



Iowa Influenza Surveillance Network (IISN)

Influenza-like Illness (ILI) and Other Respiratory Viruses

Weekly Activity Report

For the week ending February 24, 2018 - Week 8

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
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Note: See CDC activity estimates for definition www.cdc.gov/flu/weekly/overview.htm

Quick Stats

Percent of influenza rapid test positive	27% (967/3561)
Percent of RSV rapid tests positive	22% (145/647)
Influenza-associated hospitalizations	73/3897 inpatients
Percent of outpatient visits for ILI	2.30% (baseline 1.9%)
Percent school absence due to illness	3.40%
Number of long-term care influenza outbreaks	3
Number of schools with $\geq 10\%$ absence due to illness	9
Influenza-associated mortality -all ages (Cumulative)	185
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:

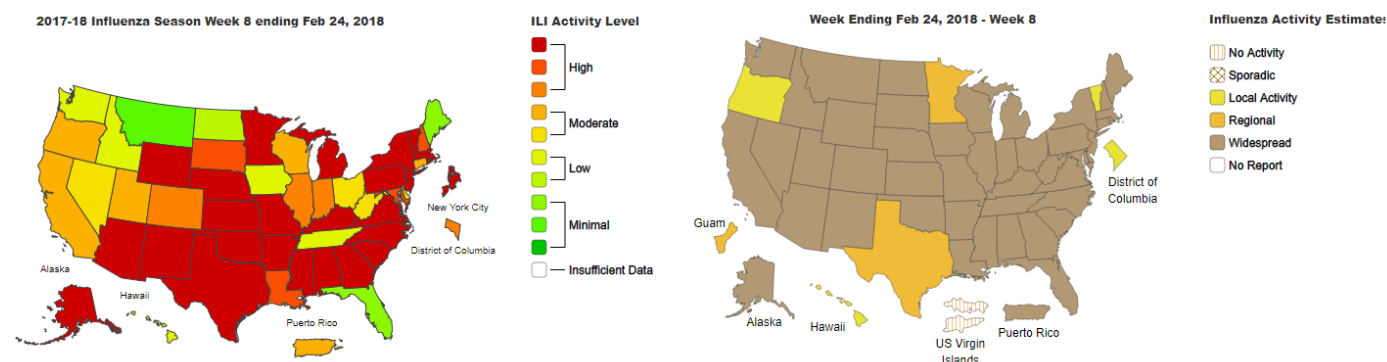
Influenza activity continues to be elevated in Iowa. Geographic spread is widespread, but influenza activity for most indicators is down from previous weeks. For this reporting week, the State Hygienic Laboratory confirmed 25 influenza A(H3) and 32 influenza B (Yamagata Lineage) viruses from submitted samples as well as two positive influenza A specimens, pending subtyping/lineage. There were 73 influenza-related hospitalizations reported from sentinel hospitals during this reporting week. The proportion of outpatient visits due to influenza-like illness (ILI) was 2.30 percent, which is above the regional baseline of 1.9 percent. IDPH investigated three influenza outbreaks in long-term care facilities with first illness onset in this reporting week. Nine schools reported 10 percent or more illness at least once this reporting week. There have been a total of 185 influenza-related deaths reported this season. Surveillance sites reported detecting the following non-influenza respiratory illnesses with the most frequency: 186 RSV, 117 hMPV, 113 rhinovirus/enterovirus, 59 coronavirus, and 33 adenovirus.

International activity summary - (WHO):

Influenza activity remained high in the temperate zone of the northern hemisphere while in the temperate zone of the southern hemisphere activity was at inter-seasonal levels. Worldwide, influenza A accounted still for the majority of influenza detections, but influenza B (mostly B-Yamagata lineage) increased in recent weeks.

Visit www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/ for more information. It was last updated 2/19/2018.

National activity summary - (CDC)-Last Updated in Week 8:



Synopsis: During week 8 (February 18-24, 2018), influenza activity decreased in the United States.

