

# Iowa Influenza Surveillance Network (IISN)

Influenza-like Illness (ILI) and Other Respiratory Viruses

Weekly Activity Report





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

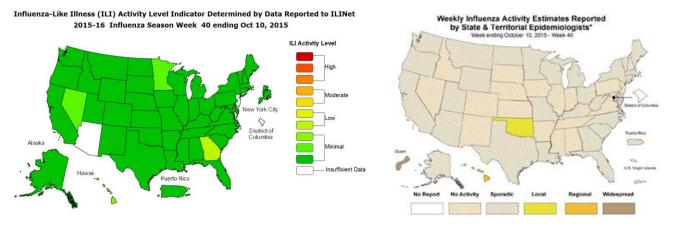
Quick Stats	
Percent of outpatient visits for ILI <sup>1</sup>	0.68% (baseline 1.7%)
Percent of influenza rapid test positive	2% (5/310)
Percent of RSV rapid tests positive	11% (8/76)
Percent school absence due to illness <sup>*</sup>	1.77%
Number of schools with ≥10% absence due to illness	0
Influenza-associated hospitalizations**	1/2,044 inpatients surveyed
Influenza-associated pediatric mortality (Cumulative)	0
<sup>1</sup> ILI: Influenza-like Illness is defined as a fever of ≥100° F as well as cough and/or sore throat. *Percent school absence due to illness are reported through a weekly survey of lowa sentinel schon *Hospitalizations due to influenza are voluntarily reported through a weekly survey of lowa sentir	

Iowa Influenza Geographic Spread <sup>2</sup>
No Activity
Sporadic
Local
Regional
Widespread
<sup>2</sup> This is based on CDC's activity estimates definition www.cdc.gov/flu/weekly/overview.htm

### Iowa statewide activity summary:

Influenza activity in Iowa is very low. For this reporting week, the State Hygienic Laboratory did not detect any influenza virus; however, other respiratory viruses were detected. In this reporting week, 10 adenovirus, four parainfluenza virus type 1, one parainfluenza virus type 3, six parainfluenza virus type 4, one hMPV, and 40 rhinovirus/enterovirus were detected from surveillance sites. One influenza-associated hospitalization was reported from sentinel hospitals. No sentinel schools reported absenteeism due to influenza-like illness. No influenza outbreaks have been reported in Iowa long-term care facilities so far this influenza season.

### National activity summary - (CDC):



Synopsis: During week 40 (October 4-10, 2015), influenza activity was low in the United States.

Viral Surveillance: The most frequently identified influenza virus type reported by public health laboratories in week 40 was influenza A viruses, with influenza A (H3) viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories is low.

**Pneumonia and Influenza Mortality:** The proportion of deaths attributed to pneumonia and influenza (P&I) was below their systemspecific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

Influenza-associated Pediatric Deaths: No influenza-associated pediatric deaths were reported.

**Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.2 percent, which is below the national baseline of 2.1 percent. All 10 regions reported ILI below region-specific baseline levels. Georgia experienced low ILI activity; Puerto Rico, New York City and 47 states experienced minimal ILI activity; and the District of Columbia and two states had insufficient data.

**Geographic Spread of Influenza:** The geographic spread of influenza in Guam was reported as widespread; one state reported regional activity; one state reported local activity; Puerto Rico and 27 states reported sporadic activity; the U.S. Virgin Islands and 21 states reported no influenza activity; and the District of Columbia did not report.

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

### International activity summary - (WHO):

Globally, influenza activity generally decreased or remained low, with only a few countries reporting elevated respiratory illness levels. Detailed information can be found online at <u>www.who.int/influenza/surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance/en/</u>. It was last updated 10/5/2015.

### 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 strain 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.

		CURREI	NT WEEK		YEAR TO DATE (10/4/15 – PRESENT WEEK)				
		Flu A							
Age Group	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%)	0(0%)	0(0%)	0(0%)	0(0%)	
5-17	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
18-24	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
25-49	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
50-64	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
>64	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
Total	0	0	0	0	0	0	0	0	

"Not subtyped" column is due to weak detections. This can be due to poor collection, timing of collection or stage of infection.

