



**Iowa Influenza Surveillance Network (IISN)**  
**Influenza-like Illness (ILI) and Other Respiratory Viruses**  
**Weekly Activity Report**  
**For the week ending November 18, 2017 - Week 46**



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

Iowa Influenza Geographic Spread				
No Activity	Sporadic	Local	Regional	Widespread

Note: See CDC activity estimates for definition [www.cdc.gov/flu/weekly/overview.htm](http://www.cdc.gov/flu/weekly/overview.htm)

Quick Stats	
Percent of influenza rapid test positive	6% (56/984)
Percent of RSV rapid tests positive	4% (6/149)
Influenza-associated hospitalizations	12/2573 inpatients surveyed
Percent of outpatient visits for ILI	0.49% (baseline 1.9%)
Percent school absence due to illness	2.38%
Number of schools with ≥10% absence due to illness	3
Influenza-associated mortality -all ages (Cumulative)	1
Influenza-associated pediatric mortality (Cumulative)	0

Note: Deaths are considered influenza-associated when influenza is listed on the death certificate. This is an underestimate of influenza-related deaths. Cumulative mortality totals are from 10/1/2017 to the current week.

**Iowa statewide activity summary:**

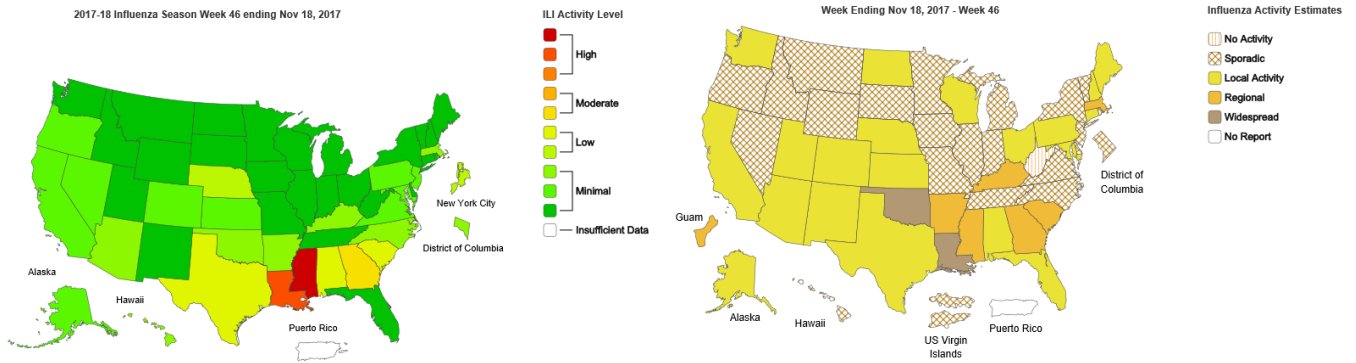
Influenza activity is low in Iowa, but continues to increase. The geographic spread of influenza in Iowa is sporadic. For this reporting week, the State Hygienic Laboratory confirmed 18 influenza A(H3), one influenza A(H1N1)pdm09, and one influenza B (Yamagata Lineage) viruses from submitted samples. In addition, IDPH investigated an influenza A(H1N1) variant in an adult with exposure to swine. No human-to-human transmission has been identified with this case. Twelve influenza-related hospitalizations were reported from sentinel hospitals during this reporting week. The proportion of outpatient visits due to influenza-like illness (ILI) was 0.49 percent, which is below the regional baseline of 1.9. Three schools reported 10 percent or more students absent due to illness at least one day this reporting week. One respiratory illness outbreak was investigated with the earliest onset of illness starting in a previous reporting week. Surveillance sites reported detecting the following non-influenza respiratory illnesses with the most frequency: 105 rhinovirus/enterovirus, 45 parainfluenza virus type 1, 18 coronavirus, 13 adenovirus, and 12 RSV.

**International activity summary - (WHO):**

Influenza activity remained at low levels in the temperate zone of the northern hemisphere. Declining levels of influenza activity were reported in the temperate zone of the southern hemisphere and in some countries of South and South East Asia. In Central America and the Caribbean, low influenza activity was reported in a few countries. Worldwide, influenza A(H3N2) and B viruses accounted for the majority of influenza detections.

Visit [www.who.int/influenza/surveillance\\_monitoring/updates/latest\\_update\\_GIP\\_surveillance/en/](http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/) for more information. It was last updated 11/13/2017.

## National activity summary - (CDC)-Last Updated in Week 46:



**Synopsis:** During week 46 (November 12-18, 2017), influenza activity is increasing in the United States.

**Viral Surveillance:** The most frequently identified influenza virus type reported by public health laboratories during week 46 was influenza A. The percentage of respiratory specimens testing positive for influenza in clinical laboratories is increasing.

