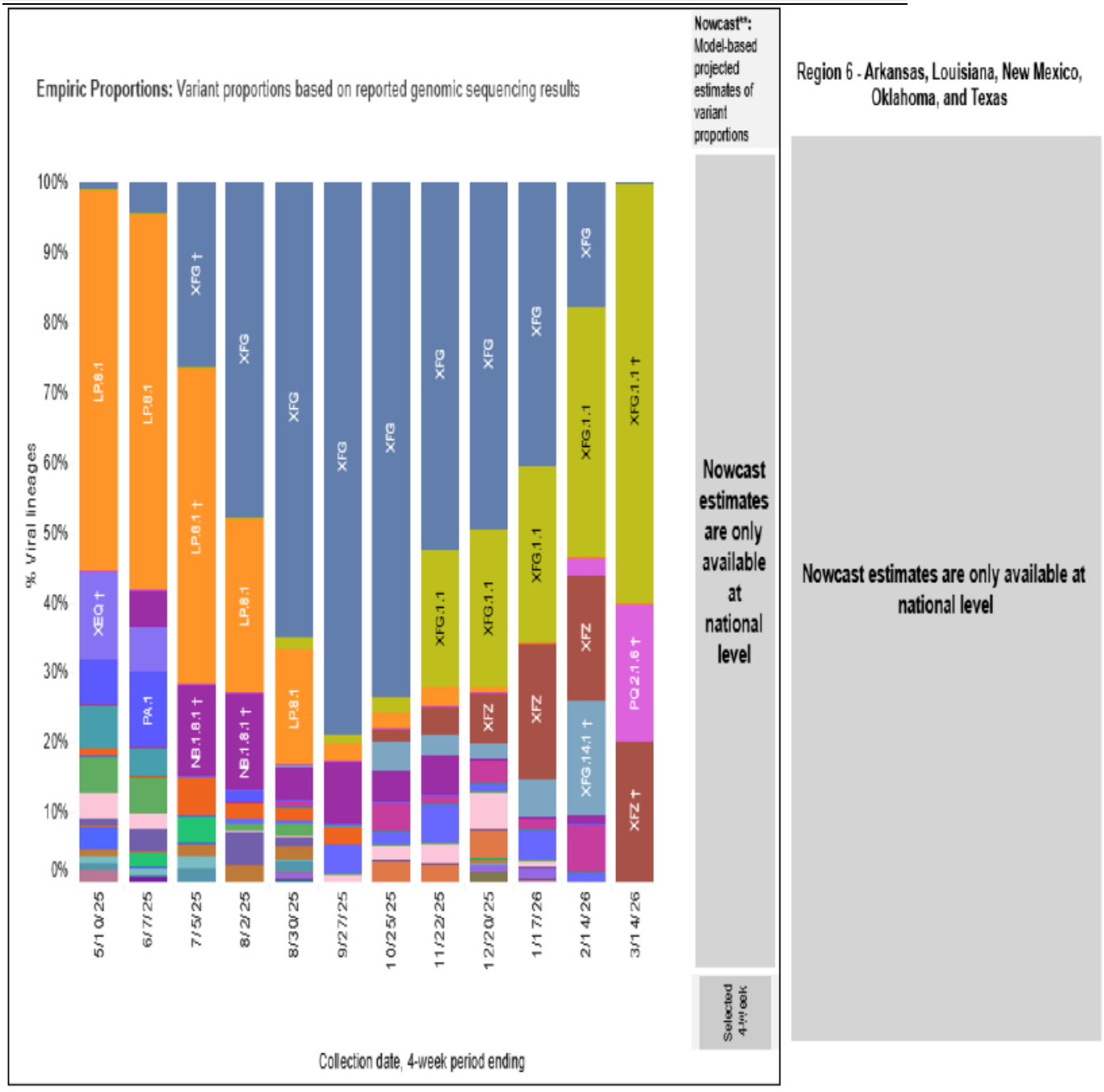
† Refer to Texas COVID-19 Surveillance Components and Measures on page 22, Section: Mortality.

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.



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.