Viral Surveillance: While influenza A(H3) viruses continue to be predominant this season, during week 8 the overall proportion of influenza A viruses is declining, and the proportion of influenza B viruses is increasing. 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 above the system-specific epidemic threshold in the National Center for Health Statistics (NCHS) Mortality Surveillance System.

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

Influenza-associated Hospitalizations: A cumulative rate of 81.7 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 5.0%, which is above the national baseline of 2.2%. All 10 regions reported ILI at or above region-specific baseline levels. New York City, the District of Columbia, and 32 states experienced high ILI activity; Puerto Rico and nine states experienced moderate ILI activity; six states experienced low ILI activity; and three states experienced minimal ILI activity.

Geographic Spread of Influenza: The geographic spread of influenza in Puerto Rico and 45 states was reported as widespread; Guam and two states reported regional activity; the District of Columbia and three states reported local activity; and the U.S. Virgin Islands reported no activity.

Detailed information can be found online at 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

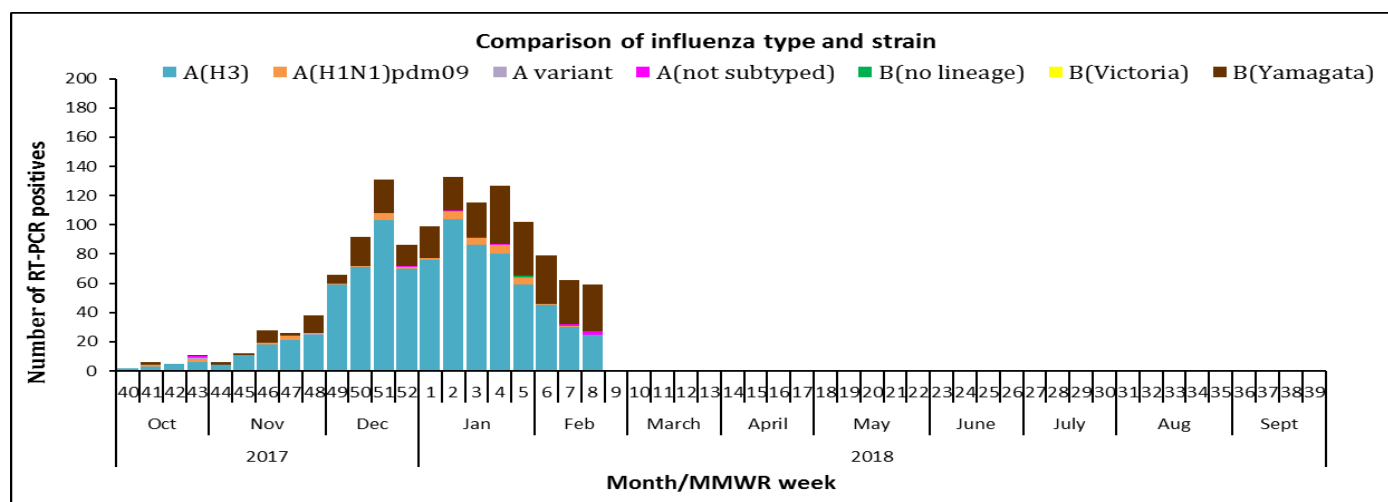
Age Group	CURRENT WEEK				CUMULATIVE (10/1/17– CURRENT WEEK)				
	A(H1N1) pdm09	A (H3)	Pending/ Not subtyped	Total	A(H1N1) pdm09	A variants	A (H3)	Pending/ Not subtyped	Total
0-4	0	1	0	1 (4%)	7	0	72	1	80 (8%)
5-17	0	0	0	0 (0%)	7	0	82	1	90 (9%)
18-24	0	5	0	5 (19%)	9	1	107	0	117 (12%)
25-49	0	0	1	1 (4%)	9	1	76	1	87 (9%)
50-64	0	1	0	1 (4%)	4	0	106	1	111 (12%)
>64	0	18	1	19 (70%)	3	0	460	3	466 (49%)
Total	0 (0%)	25 (93%)	2 (7%)	27	39 (4%)	2 (0%)	903 (95%)	7 (1%)	951

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. Influenza A variants detected in 2017-18 include A(H1N1)v and A(H3N2)v.