**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 the system-specific epidemic threshold in the National Center for Health Statistics (NCHS) Mortality Surveillance System.

**Influenza-associated Pediatric Deaths:** Five influenza-associated pediatric deaths were reported, one of which occurred during the 2016-17 season.

**Influenza-associated Hospitalizations:** A cumulative rate of 1.4 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 2.0%, which is below the national baseline of 2.2%. Regions 1, 2, 4 and 6 reported ILI at or above region-specific baseline levels. Two states experienced high ILI activity, one state experienced moderate ILI activity, New York City and four states experienced low ILI activity, the District of Columbia and 43 states experienced minimal ILI activity, and Puerto Rico had insufficient data.

**Geographic Spread of Influenza:** The geographic spread of influenza in two states was reported as widespread; Guam and six states reported regional activity; 20 states reported local activity; the District of Columbia, the US Virgin Islands and 21 states reported sporadic activity; one state reported no activity; and Puerto Rico did not report.

Detailed information can be found online at [www.cdc.gov/flu/weekly/](http://www.cdc.gov/flu/weekly/).

**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 daily.

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

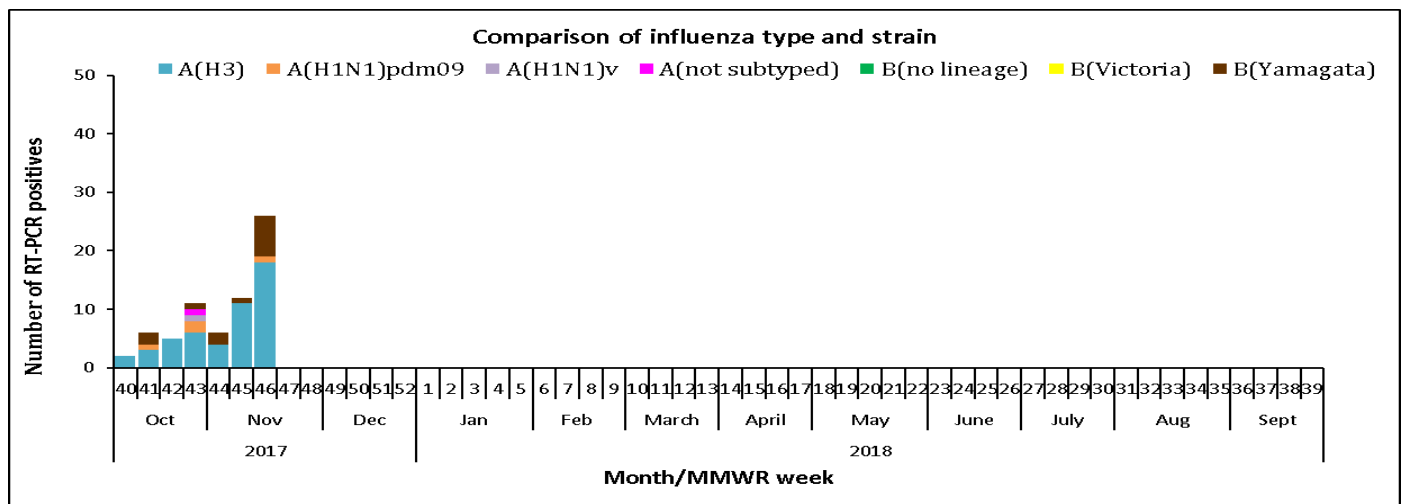
Age Group	CURRENT WEEK				CUMULATIVE (10/1/17– CURRENT WEEK)				
	A(H1N1) pdm09	A (H3)	Pending/ Not subtyped	Total	A(H1N1) pdm09	A (H1N1v)	A (H3)	Pending/ Not subtyped	Total
0-4	1	2	0	3 (16%)	4	0	5	1	10 (18%)
5-17	0	9	0	9 (47%)	0	0	12	0	12 (22%)
18-24	0	1	0	1 (5%)	0	0	4	0	4 (7%)
25-49	0	2	0	2 (11%)	0	1	4	0	5 (9%)
50-64	0	0	0	0 (0%)	0	0	8	0	8 (15%)
>64	0	4	0	4 (21%)	0	0	16	0	16 (29%)
<b>Total</b>	<b>1 (5%)</b>	<b>18 (95%)</b>	<b>0 (0%)</b>	<b>19</b>	<b>4 (7%)</b>	<b>1 (2%)</b>	<b>49 (89%)</b>	<b>1 (2%)</b>	<b>55</b>