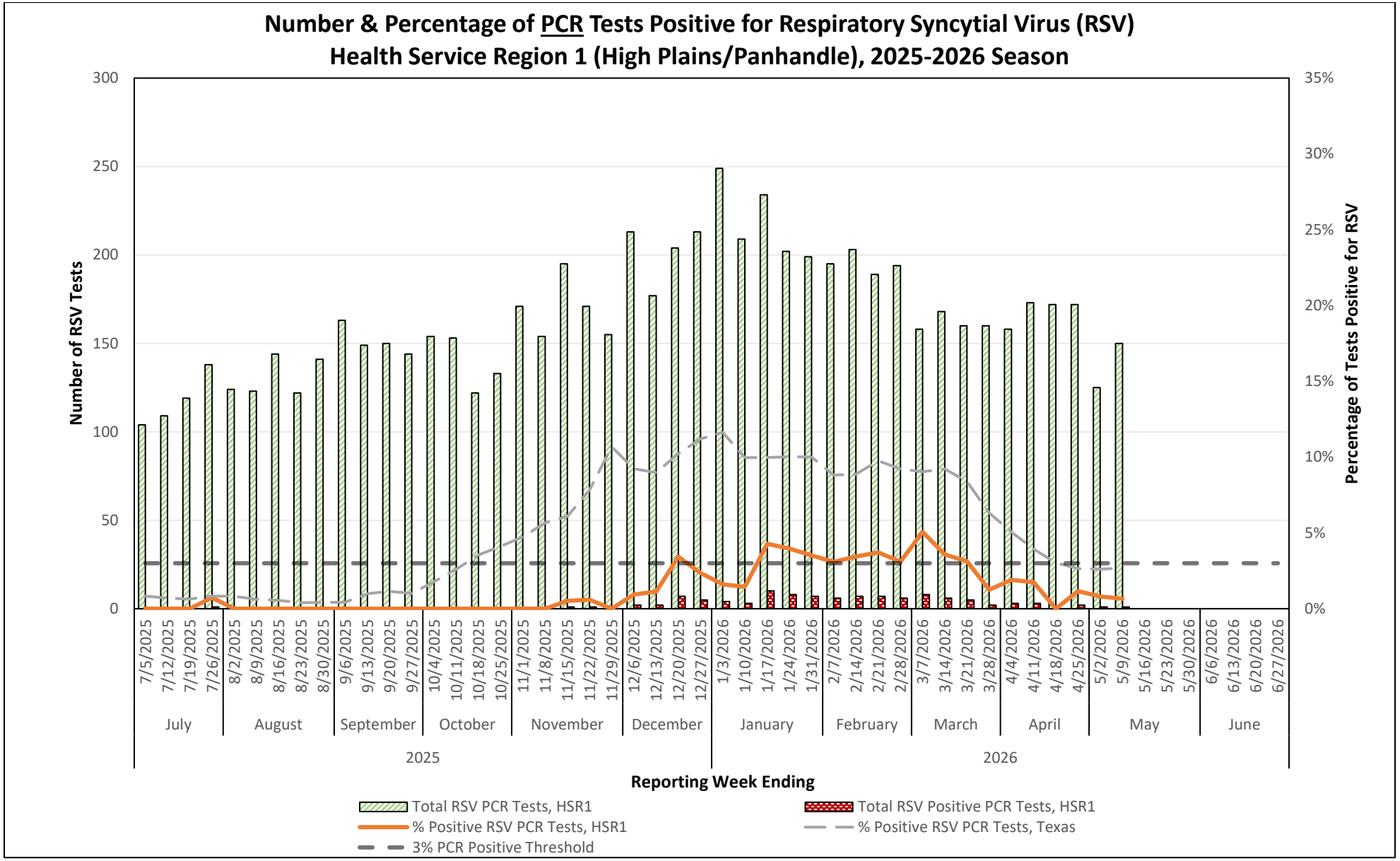
Appendix 3: COVID-19 MMWR Weeks

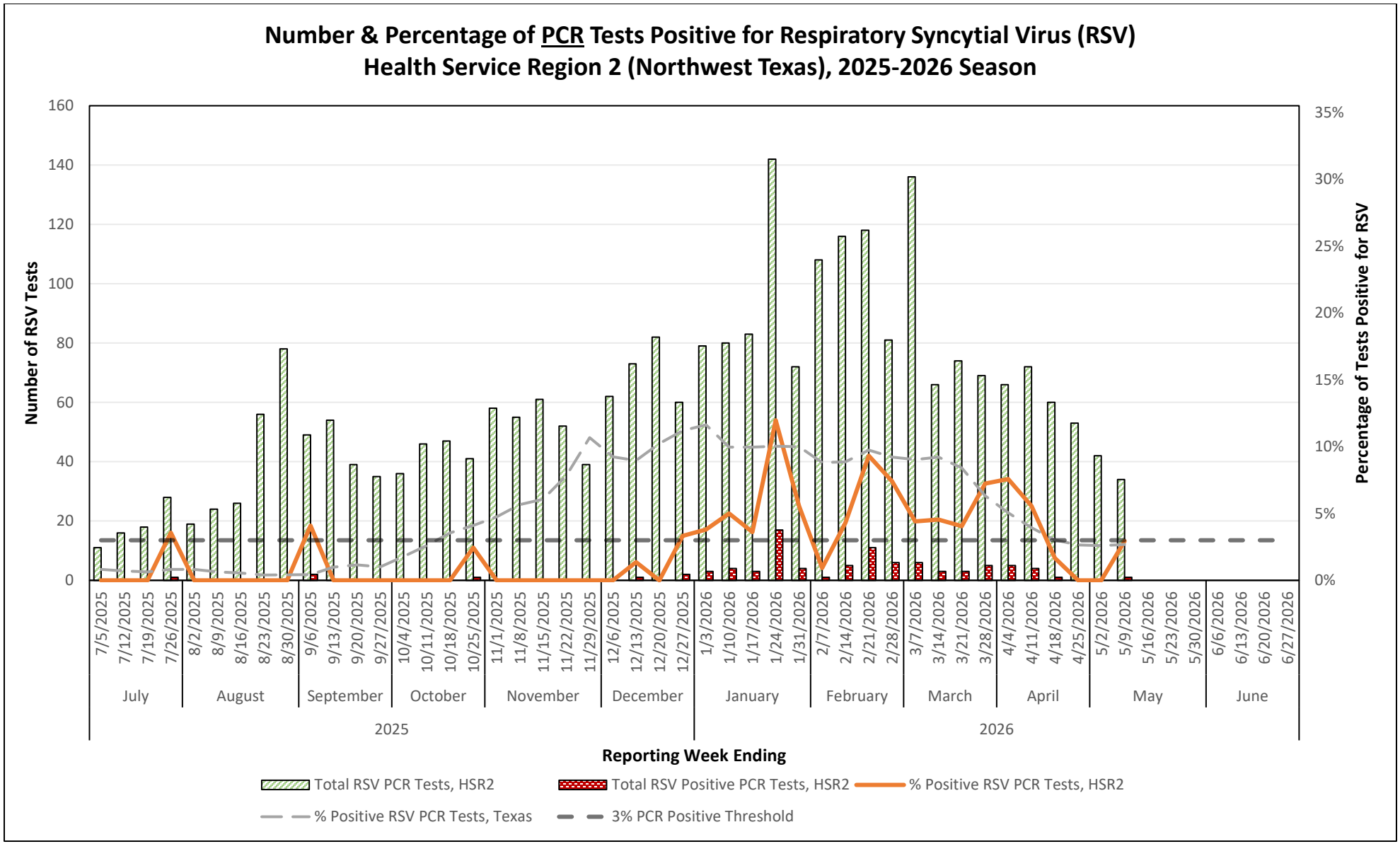
For a full list of MMWR Week dates please visit: https://ndc.services.cdc.gov/wp-content/uploads/MMWR-Week-Log-2022-2023.pdf

