

Iowa Influenza Surveillance Network (IISN)

Influenza-like Illness (ILI) and Other Respiratory Viruses

Weekly Activity Report

For the week ending January 2, 2016 - Week 52



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

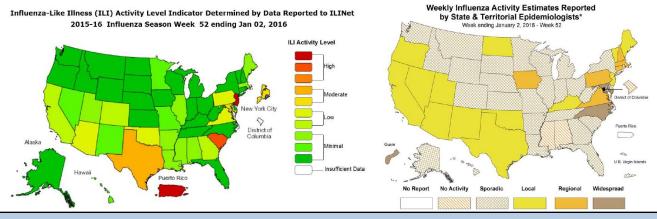
Quick Stats					
Percent of outpatient visits for ILI ¹	1.31% (baseline 1.7%)				
Percent of influenza rapid test positive	1.7% (11/649)				
Percent of RSV rapid tests positive	29.1% (59/203)				
Percent school absence due to illness ²	N/A (Due to holiday break)				
Number of schools with ≥10% absence due to illness	0 (Due to holiday break)				
Influenza-associated hospitalizations ³	1/4860 inpatients surveyed				
Influenza-associated mortality -all ages (Cumulative) ⁴	4				
Influenza-associated pediatric mortality (Cumulative)	0				
¹ IL: 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 lowa sentinel schools ³ Hospitalizations due to influenza are voluntarily reported through a weekly survey of lowa sentinel hospitals ⁴ Detains in which influenza is listed on the death certificate. This is an underestimate of influenza-related deaths. Cumulative is 10/4/2015-current week.					

lowa Influenza Geographic Spread 5					
No Activity					
Sporadic					
Local					
Regional					
Widespread					
⁵ This is based on CDC's activity estimates definition www.cdc.gov/flu/weekly/overview.htm					

lowa statewide activity summary:

While low level influenza activity continues in Iowa, the spread has increased from local to regional. The proportion of outpatient visits due to influenza-like illness (ILI) was 1.31 percent which is below the regional baseline. One influenza-related hospitalization was reported from sentinel hospitals. No influenza outbreaks have been reported in Iowa long-term care facilities so far this influenza season. In this reporting week, 10 adenovirus, nine parainfluenza virus type 1, one parainfluenza virus type 4, 23 rhinovirus/enterovirus, 18 RSV, and nine hMPV were detected from surveillance sites.

National activity summary - (CDC):



Synopsis: During week 52 (December 26, 2015-January 2, 2016), influenza activity increased slightly in the United States.

Viral Surveillance: The most frequently identified influenza virus type reported by public health laboratories during week 52 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low.

Novel Influenza A Virus: One human infection with a novel influenza A virus was reported.

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: Two influenza-associated pediatric deaths were reported.

Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 2.8 percent, which is above the national baseline of 2.1 percent. Seven of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and two states experienced high ILI activity; New York City and two states experienced moderate ILI activity; seven states experienced low ILI activity; 39 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

Geographic Spread of Influenza: The geographic spread of influenza in Guam and two states were reported as widespread; six states reported regional activity; 13 states reported local activity; the U.S. Virgin Islands and 27 states reported sporadic activity; the District of Columbia and two states reported no influenza activity; and Puerto Rico did not report.

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

International activity summary - (WHO):

Globally, influenza activity generally remained low in both hemispheres. Detailed information can be found online at www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/. It was last updated 12/28/2015.

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 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.

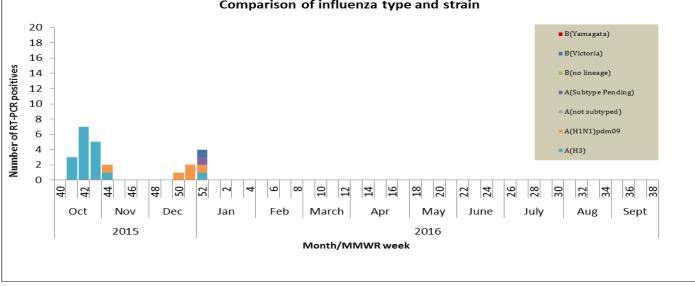
Table 1: I	ble 1: Influenza A viruses detected by SHL by age group								
		CURREN	T WEEK		CUM	CUMULATIVE (10/4/15 – CURRENT WEEK)			
		Flu A							
Age Group	A(H1N1)pdm09	A(H3)	Subtype Pending	Not subtyped	A(H1N1)pdm09	A(H3)	Subtype Pending	Not subtyped	
0-4	0(0%)	0(0%)	0(0%)	0(0%)	1(20%)	0(0%)	0(0%)	0(0%)	
5-17	0(0%)	0(0%)	0(0%)	0(0%)	1(20%)	0(0%)	0(0%)	0(0%)	
18-24	0(0%)	1(100%)	0(0%)	0(0%)	0(0%)	3(18%)	0(0%)	0(0%)	
25-49	1(100%)	0(0%)	0(0%)	0(0%)	2(40%)	3(18%)	0(0%)	0(0%)	
50-64	0(0%)	0(0%)	1(100%)	0(0%)	0(0%)	5(29%)	1(100%)	0(0%)	
>64	0(0%)	0(0%)	0(0%)	0(0%)	1(20%)	6(35%)	0(0%)	0(0%)	
Total	1	1	1	0	5	17	1	0	
*Counts of the	ts 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.