Note: Cell counts of three or less are sometimes suppressed to protect confidentiality. Totals by age may not add up to totals by subtype/lineage due to missing age information. Only cases of Iowa residents are included. Specimens listed as “not subtyped” were not able to be subtyped due to weak positive lab results. 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 (10/1/17– CURRENT WEEK)			
	Victoria Lineage	Yamagata Lineage	Lineage Pending	Total	Victoria Lineage	Yamagata Lineage	Lineage Pending	Total
0-4	0	0	0	0 (0%)	0	0	0	0 (0%)
5-17	0	1	0	1 (14%)	0	1	0	1 (8%)
18-24	0	3	0	3 (43%)	0	3	0	3 (23%)
25-49	0	3	0	3 (43%)	0	4	0	4 (31%)
50-64	0	0	0	0 (0%)	0	4	0	4 (31%)
>64	0	0	0	0 (0%)	0	1	0	1 (8%)
<b>Total</b>	<b>0 (0%)</b>	<b>7 (100%)</b>	<b>0 (0%)</b>	<b>7</b>	<b>0 (0%)</b>	<b>13 (100%)</b>	<b>0 (0%)</b>	<b>13</b>

Note: Cell counts of three or less are sometimes suppressed to protect confidentiality. Totals by age may not add up to totals by subtype/lineage due to missing age information. Only cases of Iowa residents are included.



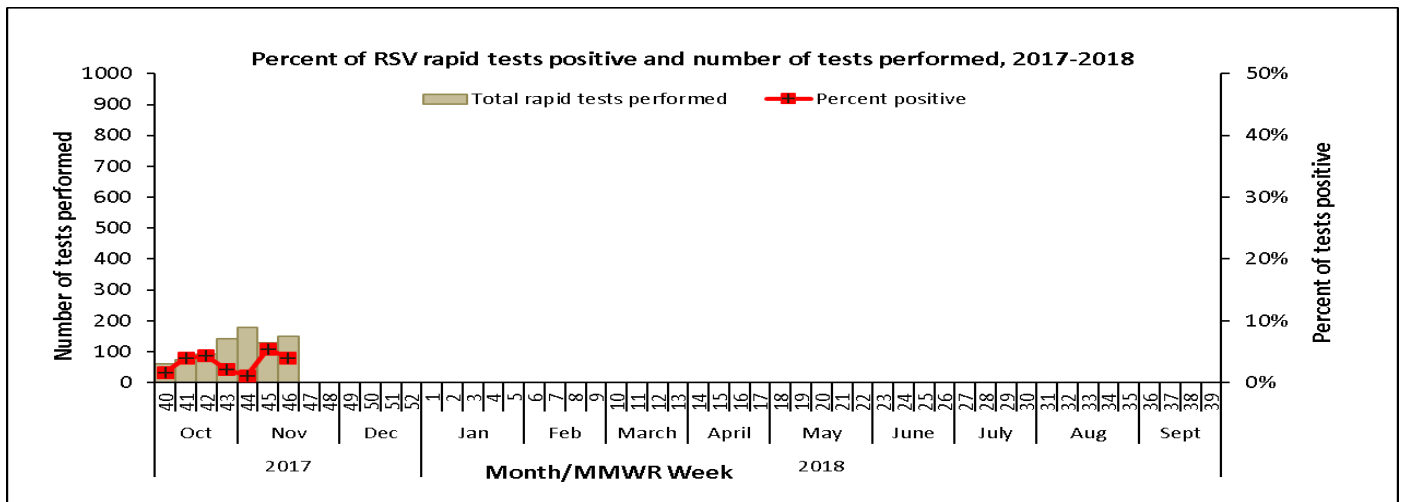
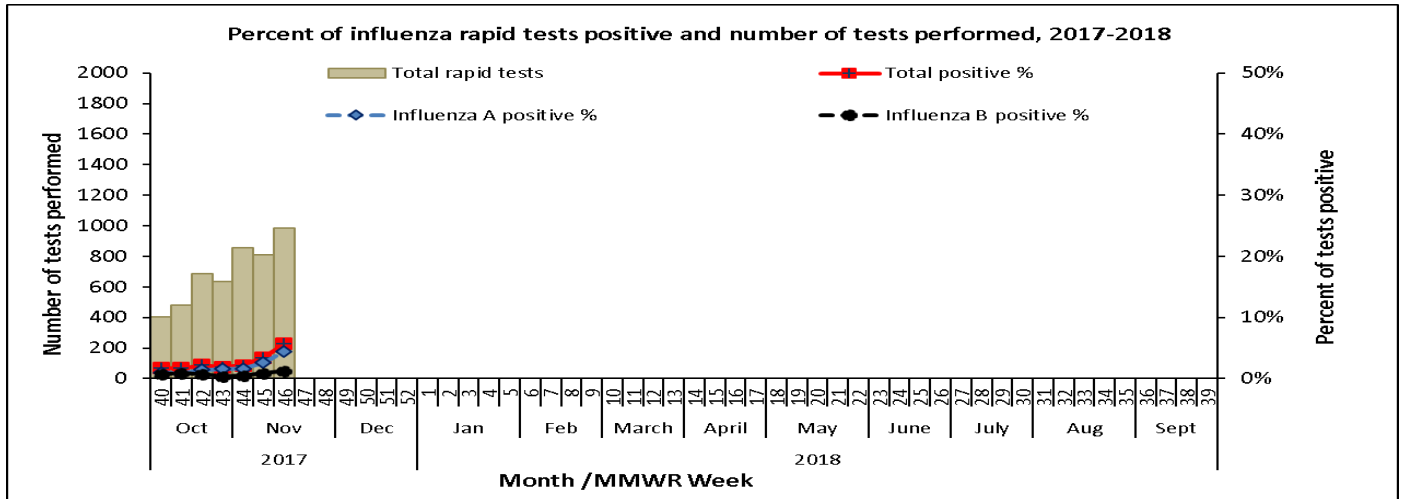
**Rapid influenza and RSV test surveillance:**