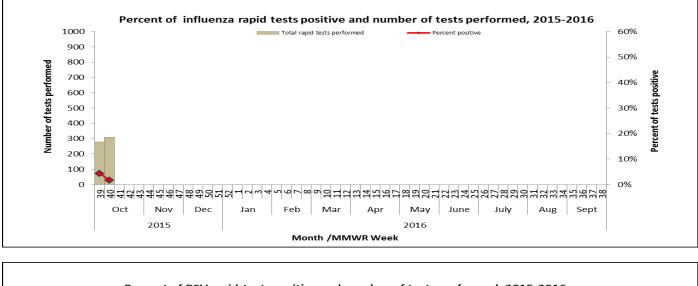
	Influenza B viruses detected by SHL by age group CURRENT WEEK			YEAR TO DATE (10/4/15 – PRESENT WEEK)			
Age		Flu B			Flu B		
Group	Victoria Lineage	Yamagata Lineage	Lineage Pending	Victoria Lineage	Yamagata Lineage	Lineage Pending	
0-4	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
5-17	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
18-24	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
25-49	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
50-64	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
>64	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
Total	0	0	0	0	0	0	

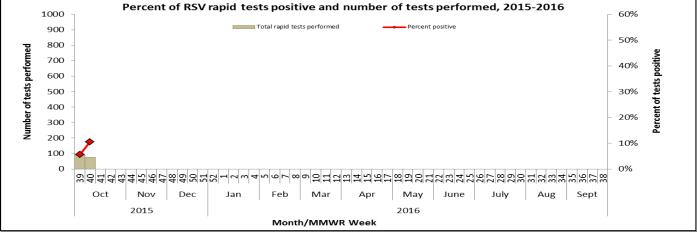
### Rapid influenza and RSV test surveillance:

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.

REGION*		RAPID ANTIGEN	INFLUENZA TESTS	RAPID ANTIGEN RSV TESTS			
REGION*	Tested	Flu A	Flu B	% Positive	Tested	Positive	% Positive
Region 1	23	0	0	0	11	4	36
Region 2	5	0	0	0	3	0	0
Region 3	67	0	0	0	22	3	14
Region 4	11	0	0	0	5	0	0
Region 5	31	0	0	0	5	0	0
Region 6	173	3	2	3	30	1	3
Total	310	3	2	2	76	8	11

Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright; Region 3- Buena Vitsa, 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, Malis, 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 virus:

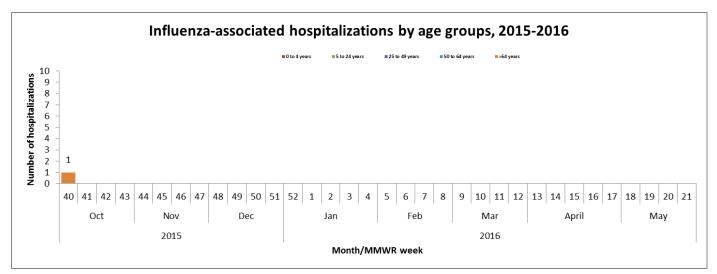
The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of positive tests for non-influenza respiratory viruses. This table also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center 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.

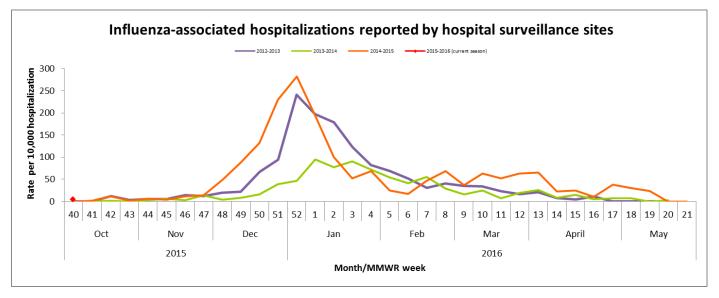
Viruses	CURRENT WEEK	CUMULATIVE (10/4/15 – PRESENT WEEK)
Adenovirus	10	10
Parainfluenza Virus Type 1	4	4
Parainfluenza Virus Type 2	0	0
Parainfluenza Virus Type 3	1	1
Parainfluenza Virus Type 4	6	6
Rhinovirus/Enterovirus	40	40
Respiratory syncytial virus (RSV)	0	0
Human metapneumovirus (hMPV)	1	1
Total	62	62

