

Iowa Influenza Surveillance Network (IISN)

Influenza-like Illness (ILI) and Other Respiratory Viruses

Weekly Activity Report

For the week ending April 30, 2016 - Week 17

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



Iowa Influenza Geographic Spread⁵ No Activity **Sporadic** Local Regional Widespread

This is based on CDC's activity estimates definition

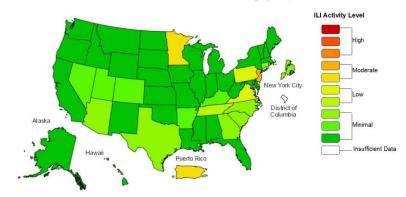
Quick Stats	
Percent of outpatient visits for ILI ¹	0.47% (baseline 1.7%)
Percent of influenza rapid test positive	11.5% (54/471)
Percent of RSV rapid tests positive	5.6% (4/71)
Percent school absence due to illness ²	1.82%
Number of schools with ≥10% absence due to illness	0
Influenza-associated hospitalizations ³	8/4,621 inpatients surveyed
Influenza-associated mortality -all ages (Cumulative) ⁴	40
Influenza-associated pediatric mortality (Cumulative)	0
1 III: Influenza-like Illness is defined as a fever of >100° F as well as cough and/or sore throat	

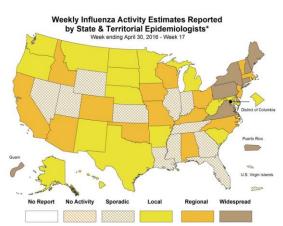
Deaths in which influenza is listed on the death certificate. This is an underestimate of influenza-related deaths Cumulative is 10/4/2015-current week

The geographic spread of influenza in Iowa is regional. For this reporting week, the State Hygienic Laboratory (SHL) confirmed two cases of influenza A and three cases of influenza B. Eight influenza-related hospitalizations were reported from sentinel hospitals. The proportion of outpatient visits due to influenza-like illness (ILI) was 0.47 percent, which is below the regional baseline. In this reporting week, eight adenovirus, one parainfluenza virus type 1, two parainfluenza virus type 3, 29 rhinovirus/ enterovirus, four RSV, and five 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 17 ending Apr 30, 2016





Synopsis: During week 17 (April 24-30, 2016), influenza activity decreased in the United States.

Viral Surveillance: The most frequently identified influenza virus type reported by public health laboratories during week 17 was influenza B. 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 their systemspecific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

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

Influenza-associated Hospitalizations: A cumulative rate for the season of 30.6 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 1.8 percent, which is below the national baseline of 2.1 percent. Three of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and two states experienced moderate ILI activity; three states experienced low ILI activity; New York City and 45 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

Geographic Spread of Influenza: The geographic spread of influenza in Guam, Puerto Rico, and 7 states was reported as widespread; 15 states reported regional activity; the District of Columbia and 17 states reported local activity; and the U.S. Virgin Islands and 11 states reported sporadic activity.

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

Percent school absence due to illness are reported through a weekly survey of lowa sentinel schools Hospitalizations due to influenza are voluntarily reported through a weekly survey of lowa sentinel hospitals

International activity summary - (WHO):

Influenza activity in the Northern Hemisphere continued to decrease. A predominance of influenza B virus activity continued to be reported in parts of North America, in Northern Temperate Asia, South-East Asia and in parts of Europe. In a few countries in the Southern Hemisphere, slight increases in influenza-like illness (ILI) activity were reported. Detailed information can be found online at https://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/. It was last updated 05/02/2016.

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.

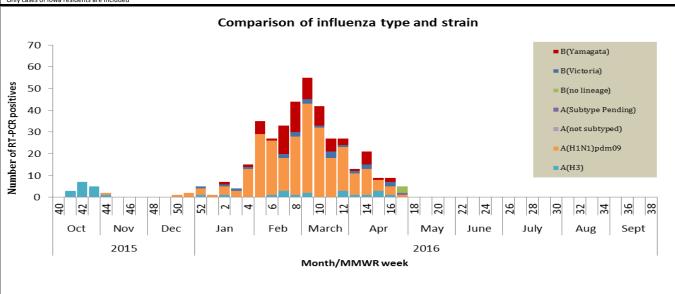
Table 1: I	Table 1: Influenza A viruses detected by SHL by age group							
		CURRENT WEEK CUMULATIVE (10/4/15 – CURRENT WEEK)			K)			
		Flu	ı A		Flu A			
Age Group	A(H1N1)pdm09	A(H3)	Subtype Pending	Not subtyped	A(H1N1)pdm09	A(H3)	Subtype Pending	Not subtyped
0-4	0(0%)	0(0%)	0(0%)	0(0%)	35(13%)	0(0%)	0(0%)	0(0%)
5-17	0(0%)	0(0%)	0(0%)	0(0%)	43(16%)	2(6%)	0(0%)	1(14%)
18-24	0(0%)	0(0%)	0(0%)	0(0%)	35(13%)	10(29%)	0(0%)	2(29%)
25-49	0(0%)	0(0%)	0(0%)	0(0%)	77(29%)	4(12%)	0(0%)	1(14%)
50-64	0(0%)	0(0%)	0(0%)	0(0%)	51(19%)	9(26%)	0(0%)	3(43%)
>64	1(100%)	0(0%)	1(100%)	0(0%)	26(10%)	9(26%)	1(100%)	0(0%)
Total	1	0	1	0	267	34	1	7