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

REGION*	RAPID INFLUENZA TESTS				RAPID RSV TESTS		
	Tested	Flu A	Flu B	% Positive	Tested	Positive	% Positive
Region 1 (Central)	250	13	1	6	16	1	6
Region 2 (NE)	32	0	0	0	9	0	0
Region 3 (NW)	109	5	1	6	45	2	4
Region 4 (SW)	52	4	1	10	9	0	0
Region 5 (SE)	120	2	2	3	13	0	0
Region 6 (Eastern)	421	20	7	6	57	3	5
<b>Total</b>	<b>984</b>	<b>44</b>	<b>12</b>	<b>6</b>	<b>149</b>	<b>6</b>	<b>4</b>

Note: see map in the school section for a display of the counties in each region.

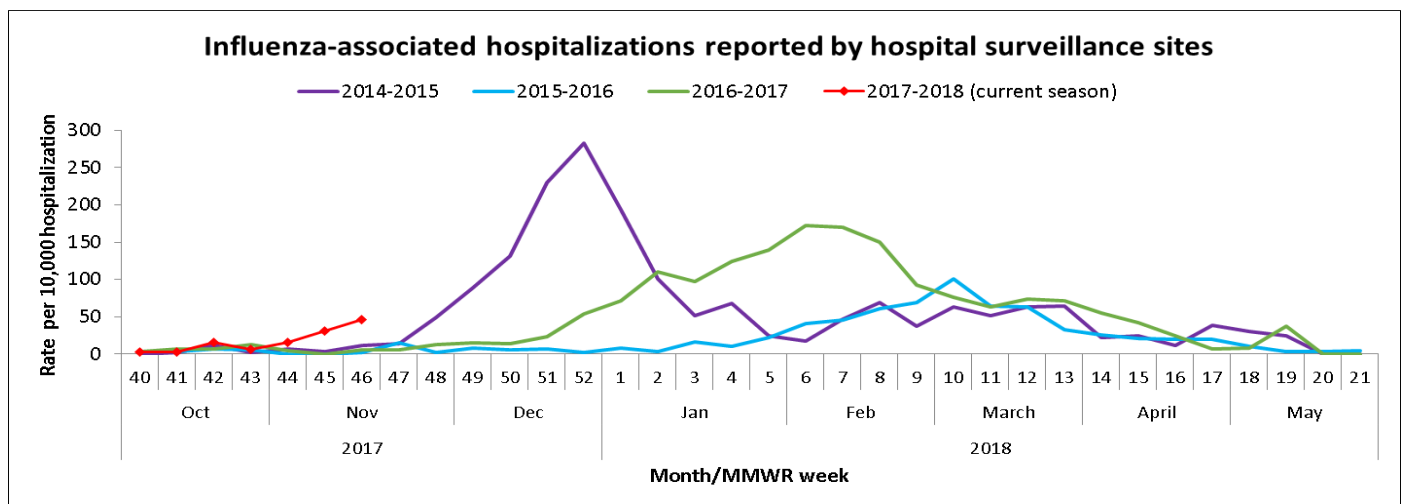
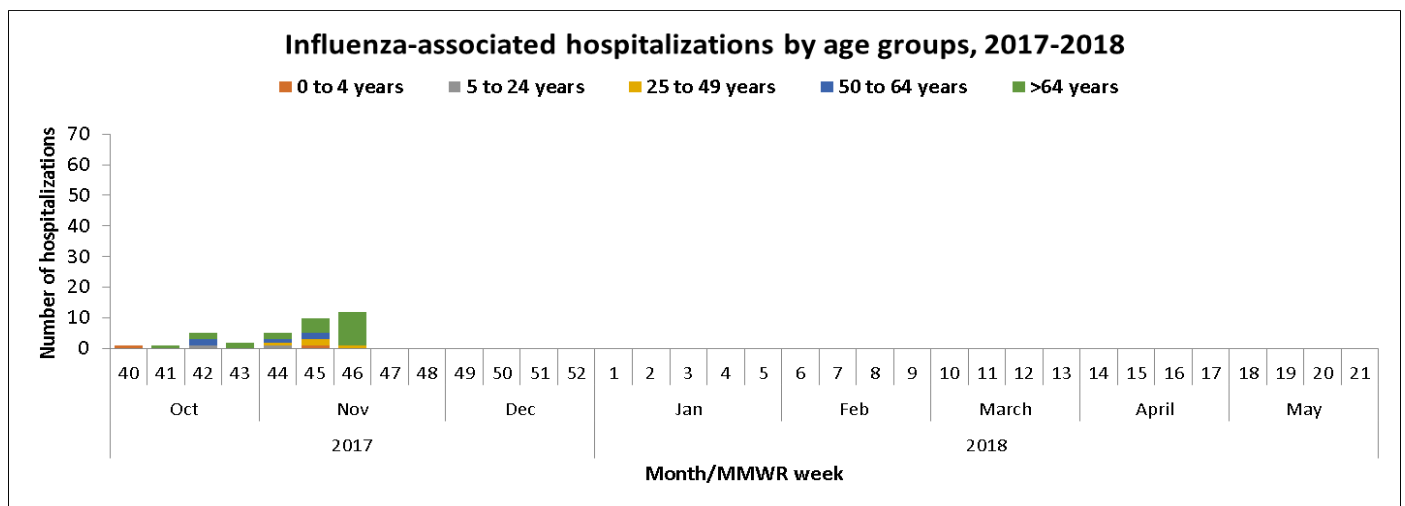


