



Iowa Influenza Surveillance Network (IISN)

Influenza-like Illness (ILI) and Other Respiratory Viruses

Weekly Activity Report



For the week ending March 19, 2016 - Week 11

All data presented in this report are provisional and may change as additional reports are received

Quick Stats	
Percent of outpatient visits for ILI ¹	0.48% (baseline 1.7%)
Percent of influenza rapid test positive	19.9% (360/1810)
Percent of RSV rapid tests positive	23.8% (93/391)
Percent school absence due to illness ²	2.53%
Number of schools with ≥10% absence due to illness	1
Influenza-associated hospitalizations ³	27/4,124 inpatients surveyed
Influenza-associated mortality -all ages (Cumulative) ⁴	18
Influenza-associated pediatric mortality (Cumulative)	0

¹ ILI: Influenza-like illness is defined as a fever of ≥100° F as well as cough and/or sore throat.
² Percent school absence due to illness are reported through a weekly survey of Iowa sentinel schools
³ Hospitalizations due to influenza are voluntarily reported through a weekly survey of Iowa sentinel hospitals
⁴ Deaths in which influenza is listed on the death certificate. This is an underestimate of influenza-related deaths.
 Cumulative is 10/4/2015-current week.

Iowa Influenza Geographic Spread ⁵
No Activity
Sporadic
Local
Regional
Widespread

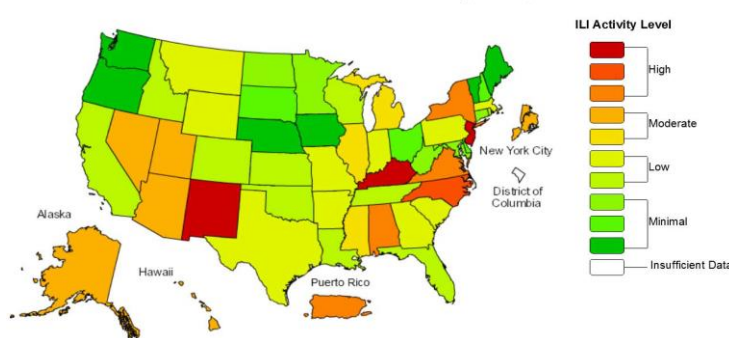
⁵This is based on CDC's activity estimates definition www.cdc.gov/flu/weekly/overview.htm

Iowa statewide activity summary:

Influenza remains widespread across the state. For this reporting week, the State Hygienic Laboratory (SHL) confirmed 18 cases of influenza A and 8 cases of influenza B. Twenty-seven influenza-related hospitalizations were reported from sentinel hospitals. The proportion of outpatient visits due to influenza-like illness (ILI) was 0.48 percent, which is below the regional baseline. One school reported 10 percent or greater absenteeism due to illness which included influenza-like symptoms and one influenza outbreak was reported in an Iowa long-term care facility. In this reporting week, 19 adenovirus, one parainfluenza virus type 1, one parainfluenza virus type 3, 52 rhinovirus/ enterovirus, 36 RSV, and 22 hMPV were detected from surveillance sites.

National activity summary - (CDC):

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet
 2015-16 Influenza Season Week 11 ending Mar 19, 2016



Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists*
 Week ending March 19, 2016 - Week 11



Synopsis: During week 11 (March 13-19, 2016), influenza activity decreased slightly, but remained elevated in the United States.

Viral Surveillance: The most frequently identified influenza virus type reported by public health laboratories during week 11 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories decreased.

Pneumonia and Influenza Mortality: The proportion of deaths attributed to pneumonia and influenza (P&I) was below the system-specific epidemic threshold in the NCHS Mortality Surveillance System and above the system-specific epidemic threshold in the 122 Cities Mortality Reporting System.

Influenza-associated Pediatric Deaths: Two influenza-associated pediatric deaths were reported.

Influenza-associated Hospitalizations: A cumulative rate for the season of 18.2 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 3.2 percent, which is above the national baseline of 2.1 percent. All 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and seven states experienced high ILI activity; New York City and eight states experienced moderate ILI activity; 20 states experienced low ILI activity; 15 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

Geographic Spread of Influenza: The geographic spread of influenza in Puerto Rico and 39 states was reported as widespread; Guam and 10 states reported regional activity; the District of Columbia and one state reported local activity; and the U.S. Virgin Islands did not report.

Detailed information can be found online at www.cdc.gov/flu/weekly/.