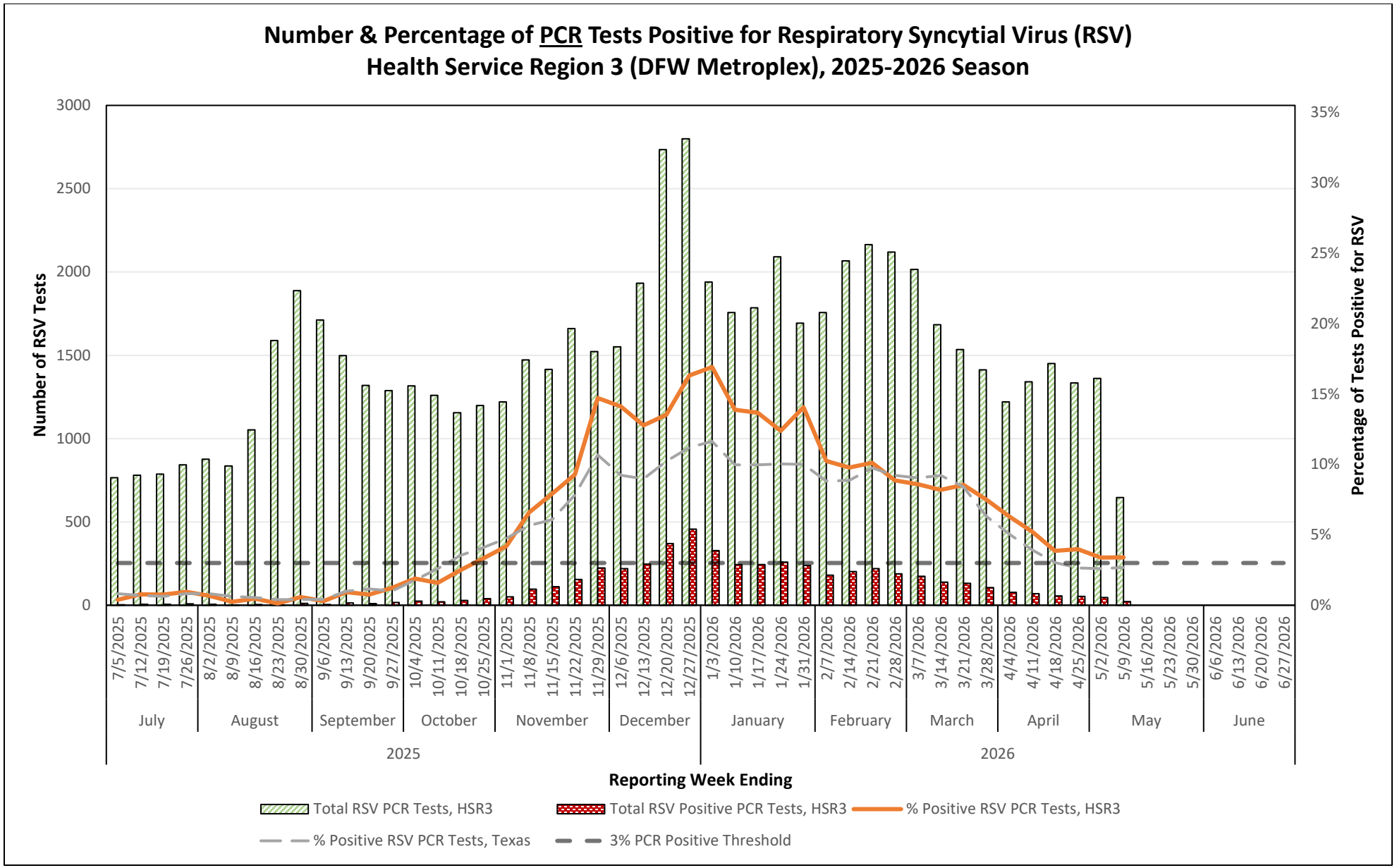
Appendix 4: COVID-19 Texas Demographic Center