^{*}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 lowa residents are included

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

Table 2: In	Table 2: Influenza B viruses detected by SHL by age group							
		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	0(0%)	0(0%)	2(66%)	4(20%)	7(9%)	2(66%)		
5-17	0(0%)	0(0%)	0(0%)	8(40%)	21(28%)	0(0%)		
18-24	0(0%)	0(0%)	0(0%)	3(15%)	2(3%)	0(0%)		
25-49	0(0%)	0(0%)	1(33%)	2(10%)	16(22%)	1(33%)		
50-64	0(0%)	0(0%)	0(0%)	1(5%)	12(16%)	0(0%)		
>64	0(0%)	0(0%)	0(0%)	2(10%)	16(22%)	0(0%)		
Total	0	0	3	20	74	3		

^{*}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

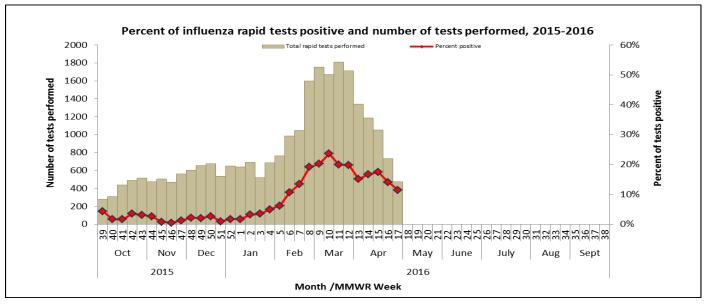


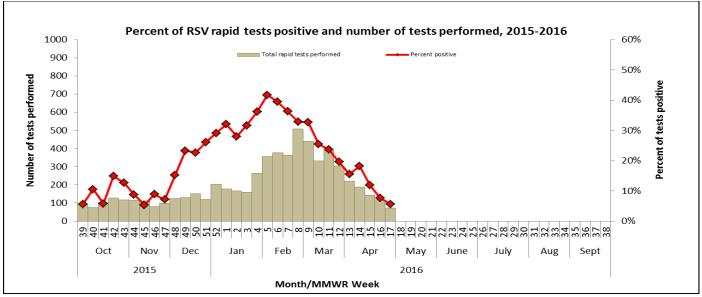
Rapid influenza and RSV test surveillance:

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							
DECION*		RAPID ANTIGEN I	NFLUENZA TESTS	RAPID ANTIGEN RSV TESTS			
REGION*	Tested	Flu A	Flu B	% Positive	Tested	Positive	% Positive
Region 1 (Central)	108	10	8	16.7	12	1	8.3
Region 2 (NE)	17	3	0	17.6	3	0	0.0
Region 3 (NW)	56	2	1	5.4	13	1	7.7
Region 4 (SW)	63	7	0	11.1	8	0	0.0
Region 5 (SE)	58	1	5	10.3	11	0	0.0
Region 6 (Eastern)	169	9	8	10.1	24	2	8.3
Total	471	32	22	11.5	71	4	5.6

*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, Pala OAlto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Adairs, Audwhon, Cass, Clarke, Dectautr, Fremon, Guthrie, Harrison, Malison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanosoe, 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:

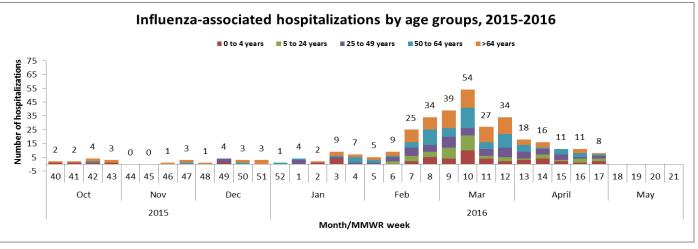
The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of positive tests for non-influenza respiratory viruses. This table also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center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