International activity summary - (WHO):

Globally, high levels of influenza activity continued to be reported. In some countries in northern Europe influenza B virus detections were increasing. In North America, influenza activity continued to increase and ARI and pneumonia activity were above thresholds in Mexico. In Northern Temperate Asia, influenza activity was ongoing with increasing levels of influenza B virus. Detailed information can be found online at www.who.int/flu/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/. It was last updated 03/21/2016.

Laboratory surveillance program:

The State Hygienic Laboratory (SHL) is the primary lab for influenza testing and reporting in Iowa. SHL reports the number of tests performed and the type and sub-type of positive tests to the influenza surveillance network several times every week. In addition, SHL surveys clinical and reference labs on a weekly basis for the number of rapid-antigen tests performed, the number positive and the positive non-influenza virus tests. This report also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center in Sioux City.

Table 1: Influenza A viruses detected by SHL by age group

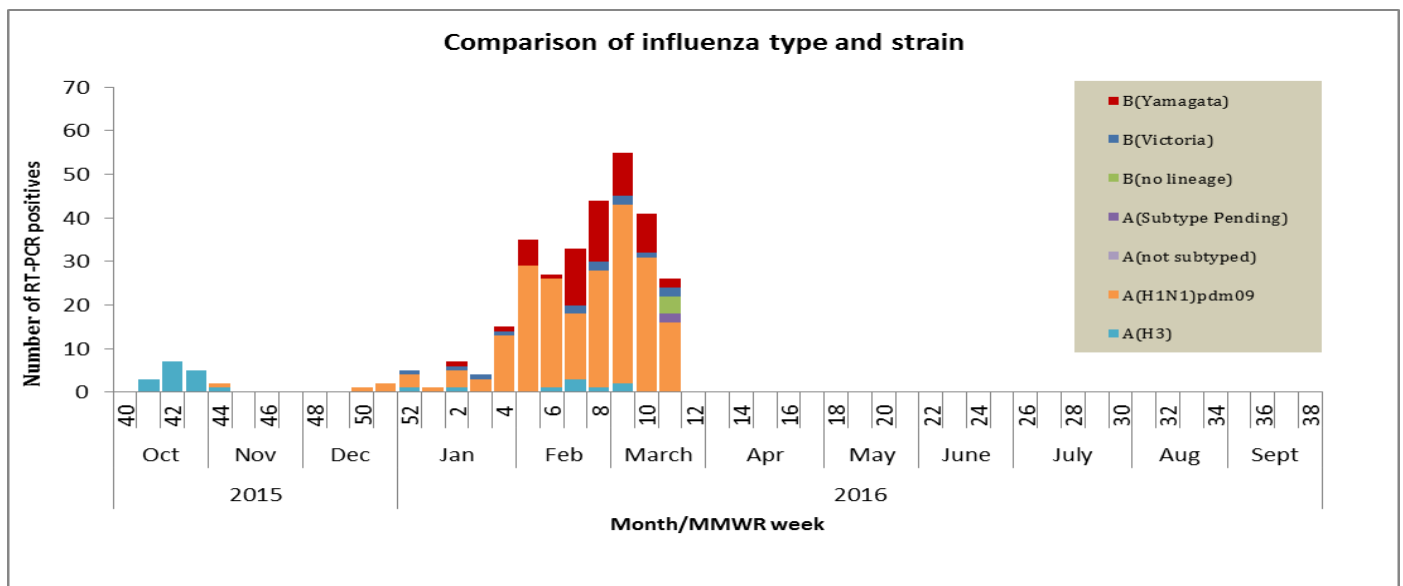
Age Group	CURRENT WEEK				CUMULATIVE (10/4/15 – CURRENT WEEK)			
	Flu A				Flu A			
	A(H1N1)pdm09	A(H3)	Subtype Pending	Not subtyped	A(H1N1)pdm09	A(H3)	Subtype Pending	Not subtyped
0-4	0(0%)	0(0%)	0(0%)	0(0%)	29(14%)	0(0%)	0(0%)	0(0%)
5-17	1(6%)	0(0%)	1(50%)	0(0%)	40(19%)	1(4%)	1(50%)	1(20%)
18-24	0(0%)	0(0%)	0(0%)	0(0%)	24(11%)	6(24%)	0(0%)	1(20%)
25-49	2(13%)	0(0%)	0(0%)	0(0%)	63(30%)	3(12%)	0(0%)	1(20%)
50-64	6(38%)	0(0%)	1(50%)	0(0%)	37(17%)	8(32%)	1(50%)	2(40%)
>64	7(44%)	0(0%)	0(0%)	0(0%)	19(9%)	7(28%)	0(0%)	0(0%)
Total	16	0	2	0	212	25	2	5

*Counts of three or less are sometimes suppressed to protect confidentiality. Note that counts may not add up to the total due to missing age information
Only cases of Iowa residents are included
"Not subtyped" column is due to weak detections. This can be due to poor collection, timing of collection or stage of infection.