**Influenza-associated hospitalizations:**

Sentinel hospitals that participate in IISN voluntarily track and report the number of influenza-associated hospitalizations and the total number of inpatients each week. Iowa hospitals interested in joining this surveillance program should contact Andy Weigel at 515-322-1937 or [andy.weigel@idph.iowa.gov](mailto:andy.weigel@idph.iowa.gov) or more information.

**Table 4: Number of influenza-associated hospitalization reported by age group**

AGE	CURRENT WEEK	CUMULATIVE (10/1/17 – CURRENT WEEK)
Age 0-4	0	2
Age 5-24	0	2
Age 25-49	1	4
Age 50-64	0	5
Age >64	11	24
<b>Total</b>	<b>12</b>	<b>37</b>



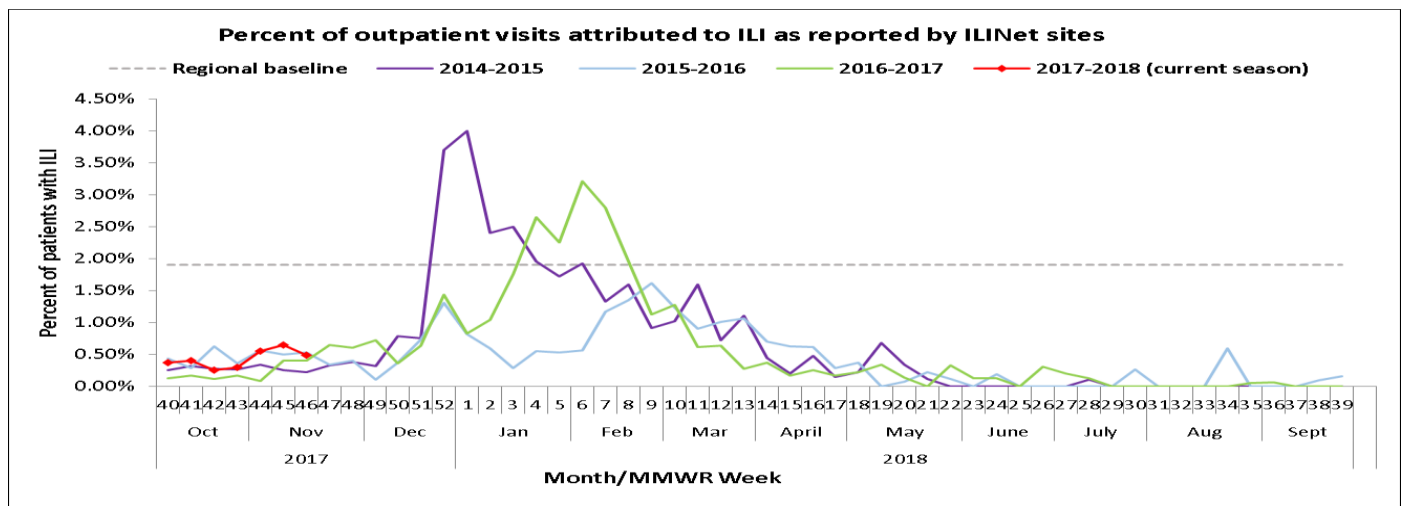
**Outpatient health care provider surveillance program (ILINet):**

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 Andy Weigel at 515-322-1937 or [andy.weigel@idph.iowa.gov](mailto:andy.weigel@idph.iowa.gov) for more information.