		CURRENT WEEK		CUMULATIVE (10/4/15 – CURRENT WEEK)		
Age	Flu B			Flu B		
Group	Victoria Lineage	Yamagata Lineage	Lineage Pending	Victoria Lineage	Yamagata Lineage	Lineage Pending
0-4	1(100%)	0(0%)	0(0%)	1(100%)	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	1	0	0	1	0	0

Counts of three of less are sometimes suppressed to protect conidentiality. Note that counts may not add up to the total due to missing age mormation Only cases of lowa residents are included
Comparison of influenza type and strain

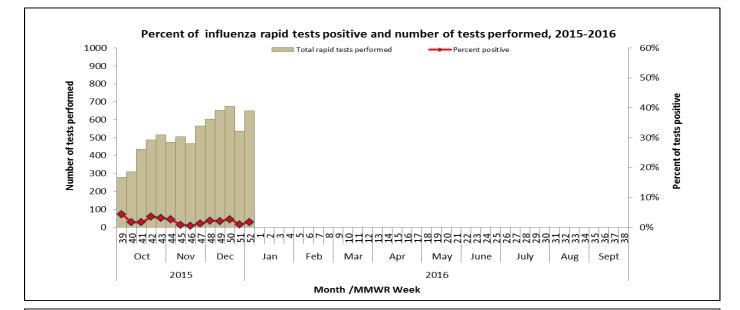


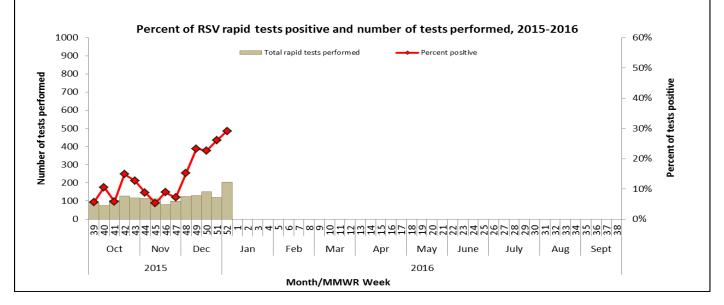
Rapid influenza and RSV test surveillance:

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.

DECION*		RAPID ANTIGEN INFLUENZA TESTS				RAPID ANTIGEN RSV TESTS			
REGION*	Tested	Flu A	Flu B	% Positive	Tested	Positive	% Positive		
Region 1 (Central)	116	0	1	0.9	51	18	35.3		
Region 2 (NE)	1	0	0	0.0	1	0	0.0		
Region 3 (NW)	60	0	0	0.0	22	0	0.0		
Region 4 (SW)	31	0	0	0.0	5	0	0.0		
Region 5 (SE)	75	0	0	0.0	22	6	27.3		
Region 6 (Eastern)	366	5	5	2.7	102	35	34.3		
Total	649	5	6	1.7	203	59	29.1		

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:

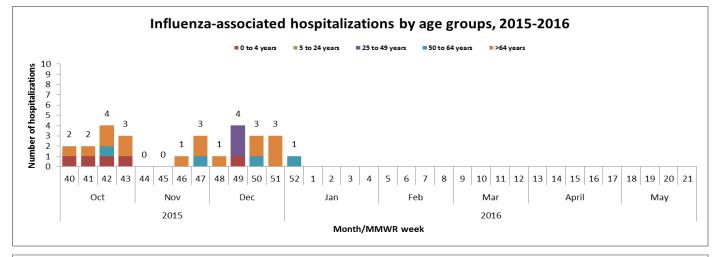
The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of positive tests for non-influenza respiratory viruses. This table also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center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