Table 2: Influenza B viruses detected by SHL by age group

Age Group	CURRENT WEEK			CUMULATIVE (10/4/15 – CURRENT WEEK)		
	Flu B			Flu B		
	Victoria Lineage	Yamagata Lineage	Lineage Pending	Victoria Lineage	Yamagata Lineage	Lineage Pending
0-4	0(0%)	0(0%)	0(0%)	4(31%)	7(12%)	0(0%)
5-17	1(50%)	1(50%)	1(25%)	4(31%)	19(33%)	1(25%)
18-24	0(0%)	0(0%)	0(0%)	1(8%)	0(0%)	0(0%)
25-49	1(50%)	0(0%)	0(0%)	2(15%)	15(26%)	0(0%)
50-64	0(0%)	1(50%)	2(50%)	1(8%)	8(14%)	2(50%)
>64	0(0%)	0(0%)	1(25%)	1(8%)	8(14%)	1(25%)
Total	2	2	4	13	57	4

*Counts of three or less are sometimes suppressed to protect confidentiality. Note that counts may not add up to the total due to missing age information
Only cases of Iowa residents are included



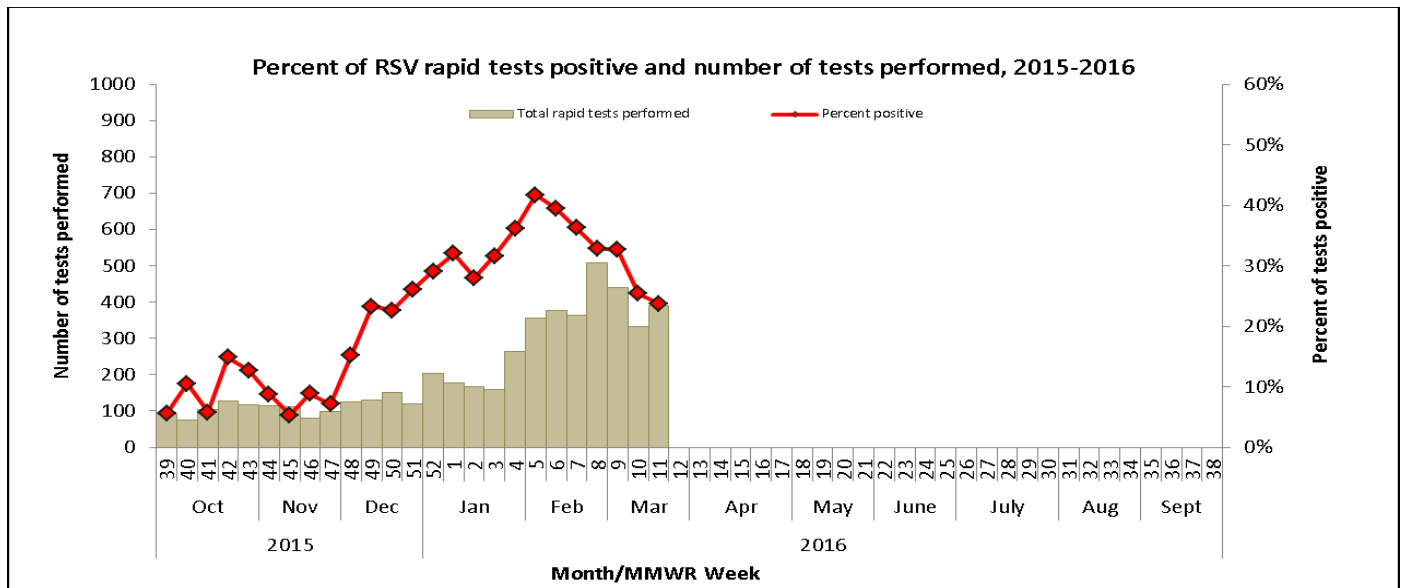
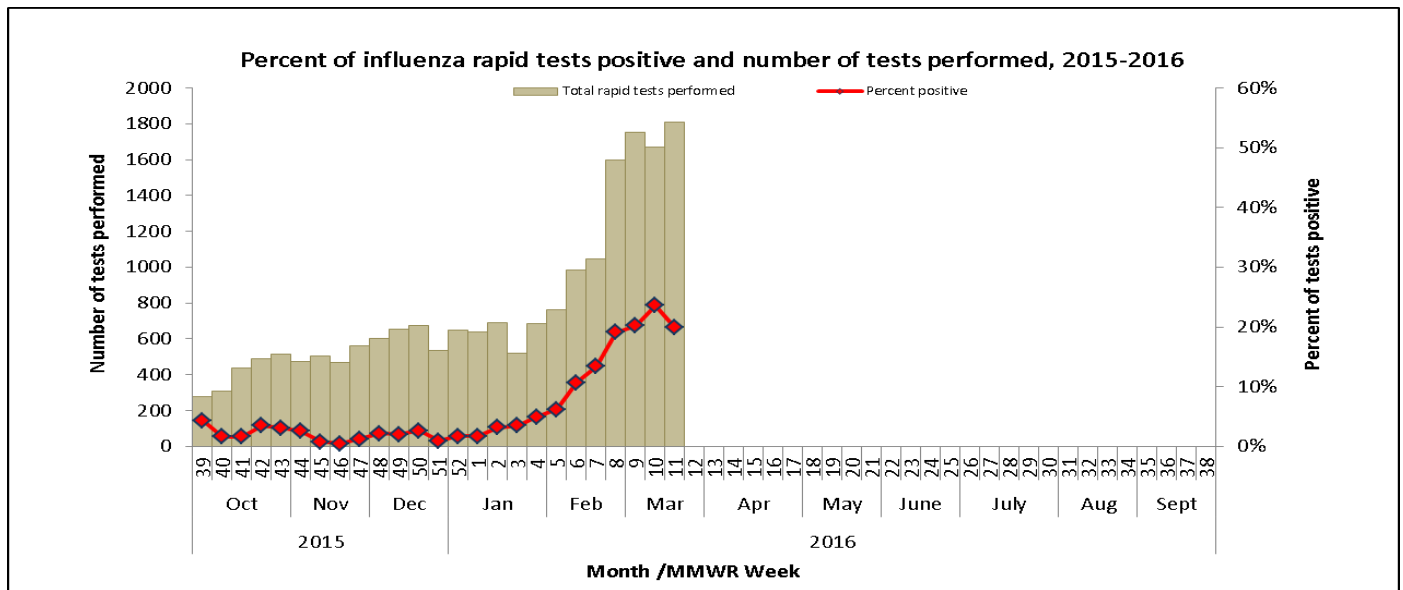
Rapid influenza and RSV test surveillance:

The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of influenza and respiratory syncytial virus (RSV) rapid tests performed and the number of tests positive. This table includes only the number of patients tested for influenza or RSV at laboratory surveillance sites throughout the state. This table does not provide case counts.

Table 2: Percent of influenza rapid tests positive and number of tests performed by region for the present week

REGION*	RAPID ANTIGEN INFLUENZA TESTS				RAPID ANTIGEN RSV TESTS		
	Tested	Flu A	Flu B	% Positive	Tested	Positive	% Positive
Region 1 (Central)	272	58	10	25.0	62	13	21.0
Region 2 (NE)	51	3	1	7.8	12	7	58.3
Region 3 (NW)	215	21	4	11.6	77	23	29.9
Region 4 (SW)	97	20	1	21.6	24	9	37.5
Region 5 (SE)	170	32	2	20.0	29	6	20.7
Region 6 (Eastern)	1005	170	38	20.7	187	35	18.7
Total	1810	304	56	19.9	391	93	23.8

*Region 1- Boone, Calhoun, Carroll, Dallas, Greene, Grundy, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, Tama, Warren, Webster; Region 2- Allamakee, Bremer, Butler, Cerro Gordo, Chickasaw, Emmet, Fayette, Floyd, Franklin, Hancock, Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright; Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Adair, Adams, Audubon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Buren, Wapello, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.



Non-influenza respiratory viruses:

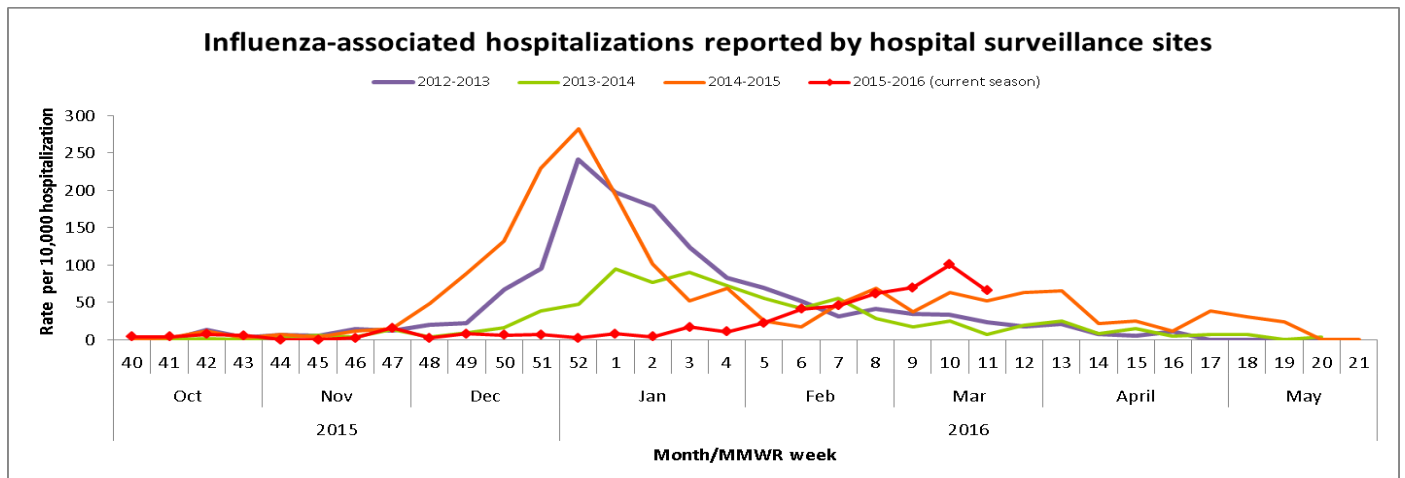
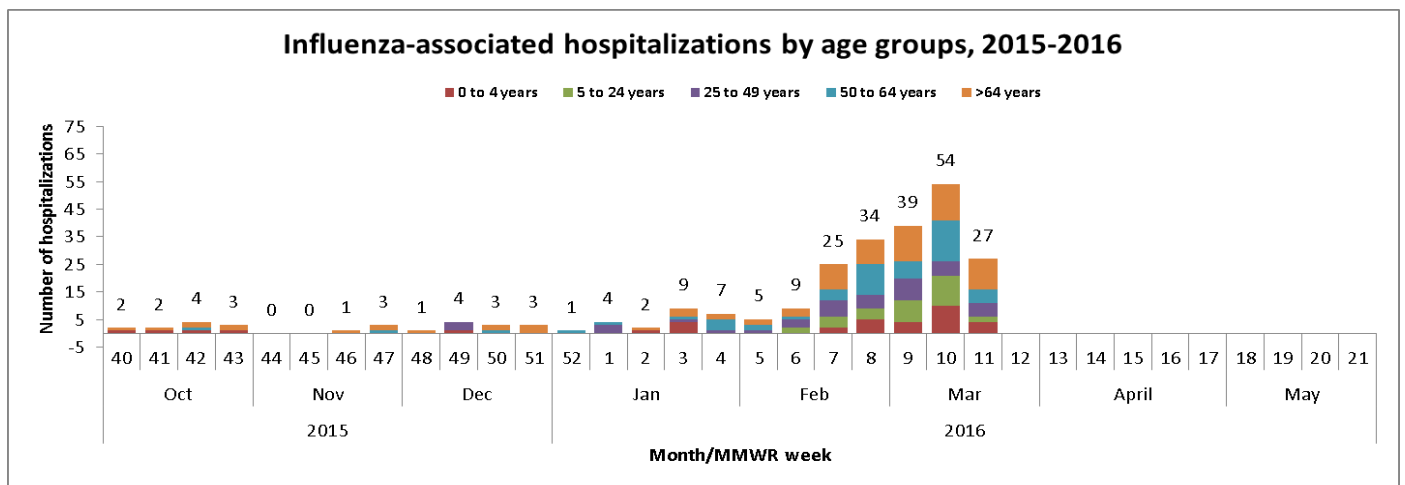
The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of positive tests for non-influenza respiratory viruses. This table also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center in Sioux City. The table includes only the number of positive tests at laboratory surveillance sites throughout the state. The table does not provide case counts.

Viruses	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)
Adenovirus	19	308
Parainfluenza Virus Type 1	1	160
Parainfluenza Virus Type 2	0	4
Parainfluenza Virus Type 3	1	5
Parainfluenza Virus Type 4	0	67
Rhinovirus/Enterovirus	52	793
Respiratory syncytial virus (RSV)	36	621
Human metapneumovirus (hMPV)	22	258
Total	131	2216

Influenza-associated hospitalizations:

Sentinel hospitals that participate in IISN voluntarily track and report the number of influenza-associated hospitalizations and the total number of inpatients each week.