**Table 5: Outpatient visits for influenza-like illness (ILI)**

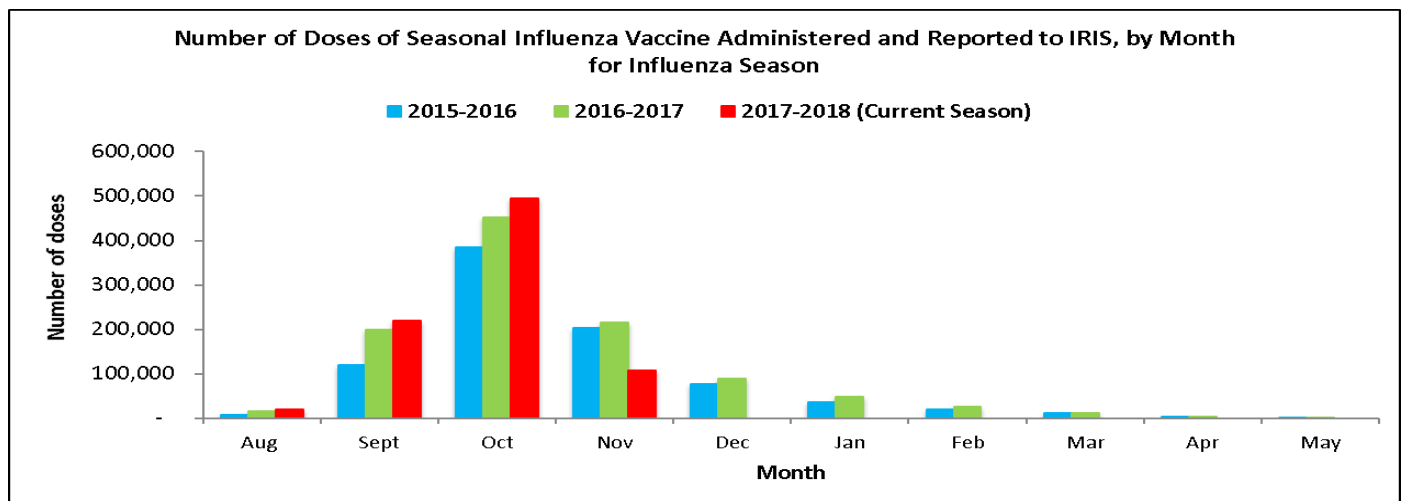
Week	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age > 64	Total ILI	ILI Percent
Week 44, ending November 4	5	9	2	2	3	21	0.55
Week 45, ending November 11	10	11	0	0	1	22	0.65
Week 46, ending November 18	7	8	1	0	1	17	0.49

Note: Influenza-like Illness is defined as a fever of  $\geq 100^{\circ}$  F as well as cough and/or sore throat.



**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](mailto:kimberly.tichy@idph.iowa.gov).



Note: The data for the 2017-2018 season is provisional due to the lag between the vaccine administration date and the date reported to IRIS.

**Long-term care outbreaks:**

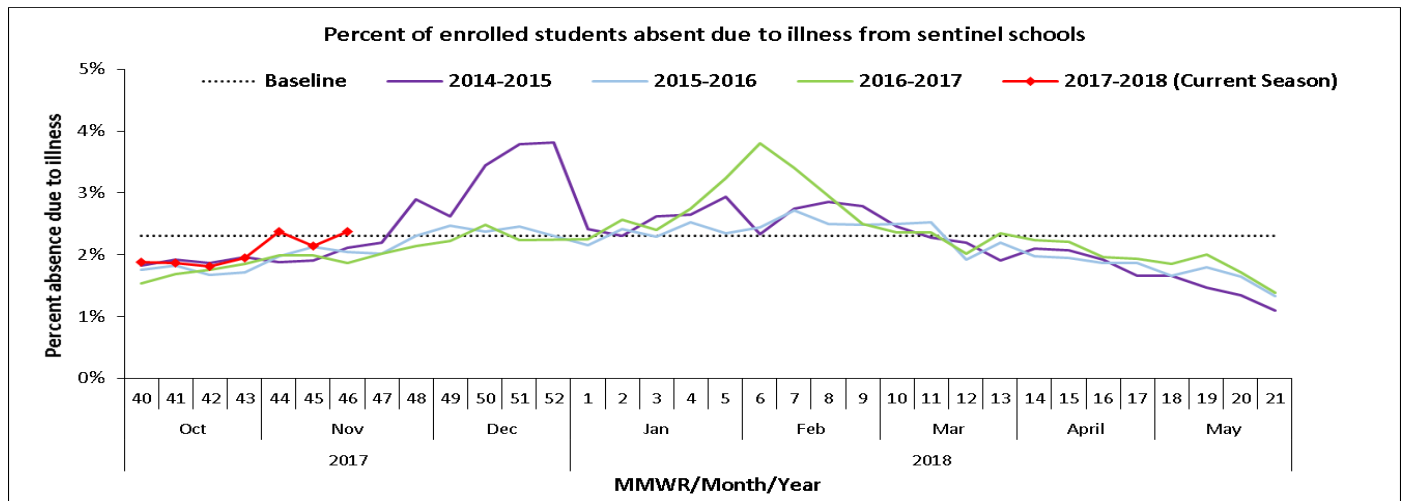
**Table 6: Number of long-term care outbreaks investigated**

