

# Iowa Influenza Surveillance Network (IISN)

Influenza-like Illness (ILI) and Other Respiratory Viruses

Weekly Activity Report

# For the week ending May 21, 2016 - Week 20



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

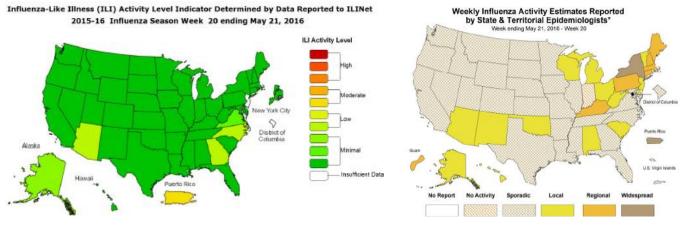
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Quick Stats					
Percent of outpatient visits for ILI <sup>1</sup>	0.27% (baseline 1.7%)				
Percent of influenza rapid test positive	3.5% (10/282)				
Percent of RSV rapid tests positive	5.4% (3/56)				
Percent school absence due to illness <sup>2</sup>	1.64%				
Number of schools with ≥10% absence due to illness	0				
Influenza-associated hospitalizations <sup>3</sup>	2/5,220 inpatients surveyed				
Influenza-associated mortality -all ages (Cumulative) <sup>4</sup>	46				
Influenza-associated pediatric mortality (Cumulative)	2				
<ol> <li><sup>1</sup> ILI: Influenza-like Illness is defined as a fever of ≥100° F as well as cough and/or sore throat.</li> <li><sup>2</sup> Percent school absence due to illness are reported through a weekly survey of Iowa sentinel schools</li> <li><sup>3</sup> Hospitalizations due to influenza are voluntarily reported through a weekly survey of Iowa sentinel hospitals</li> <li><sup>4</sup> Deaths in which influenza is listed on the death certificate. This is an underestimate of influenza-related deaths.</li> <li>Cumulative is 10/4/2015-current week.</li> </ol>					

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

#### Iowa statewide activity summary:

The geographic spread of influenza in lowa is now sporadic. For this reporting week, the State Hygienic Laboratory did not confirm any influenza viruses. Two influenza-related hospitalizations were reported from sentinel hospitals. The proportion of outpatient visits due to influenza-like illness (ILI) was 0.27 percent, which is below the regional baseline. In this reporting week, nine adenovirus, four parainfluenza virus type 3, 32 rhinovirus/ enterovirus, and three hMPV were detected from surveillance sites.

# National activity summary - (CDC):



Synopsis: During week 20 (May 15-21, 2016), influenza activity decreased in the United States.

**Viral Surveillance**: The most frequently identified influenza virus type reported by public health laboratories during week 20 was influenza A. 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 both the NCHS Mortality Surveillance System and 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 31.2 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 1.3 percent, which is below the national baseline of 2.1 percent. All 10 regions reported ILI below region-specific baseline levels. Puerto Rico experienced moderate ILI activity; three states experienced low ILI activity; New York City and 46 states experienced minimal ILI activity; and the District of Columbia and one state had insufficient data.

**Geographic Spread of Influenza:** The geographic spread of influenza in Puerto Rico and one state was reported as widespread; Guam and six states reported regional activity; 14 states reported local activity; the District of Columbia, the U.S. Virgin Islands, and 28 states reported sporadic activity; and one state reported no activity.

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

# 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 most of the northern hemisphere and in some tropical areas. 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

www.who.int/influenza/surveillance\_monitoring/updates/latest\_update\_GIP\_surveillance/en/. It was last updated 05/16/2016.

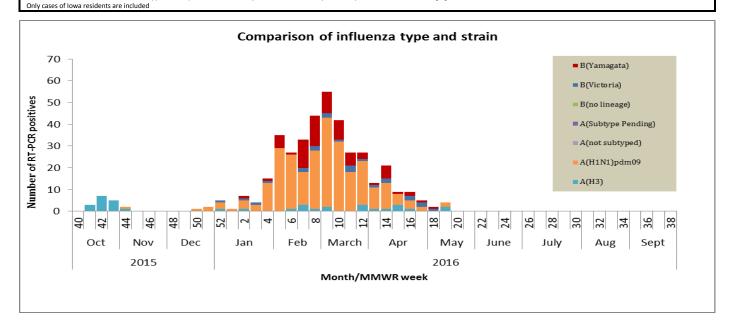
#### Laboratory surveillance program:

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.