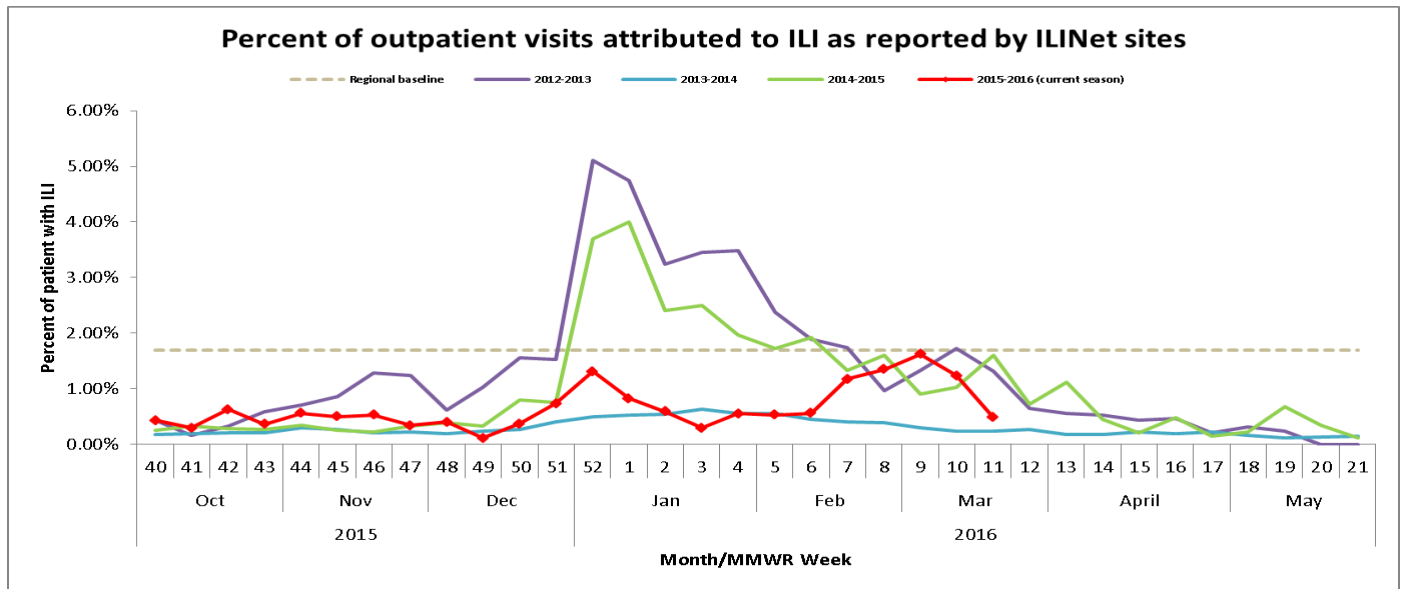
AGE	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)
Age 0-4	4	35
Age 5-24	2	31
Age 25-49	5	41
Age 50-64	5	54
Age >64	11	81
Total	27	242



Outpatient health care provider surveillance program (ILINet):

Outpatient health care providers who participate in the ILINet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week. This system is a key part of Iowa's influenza surveillance. Iowa health care providers interested in joining this surveillance program should contact Julie Coughlin at 515-281-7134 or julie.coughlin@idph.iowa.gov for more information.

Week	%ILI	Total ILI	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age >64
Week 11, ending Mar 19	0.48	5	0	1	3	0	1
Week 10, ending Mar 12	1.23	25	2	18	4	1	0
Week 9, ending Mar 5	1.62	37	10	17	7	1	2