REGION	CURRENT WEEK	CUMULATIVE (10/1/17 – 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	1
<b>Total</b>	<b>0</b>	<b>1</b>

Note: see map in the school section for a display of the counties in each region.

**School surveillance program**

IDPH monitors illnesses in schools from two different types of reporting: 10 percent school absence reports and weekly sentinel illness reporting. Iowa schools (K-12) track and report (including non-influenza illnesses) when the number of students absent with illness reaches or exceeds 10 percent of total student enrollment. Iowa sentinel schools that participate in IISN voluntarily track and report absence due to all illness and the total enrollment each week. This data provides excellent trends for influenza activity as well as age-specific information used to target vaccination efforts and messages.

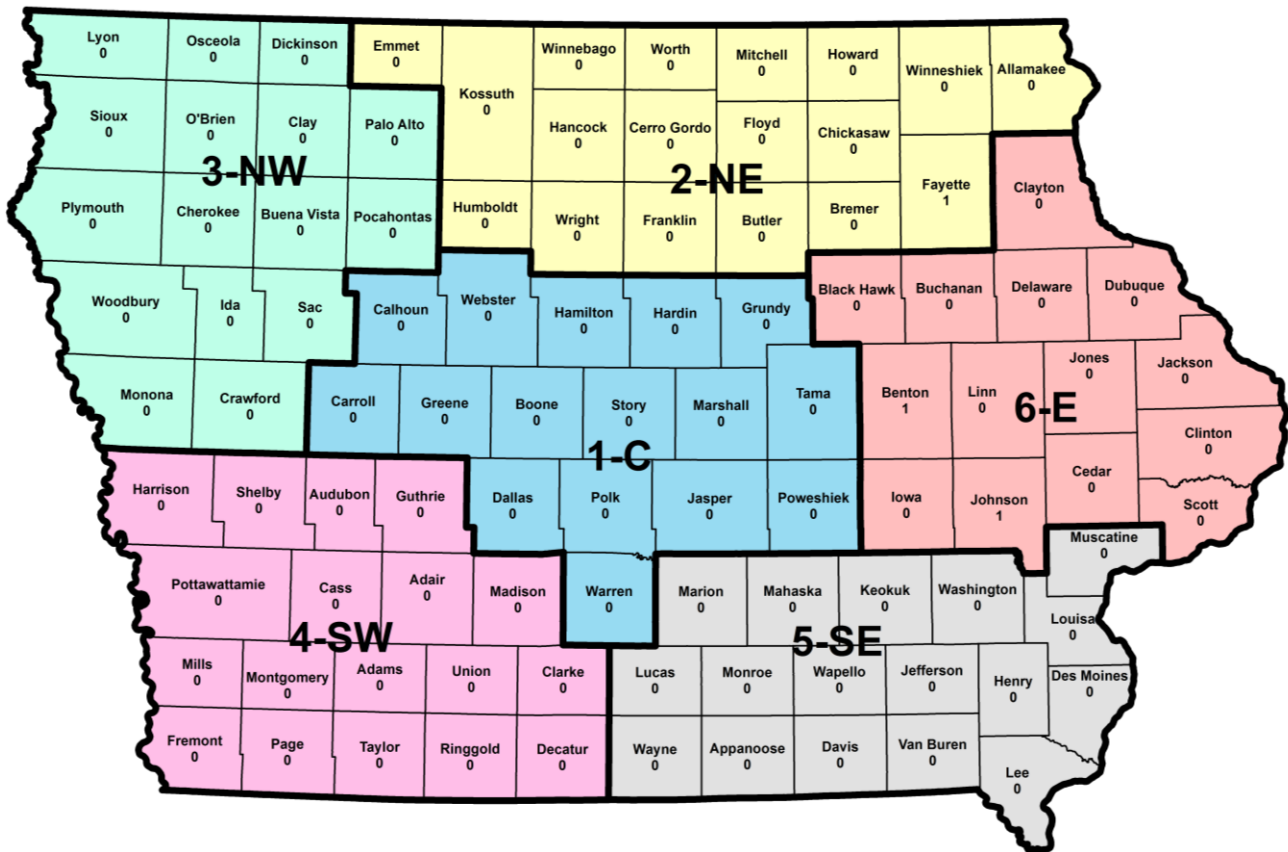


**Table 7: Number of schools reporting >10% absenteeism due to any illness**

REGION	CURRENT WEEK	CUMULATIVE (10/1/17 – CURRENT WEEK)
Region 1 (Central)	0	1
Region 2 (NE)	1	1
Region 3 (NW)	0	0
Region 4 (SW)	0	0
Region 5 (SE)	0	0
Region 6 (Eastern)	2	2
<b>Total</b>	<b>3</b>	<b>4</b>