		CURREI	NT WEEK		CUM	1ULATIVE (10/4/15 – CURRENT WEEK)		
		u 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%)	36(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(28%)	0(0%)	2(29%)
25-49	0(0%)	0(0%)	0(0%)	0(0%)	77(29%)	4(11%)	0(0%)	1(14%)
50-64	0(0%)	0(0%)	0(0%)	0(0%)	52(19%)	11(31%)	0(0%)	3(43%)
>64	0(0%)	0(0%)	0(0%)	0(0%)	27(10%)	9(25%)	0(0%)	0(0%)
Total	0	0	0	0	270	36	0	7

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

		CURRENT WEEK		CUMUL	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%)	0(0%)	5(22%)	8(11%)	0(0%)	
5-17	0(0%)	0(0%)	0(0%)	8(35%)	22(29%)	0(0%)	
18-24	0(0%)	0(0%)	0(0%)	3(13%)	2(3%)	0(0%)	
25-49	0(0%)	0(0%)	0(0%)	3(13%)	16(21%)	0(0%)	
50-64	0(0%)	0(0%)	0(0%)	1(4%)	12(16%)	0(0%)	
>64	0(0%)	0(0%)	0(0%)	3(13%)	16(21%)	0(0%)	
Total	0	0	0	23	76	0	

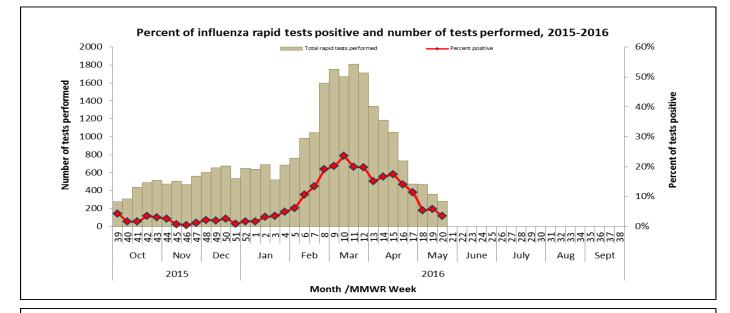


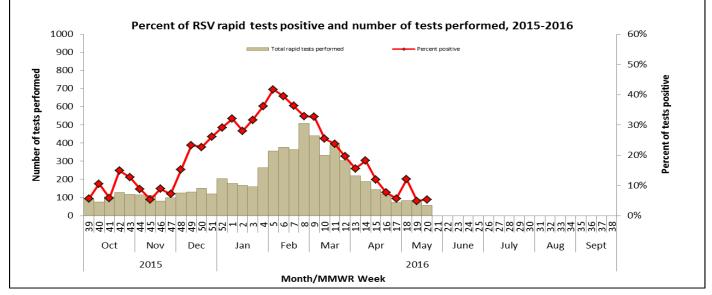
# Rapid influenza and RSV test surveillance:

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.

	-	RAPID ANTIGEN I		, ,	e present week RAPID ANTIGEN RSV TESTS			
REGION*	Tested	Flu A	Flu B	% Positive	Tested	Positive	% Positive	
	Testeu	Tiu A	T IU D	70 FUSILIVE	Testeu	FUSILIVE	70 FUSILIVE	
Region 1 (Central)	42	1	1	4.8	9	1	11.1	
Region 2 (NE)	18	1	0	5.6	6	0	0.0	
Region 3 (NW)	12	0	0	0.0	3	1	33.3	
Region 4 (SW)	27	0	1	3.7	6	0	0.0	
Region 5 (SE)	23	0	2	8.7	3	0	0.0	
Region 6 (Eastern)	160	2	2	2.5	29	1	3.4	
Total	282	4	6	3.5	56	3	5.4	

Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright; Region 3- Buena Vitac, 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, Pottawatamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Buren, Wapelb, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Claryton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.