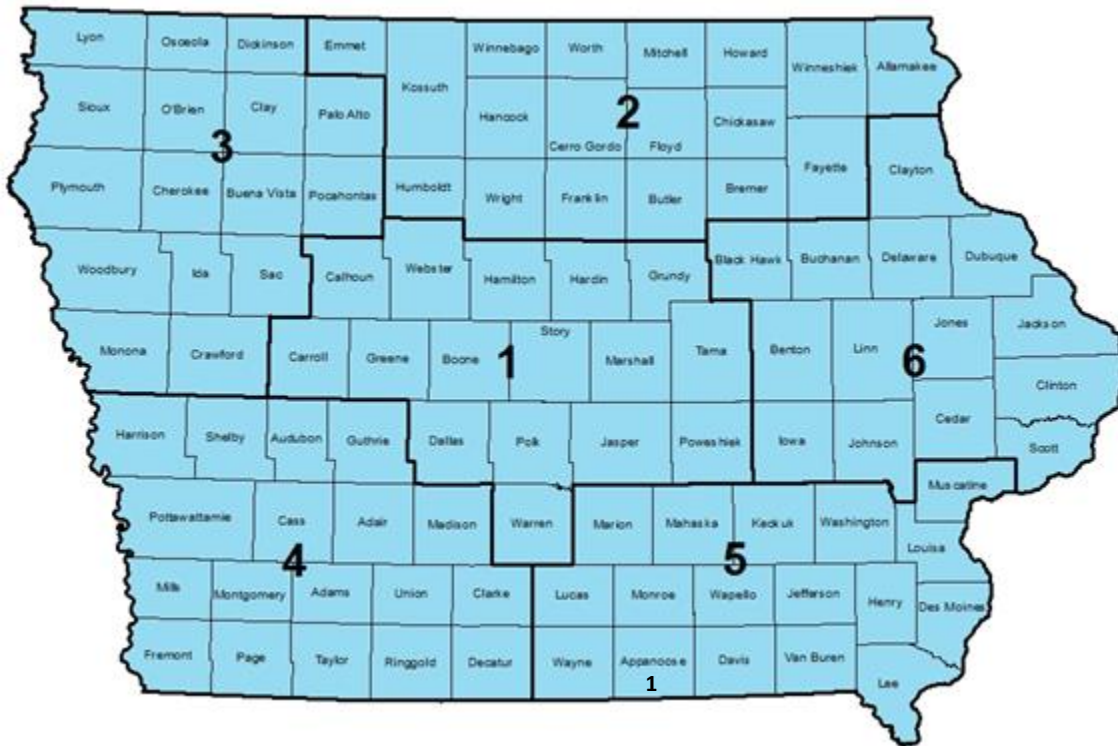
Long-term Care Outbreaks:

REGION*	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)
Region 1 (Central)	0	1
Region 2 (NE)	0	0
Region 3 (NW)	0	0
Region 4 (SW)	1	1
Region 5 (SE)	0	0
Region 6 (Eastern)	0	0
Total	1	2

*Region 1- Boone, Calhoun, Carroll, Dallas, Greene, Grundy, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, Tama, Warren, Webster; Region 2- Allamakee, Bremer, Butler, Cerro Gordo, Chickasaw, Emmet, Fayette, Franklin, Hancock, Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright; Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Adair, Adams, Audubon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Buren, Wapello, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.

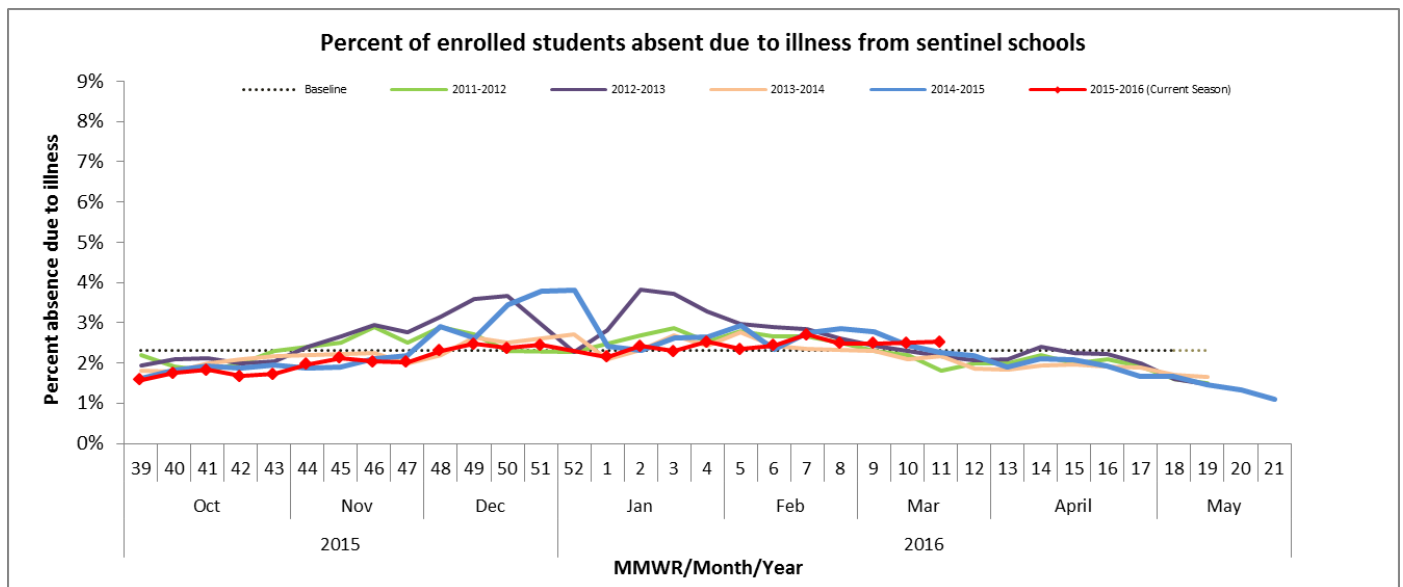
10 percent school absenteeism:

Schools (K-12) track and report when the number of students absent with illness reaches or exceeds 10 percent of total student enrollment. A regional map with schools that have $\geq 10\%$ absence due to illness, which includes influenza-like illness, for the current reporting week is displayed below.