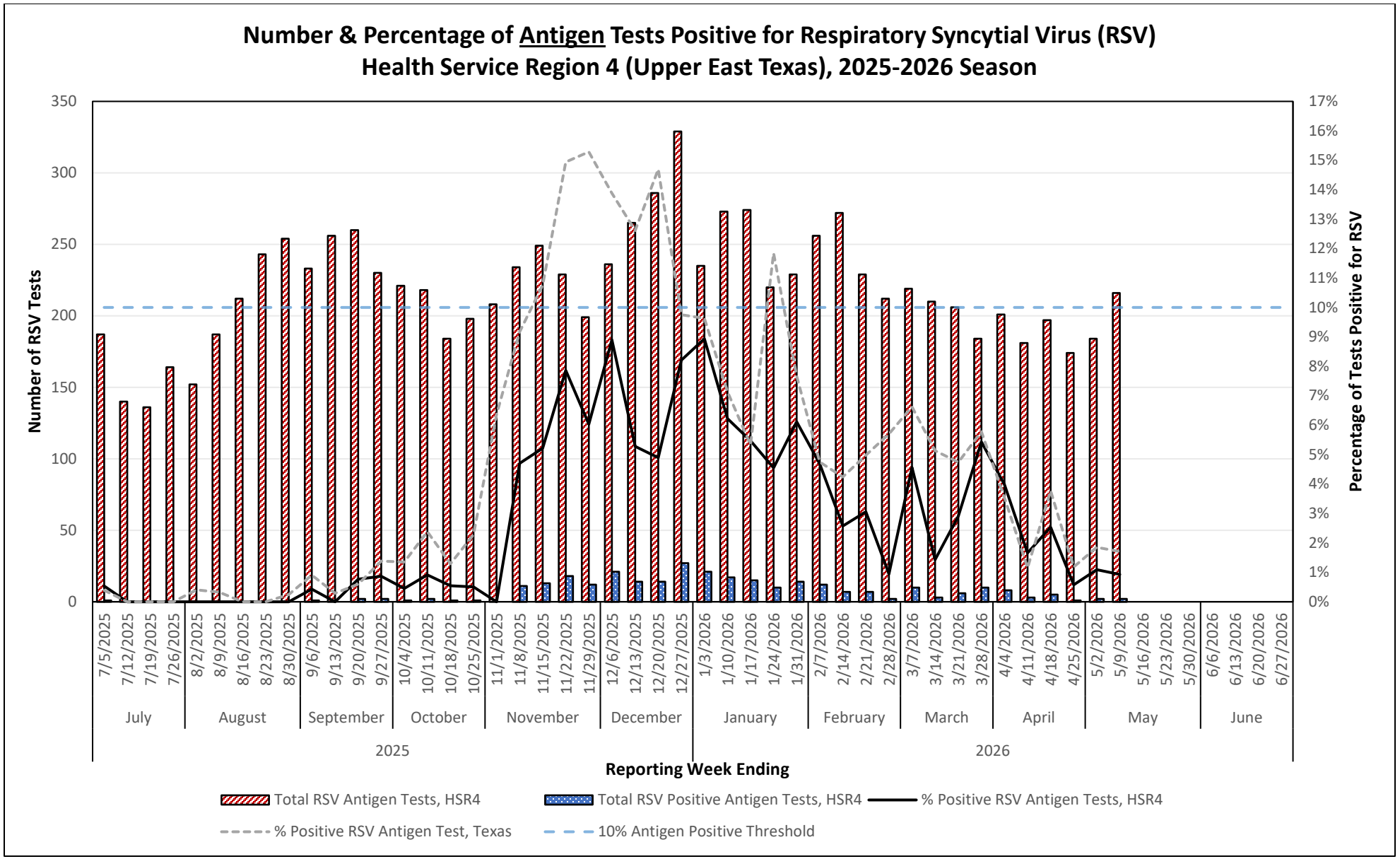
For population projections in Texas by county, please visit: https://demographics.texas.gov/Projections/

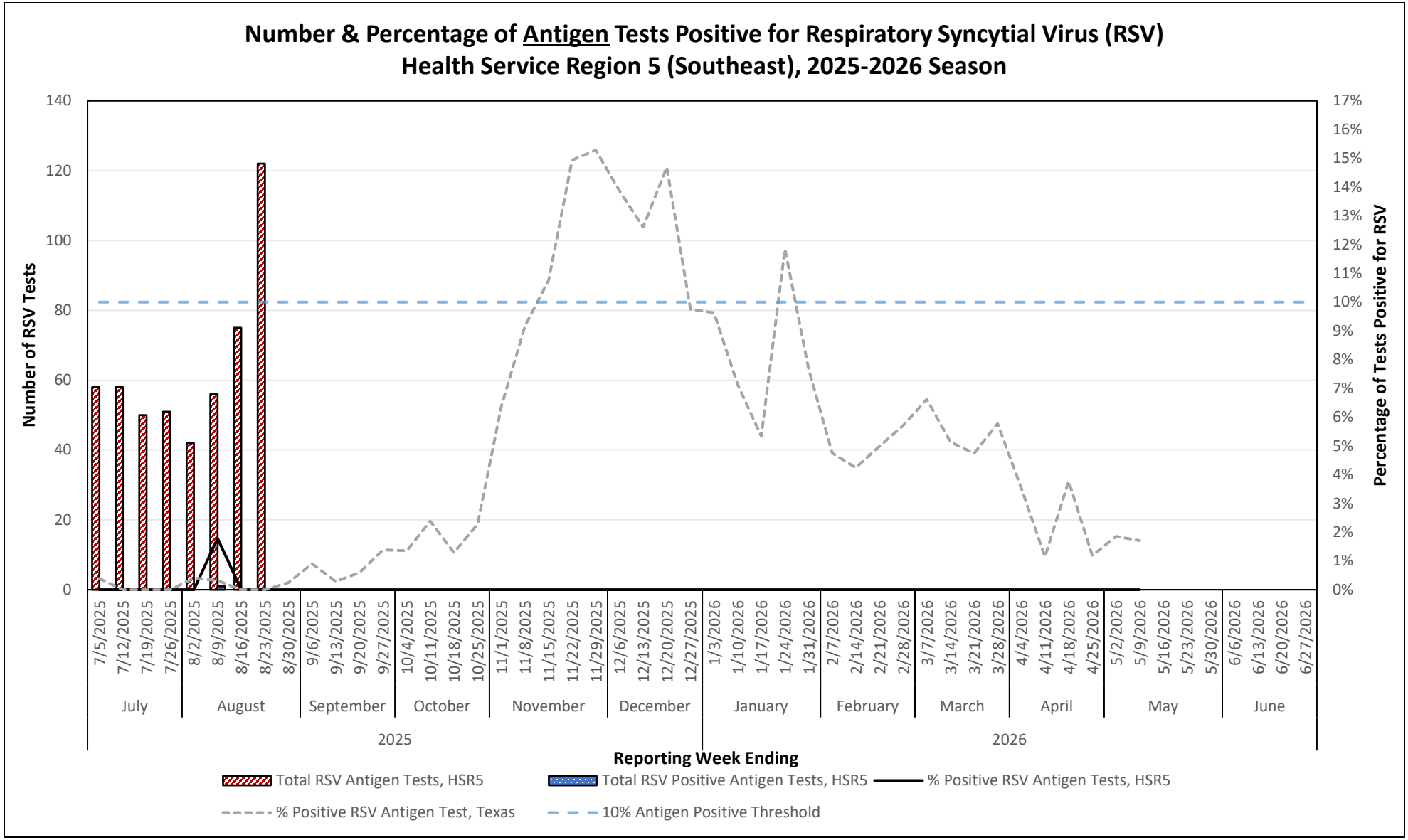
Appendix 5: Texas Respiratory Syncytial Virus (RSV) Surveillance by Health Service Region