#### Non-influenza respiratory viruses:

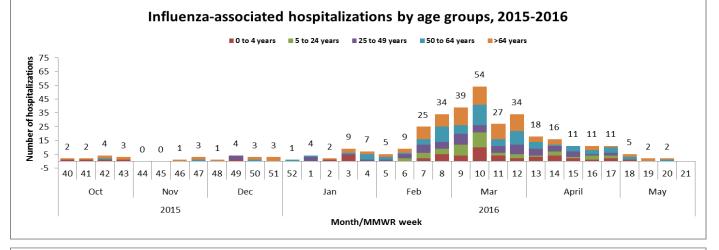
The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of positive tests for non-influenza respiratory viruses. This table also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center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

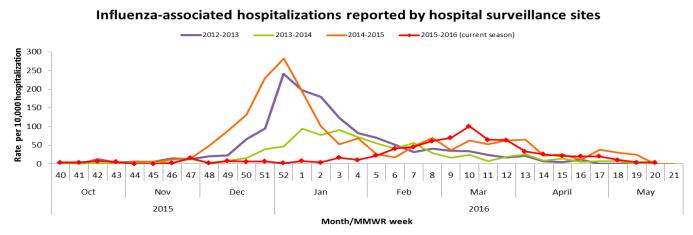
Table 4: Number of positive results for non-influenza respiratory viruses					
Viruses	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)			
Adenovirus	9	435			
Parainfluenza Virus Type 1	0	172			
Parainfluenza Virus Type 2	0	4			
Parainfluenza Virus Type 3	4	21			
Parainfluenza Virus Type 4	0	69			
Rhinovirus/Enterovirus	32	1149			
Respiratory syncytial virus (RSV)	0	708			
Human metapneumovirus (hMPV)	3	363			
Total	48	2921			

# 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 – CUR					
Age 0-4	0	50				
Age 5-24	0	44				
Age 25-49	0	64				
Age 50-64	1	84				
Age >64	1	110				
Total	2	352				



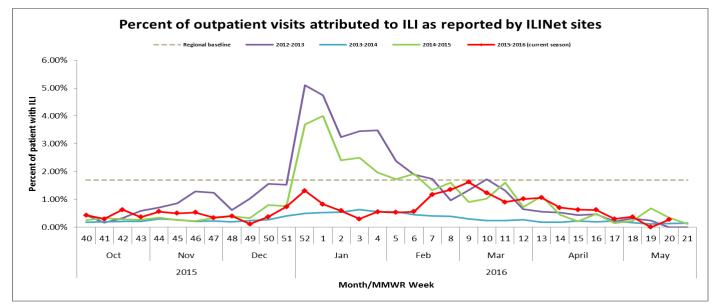


Iowa Department of Public Health – Center for Acute Disease Epidemiology

### 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 20, ending May 21	0.27	1	1	0	0	0	0
Week 19, ending May 14	0.00	0	0	0	0	0	0
Week 18, ending May 7	0.37	6	1	3	0	0	2



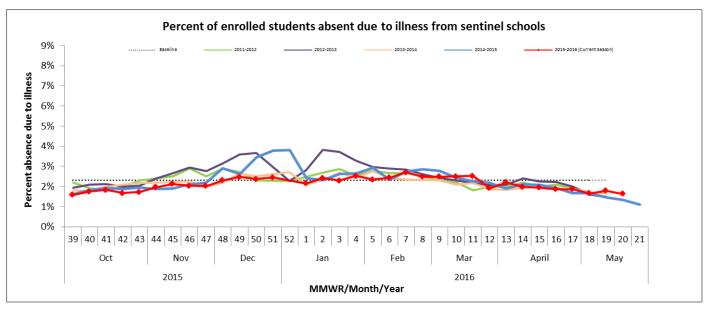
# Long-term Care Outbreaks:

Table 7: Number of long-term care outbreaks investigated						
REGION*	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)				
Region 1 (Central)	0	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- 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.

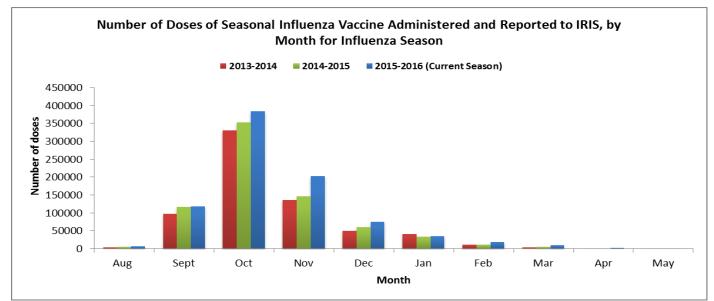
# School surveillance program:

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.



# 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