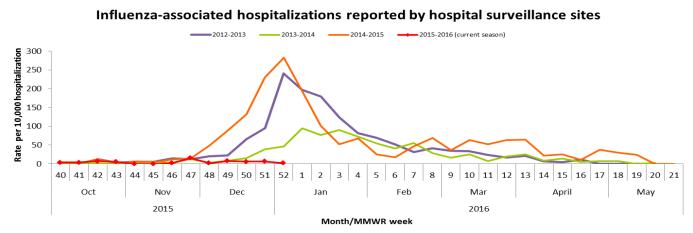
Table 4: Number of positive results for non-influenza respiratory viruses					
Viruses	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)			
Adenovirus	10	121			
Parainfluenza Virus Type 1	9	113			
Parainfluenza Virus Type 2	0	0			
Parainfluenza Virus Type 3	0	1			
Parainfluenza Virus Type 4	1	53			
Rhinovirus/Enterovirus	23	435			
Respiratory syncytial virus (RSV)	18	42			
Human metapneumovirus (hMPV)	9	32			
Total	70	797			

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.

Table 5: Number of influenza-associated hospitalization reported by age group						
AGE	CUMULATIVE (10/4/15 – CURRENT WEEK)					
Age 0-4	0	5				
Age 5-24	0	0				
Age 25-49	0	3				
Age 50-64	1	4				
Age >64	0	15				
Total	1	27				



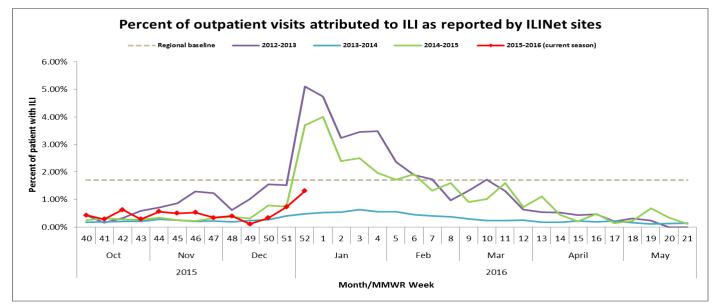


Iowa Department of Public Health – Center for Acute Disease Epidemiology

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.

Table 6: Outpatient visits for influenza-like illness (ILI)							
Week	%ILI	Total ILI	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age >64
Week 52, ending Jan 2	1.31	10	0	1	5	1	3
Week 51, ending Dec 26	0.73	8	3	1	1	1	2
Week 50, ending Dec 19	0.33	6	2	1	1	0	2



Long-term Care Outbreaks:

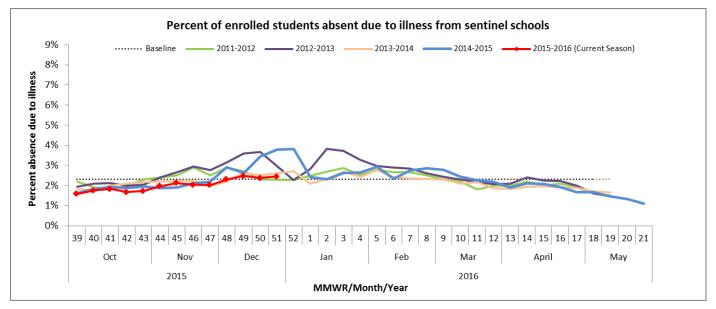
Table 7: Number of long-term care outbreaks investigated						
REGION*	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)				
Region 1 (Central)	0	0				
Region 2 (NE)	0	0				
Region 3 (NW)	0	0				
Region 4 (SW)	0	0				
Region 5 (SE)	0	0				
Region 6 (Eastern)	0	0				
Total	0	0				

*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, Malison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Apanose, 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.

School surveillance program:

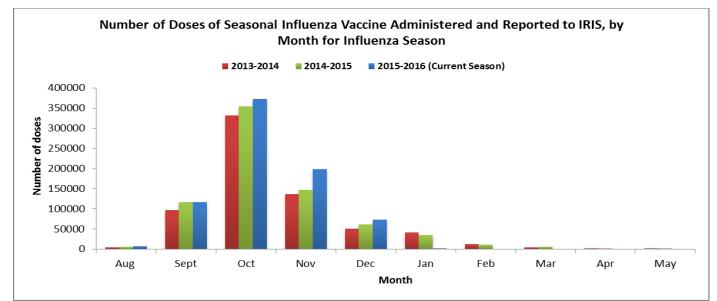
Sentinel schools that participate in IISN voluntarily track and report absence due to all illness (including non-influenza illnesses) and the total enrollment each week.

No reporting for current week due to the holiday break.



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: <u>http://idph.iowa.gov/immtb/immunization/vaccine</u> CDC vaccine information: <u>www.cdc.gov/flu/faq/flu-vaccine-types.htm</u> Vaccine finder: <u>http://vaccinefinder.org/</u>

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