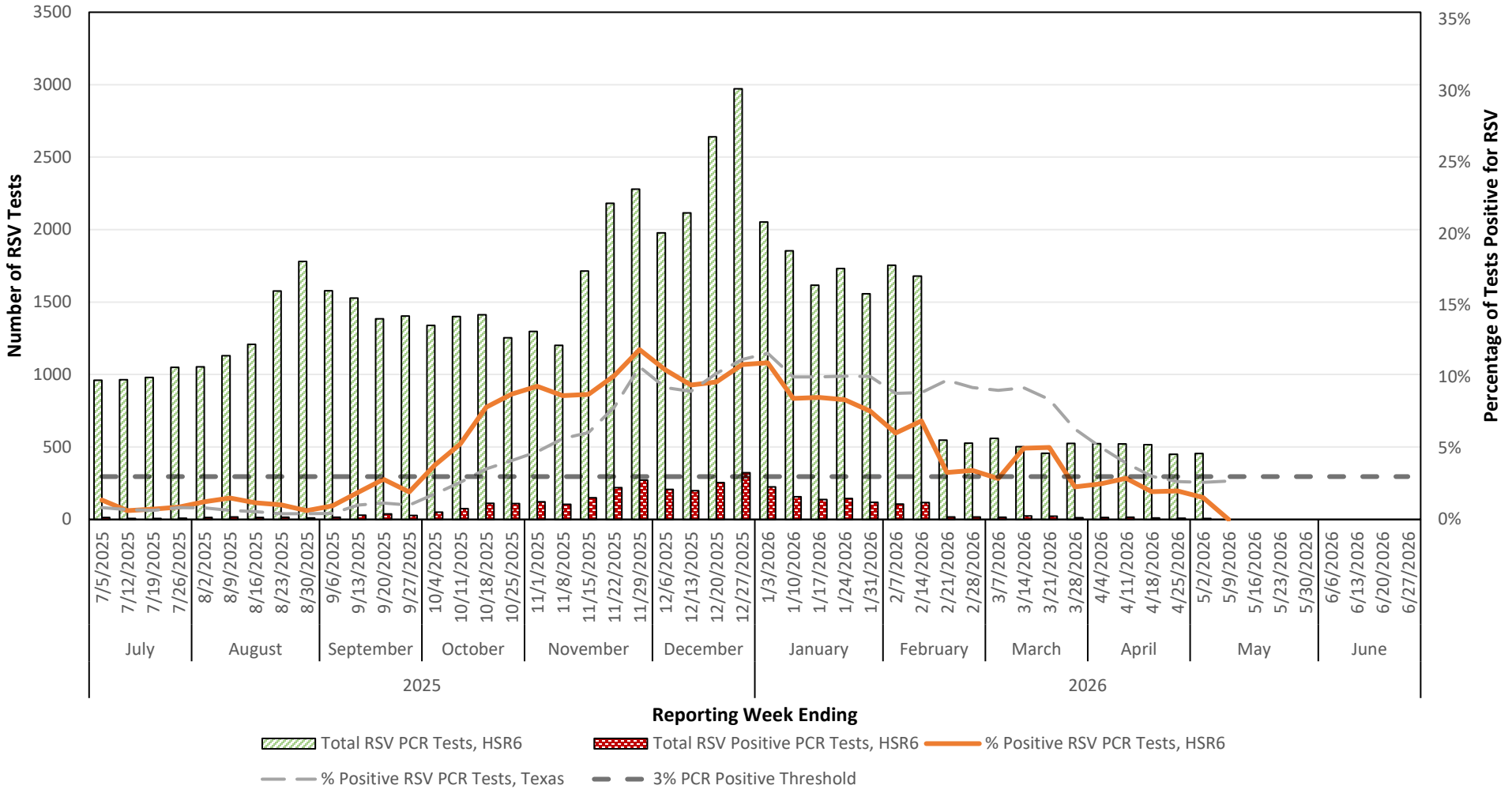

Number & Percentage of PCR Tests Positive for Respiratory Syncytial Virus (RSV)
Health Service Region 2 (Northwest Texas), 2025-2026 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
Reporting Week Ending
2025
2026
July
August
September
October
November
December
January
February
March
April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