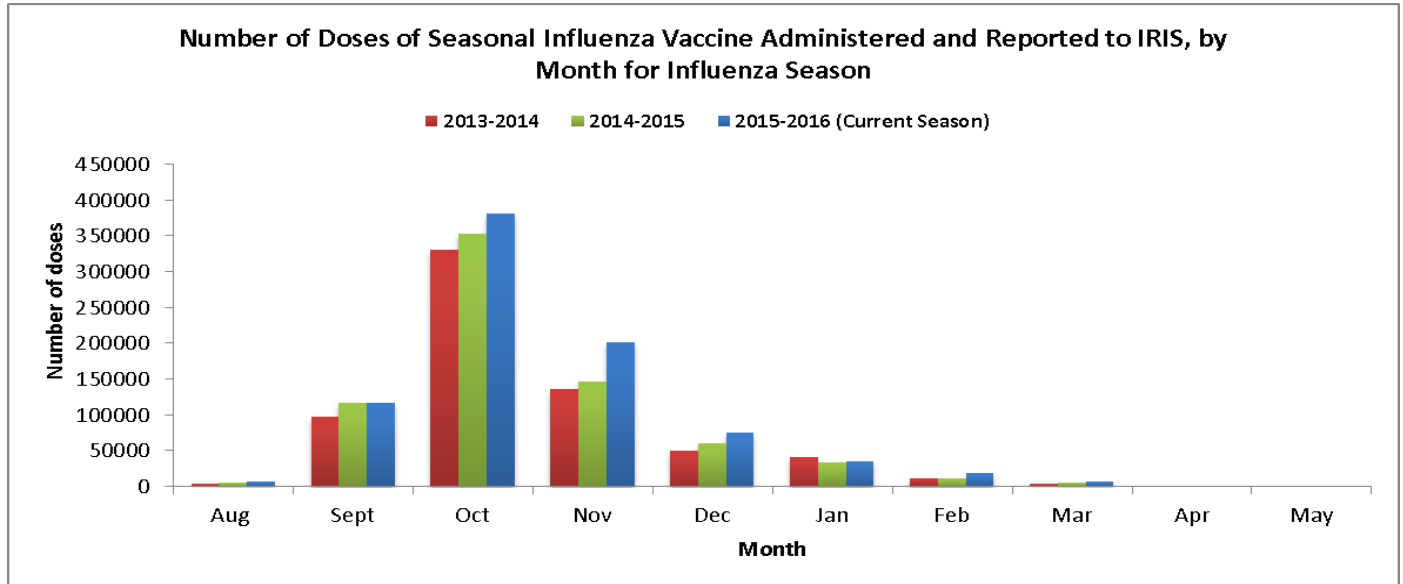
School surveillance program:

Sentinel schools that participate in IISN voluntarily track and report absence due to all illness (including non-influenza illnesses) and the total enrollment each week.



Seasonal influenza vaccination:

Seasonal influenza vaccination data in Iowa is based on doses reported to the Iowa Immunization Registry Information System (IRIS). IRIS is a confidential, computerized, population-based system that tracks immunization for children, adolescents and adults who are seen in a variety of public and private healthcare provider sites throughout the state of Iowa. For more information on the immunization data, contact Kim Tichy, IRIS coordinator at 515-281-4288 or kimberly.tichy@idph.iowa.gov.



Note: The data for the 2015-2016 season is only up to the current week and there is a lag between the vaccine administration date and the date reported to the IRIS. The current season's data will be adjusted as additional data is received.

Other resources:

Vaccine:

Influenza vaccine recommendation: <http://idph.iowa.gov/immmtb/immunization/vaccine>

CDC vaccine information: www.cdc.gov/flu/fag/flu-vaccine-types.htm

Vaccine finder: <http://vaccinefinder.org/>

Neighboring states' influenza information:

Illinois: www.dph.illinois.gov/topics-services/diseases-and-conditions/influenza/surveillance

Minnesota: www.health.state.mn.us/divs/idepc/diseases/flu/stats/index.html

Missouri: <http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php>

South Dakota: <http://doh.sd.gov/diseases/infectious/flu/>

Wisconsin: www.dhs.wisconsin.gov/influenza/index.htm