### 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.

able 5: Number of influenza-associated hospitalization reported by age group				
AGE	CURRENT WEEK	CUMULATIVE (10/4/15 – PRESENT WEEK)		
Age 0-4	0	0		
Age 5-24	0	0		
Age 25-49	0	0		
Age 50-64	0	0		
Age >64	1	1		
Total	1	1		

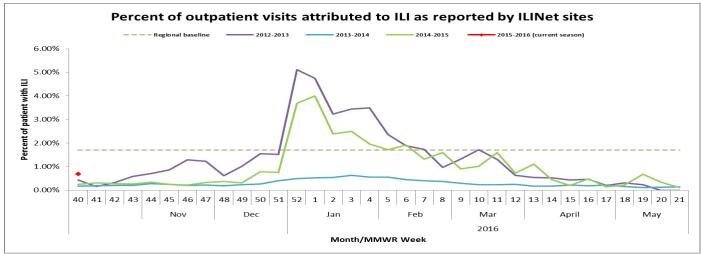




### Outpatient health care provider surveillance program (ILINet):

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 <u>julie.coughlin@idph.iowa.gov</u> for more information.

Table 6: Outpatient visits for influe	nza-like illness (IL	1)					
Week	%ILI	Total ILI	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age >64
Week 40, ending Oct 10	0.68	6	1	1	1	1	2



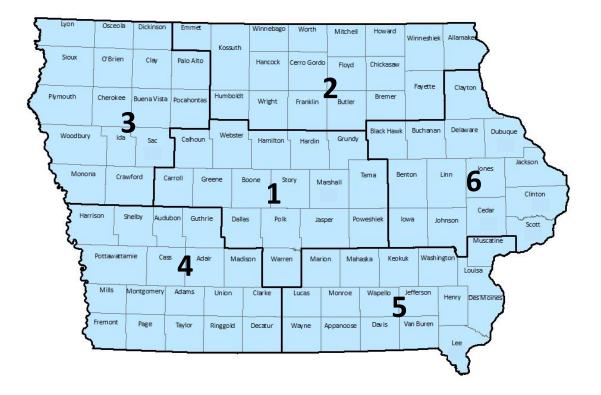
\*Database used to calculate this percentage has been modified to more accurately reflect what is occuring in acute care outpatient clinics in Iowa.

### Long-term Care Outbreaks:

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

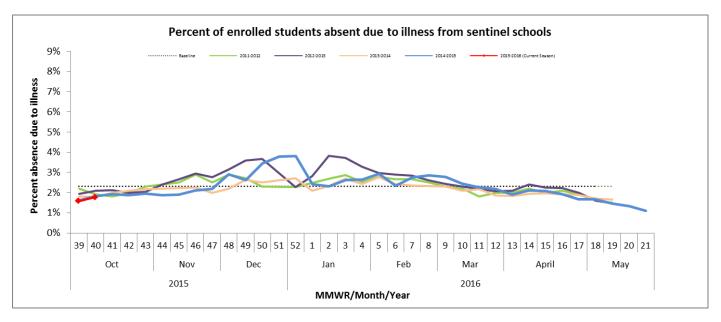
### 10 percent school absenteeism:

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



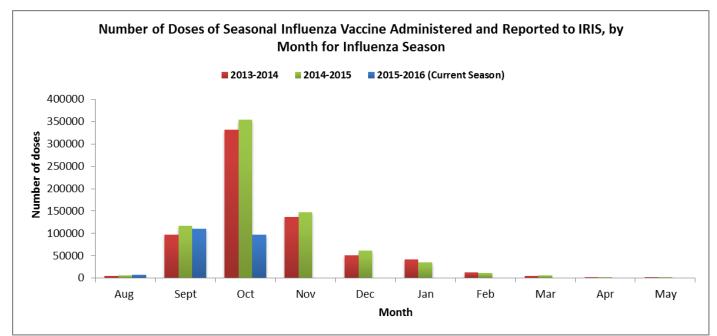
### School surveillance program:

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 throught 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: <u>http://www.idph.state.ia.us/ImmTB/Immunization.aspx?prog=Imm&pg=Flu</u> CDC vaccine information: <u>http://www.cdc.gov/flu/faq/flu-vaccine-types.htm</u> Vaccine finder: <u>http://vaccinefinder.org/</u>

#### Neighboring states' influenza information:

Illinois: http://www.idph.state.il.us/flu/surveillance.htm Minnesota: http://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: https://www.dhs.wisconsin.gov/influenza/index.htm