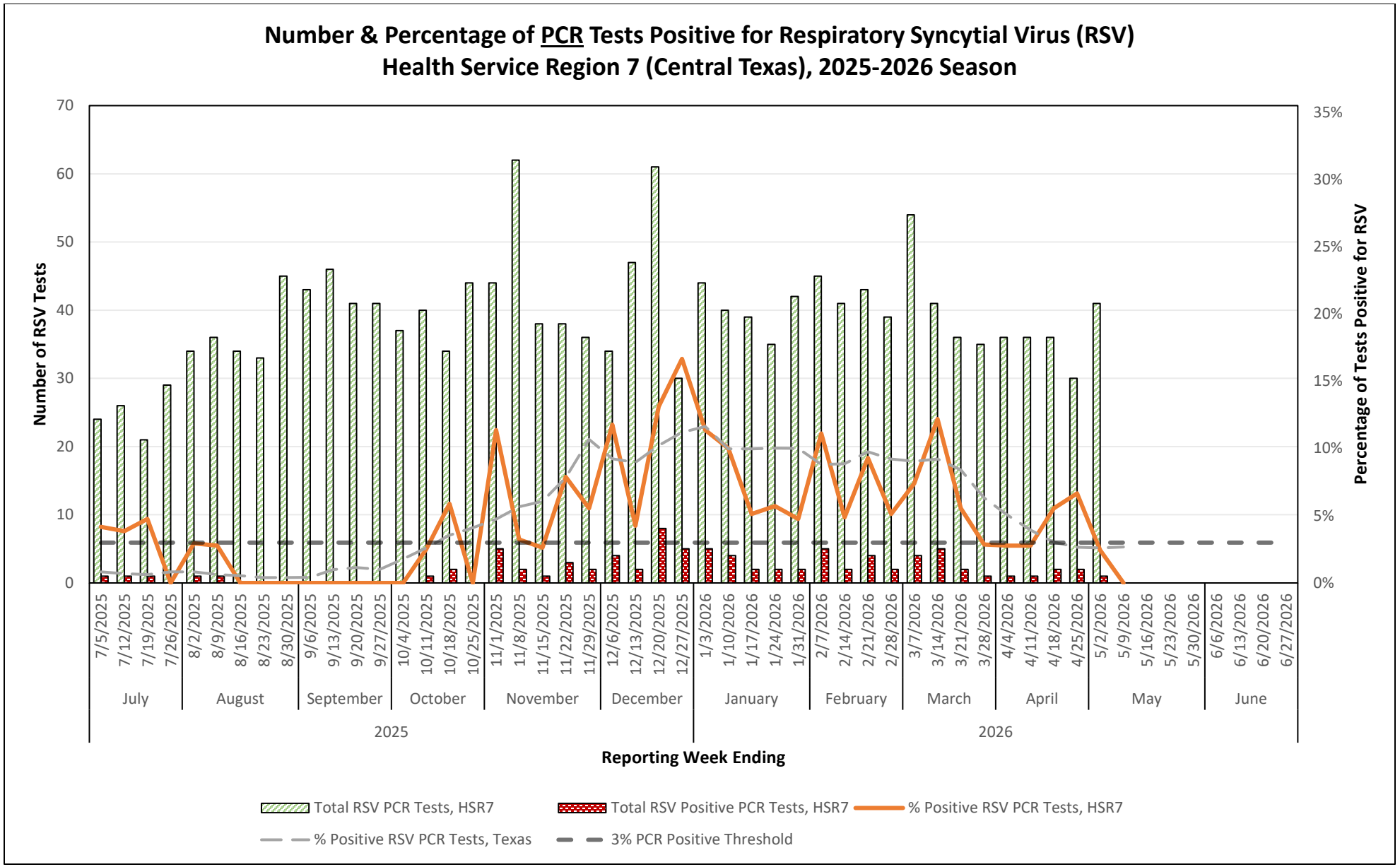

Number & Percentage of PCR Tests Positive for Respiratory Syncytial Virus (RSV)
Health Service Region 3 (DFW Metroplex), 2025-2026 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
3000
2500
2000
1500
1000
500
0
35%
30%
25%
20%
15%
10%
5%
0%
7/5/2025
7/12/2025
7/19/2025
7/26/2025
8/2/2025
8/9/2025
8/16/2025
8/23/2025
8/30/2025
9/6/2025
9/13/2025
9/20/2025
9/27/2025
10/4/2025
10/11/2025
10/18/2025
10/25/2025
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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
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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
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