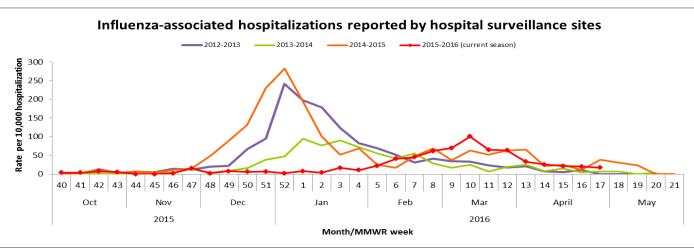
Table 4: Number of positive results for non-influenza respiratory viruses						
Viruses	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)				
Adenovirus	8	402				
Parainfluenza Virus Type 1	1	170				
Parainfluenza Virus Type 2	0	4				
Parainfluenza Virus Type 3	2	11				
Parainfluenza Virus Type 4	0	68				
Rhinovirus/Enterovirus	29	1041				
Respiratory syncytial virus (RSV)	4	698				
Human metapneumovirus (hMPV)	5	346				
Total	49	2740				

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	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)				
Age 0-4	2	49				
Age 5-24	2	44				
Age 25-49	2	64				
Age 50-64	1	78				
Age >64	1	105				
Tota	8	340				

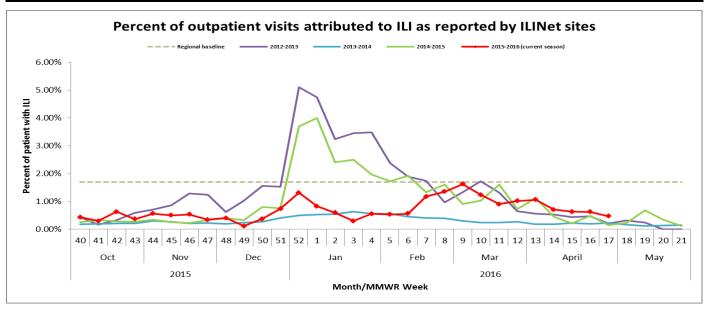




Outpatient health care provider surveillance program (ILINet):

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 lowa'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 17, ending April 30	0.47	5	1	3	0	0	1
Week 16, ending April 23	0.62	11	1	9	0	0	1
Week 15, ending April 16	0.63	11	1	6	2	1	1



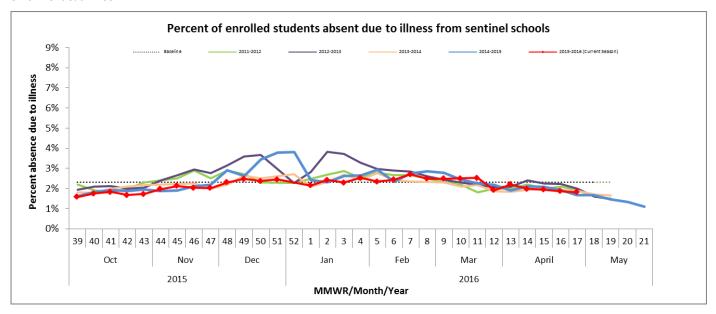
Long-term Care Outbreaks:

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

*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- Adairs, Audubon, Cass, Clarke, Decatur, Frenont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylory, Union; Region 5- Appanosoe, 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.

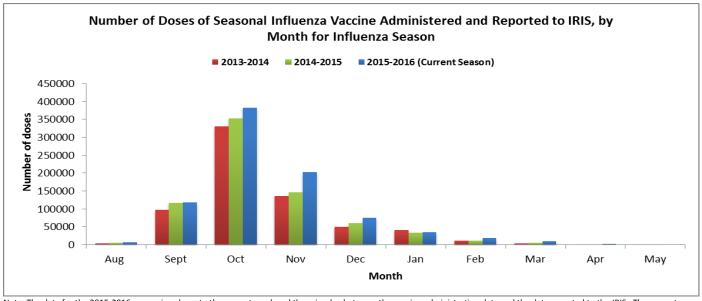
School surveillance program:

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.



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/immtb/immunization/vaccine

CDC vaccine information: www.cdc.gov/flu/faq/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

 $\textbf{Missouri:}\ \underline{\text{http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php}$

South Dakota: http://doh.sd.gov/diseases/infectious/flu/ Wisconsin: www.dhs.wisconsin.gov/influenza/index.htm