Note: A regional map with the total of schools by county that report at least 10 percent of students absent due to illness for this current reporting week is displayed below (region numbers and abbreviations are displayed in large black font near the middle of each region).

**Number of schools with at least 10 percent of students absent, by county and region**



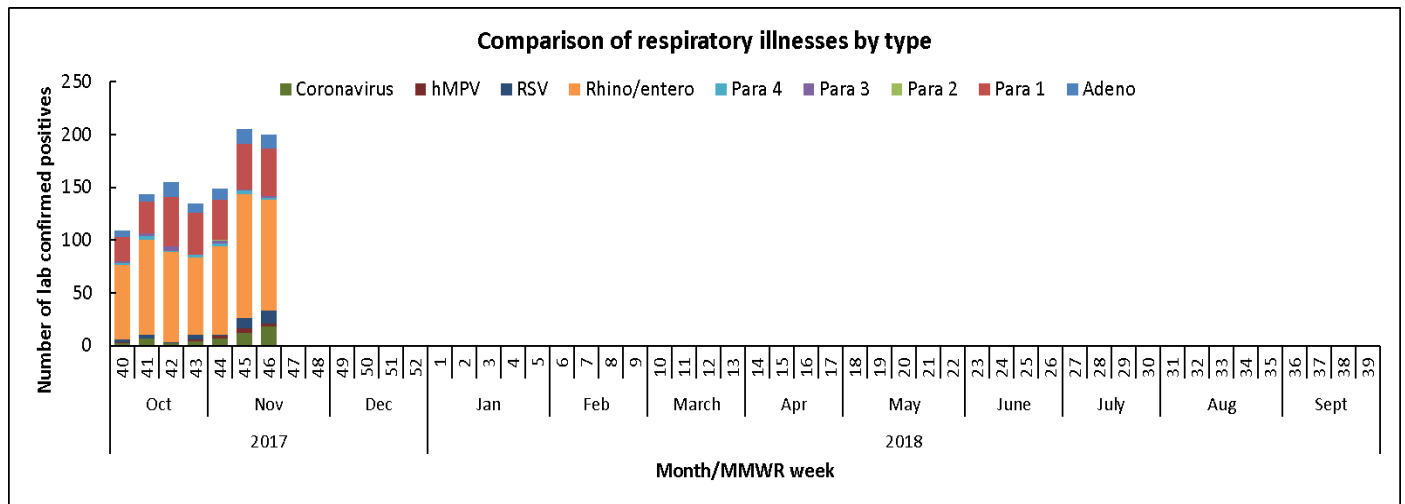


**Non-influenza respiratory viruses:**

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 8: Number of positive results for non-influenza respiratory virus collected by SHL, Mercy Dunes in Sioux City and Iowa Methodist Medical Center**

Viruses	CURRENT WEEK	CUMULATIVE (10/1/17 – CURRENT WEEK)
Adenovirus	13	74
Parainfluenza Virus Type 1	45	266
Parainfluenza Virus Type 2	0	1
Parainfluenza Virus Type 3	2	13
Parainfluenza Virus Type 4	2	19
Rhinovirus/Enterovirus	105	625
Respiratory syncytial virus (RSV)	12	34
Human metapneumovirus (hMPV)	3	12
Coronavirus	18	52
<b>Total</b>	<b>200</b>	<b>1096</b>



**Other resources:**

**Vaccine:**

Influenza vaccine recommendation: [idph.iowa.gov/immtdb/immunization/vaccine](http://idph.iowa.gov/immtdb/immunization/vaccine)

CDC vaccine information: [www.cdc.gov/flu/faq/flu-vaccine-types.htm](http://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](http://www.dph.illinois.gov/topics-services/diseases-and-conditions/influenza/surveillance)

Minnesota: [www.health.state.mn.us/divs/idepc/diseases/flu/stats/index.html](http://www.health.state.mn.us/divs/idepc/diseases/flu/stats/index.html)

Missouri: [health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php](http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php)

South Dakota: [doh.sd.gov/diseases/infectious/flu/](http://doh.sd.gov/diseases/infectious/flu/)

Wisconsin: [www.dhs.wisconsin.gov/influenza/index.htm](http://www.dhs.wisconsin.gov/influenza/index.htm)