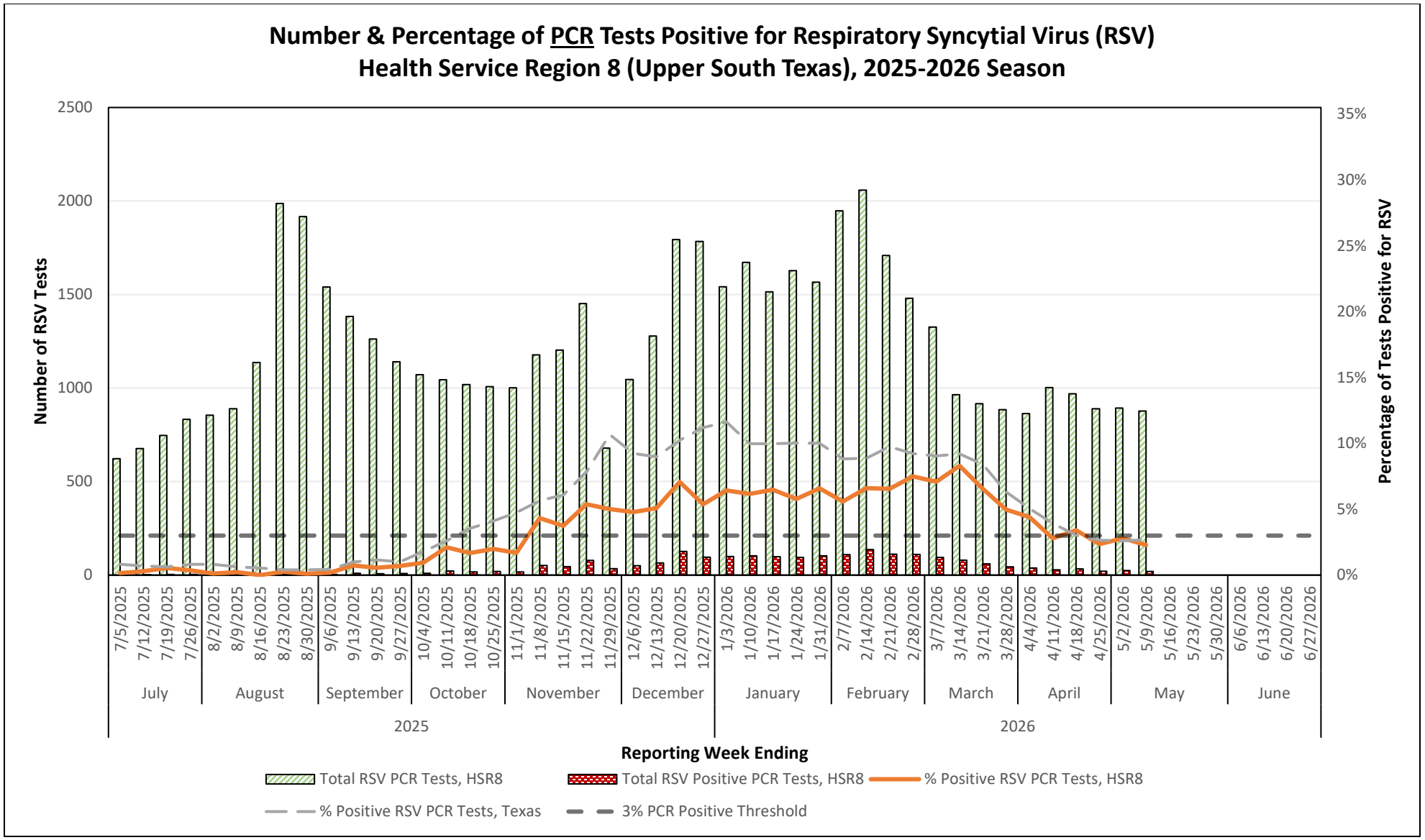

Number & Percentage of Antigen Tests Positive for Respiratory Syncytial Virus (RSV)
Health Service Region 4 (Upper East Texas), 2025-2026 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
350
300
250
200
150
100
50
0
17%
16%
15%
14%
13%
12%
11%
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
7/5/2025
7/12/2025
7/19/2025
7/26/2025
8/2/2025
8/9/2025
8/16/2025
8/23/2025
8/30/2025
9/6/2025
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
Reporting Week Ending
Total RSV Antigen Tests, HSR4
Total RSV Positive Antigen Tests, HSR4
% Positive RSV Antigen Tests, HSR4
% Positive RSV Antigen Test, Texas
10% Antigen Positive Threshold

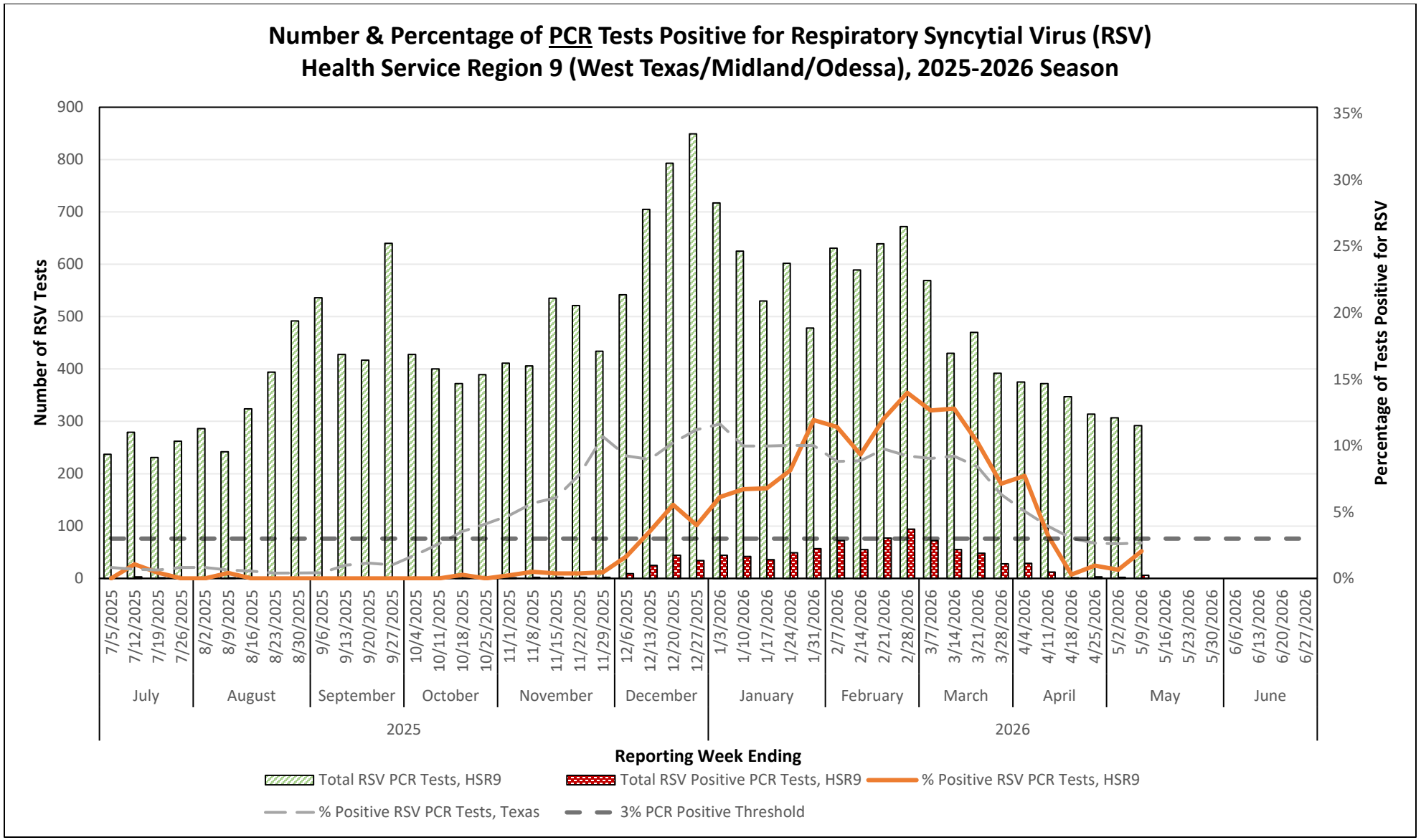

Number & Percentage of Antigen Tests Positive for Respiratory Syncytial Virus (RSV)
Health Service Region 5 (Southeast), 2025-2026 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
140
120
100
80
60
40
20
0
17%
16%
15%
14%
13%
12%
11%
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
7/5/2025
7/12/2025
7/19/2025
7/26/2025
8/2/2025
8/9/2025
8/16/2025
8/23/2025
8/30/2025
9/6/2025
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
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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
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 Positive Threshold

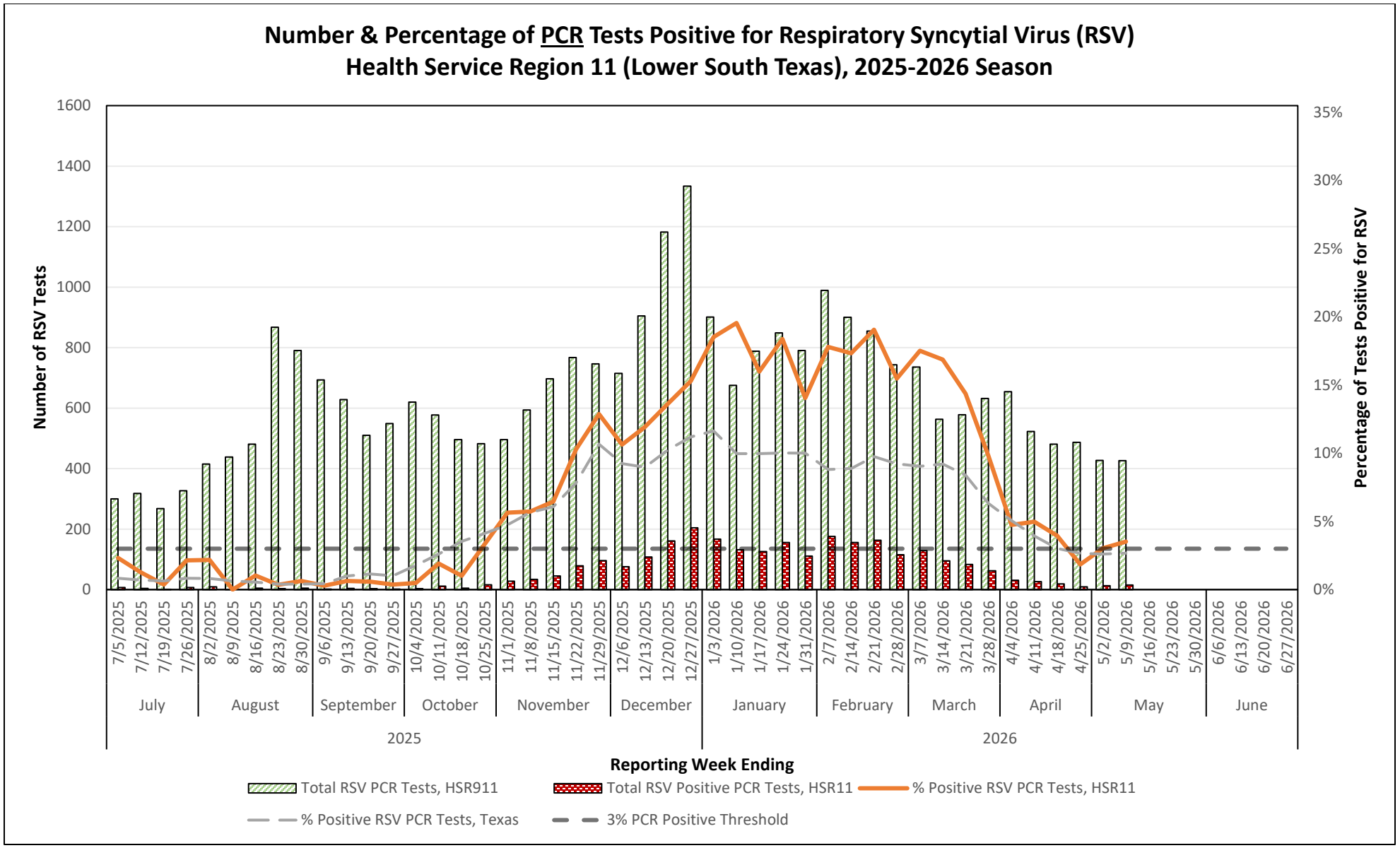
Number & Percentage of PCR Tests Positive for Respiratory Syncytial Virus (RSV)
Health Service Region 6 (Gulf Coast/Houston), 2025-2026 Season




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
Reporting Week Ending
2025
2026
July
August
September
October
November
December
January
February
March
April
May
June
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), 2025-2026 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
2500
2000
1500
1000
500
0
35%
30%
25%
20%
15%
10%
5%
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
9/6/2025
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
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), 2025-2026 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
900
800
700
600
500
400
300
200
100
0
35%
30%
25%
20%
15%
10%
5%
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
9/6/2025
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
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), 2025-2026 Season
Number of RSV Tests
Percentage of Tests Positive for RSV
1600
1400
1200
1000
800
600
400
200
0
35%
30%
25%
20%
15%
10%
5%
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
9/6/2025
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
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