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	18	0	18 (5%)
5-17	0	2	0	2 (6%)	0	74	1	75 (22%)
18-24	0	3	0	3 (9%)	0	26	0	26 (8%)
25-49	0	2	0	2 (6%)	0	46	0	46 (14%)
50-64	0	8	0	8 (25%)	0	52	0	52 (16%)
>64	0	17	0	17 (53%)	0	117	0	117 (35%)
Total	0 (0%)	32 (100%)	0 (0%)	32	0 (0%)	333 (100%)	1 (0%)	334

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.



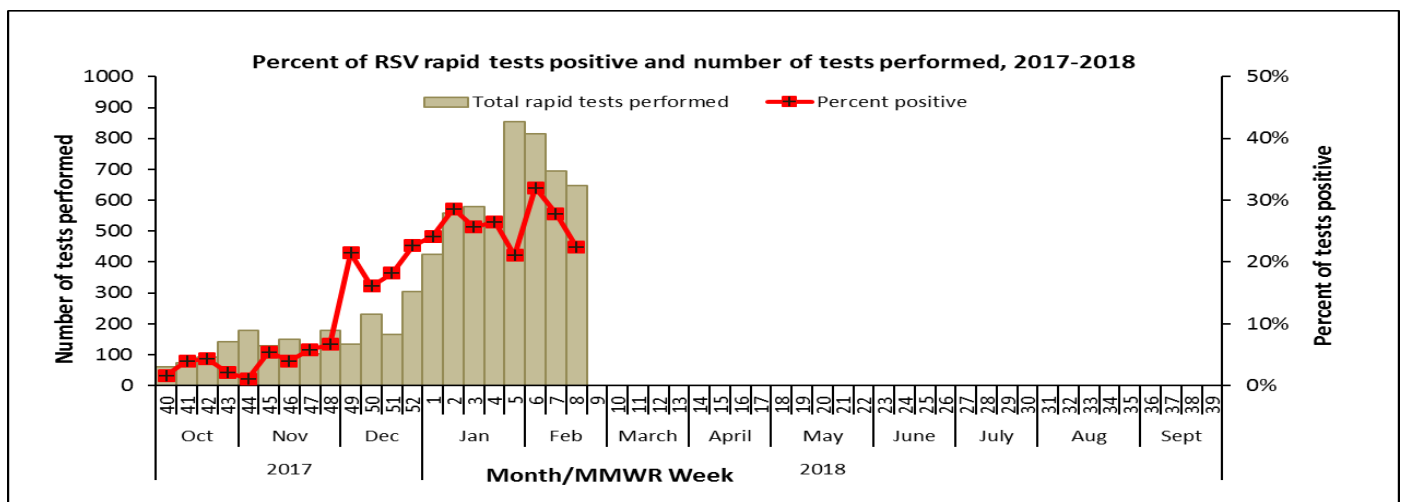
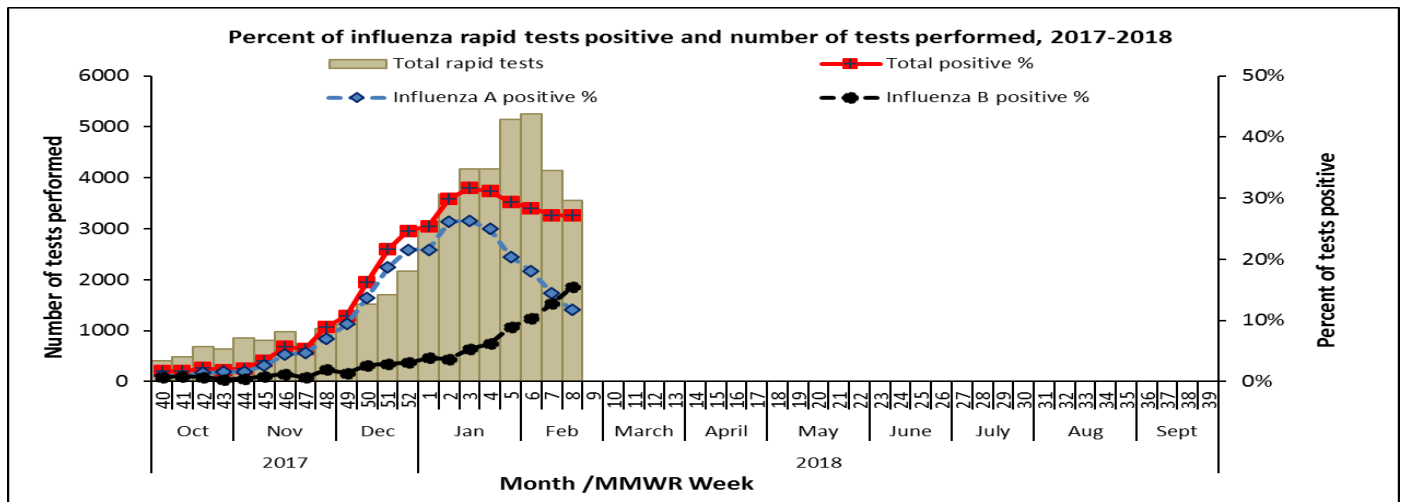
Rapid influenza and RSV test surveillance:

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)	1124	166	186	31	63	15	24
Region 2 (NE)	169	27	23	30	15	3	20
Region 3 (NW)	343	48	25	21	174	36	21
Region 4 (SW)	138	23	13	26	30	2	7
Region 5 (SE)	408	28	77	26	65	14	22
Region 6 (Eastern)	1379	125	226	25	300	75	25
Total	3561	417	550	27	647	145	22

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

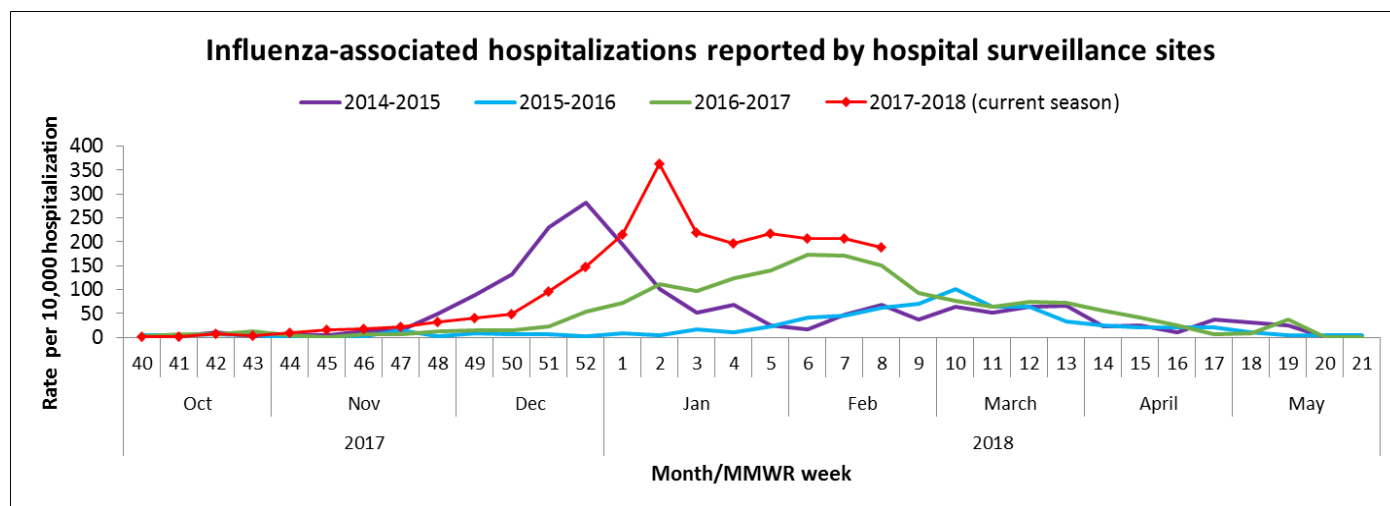
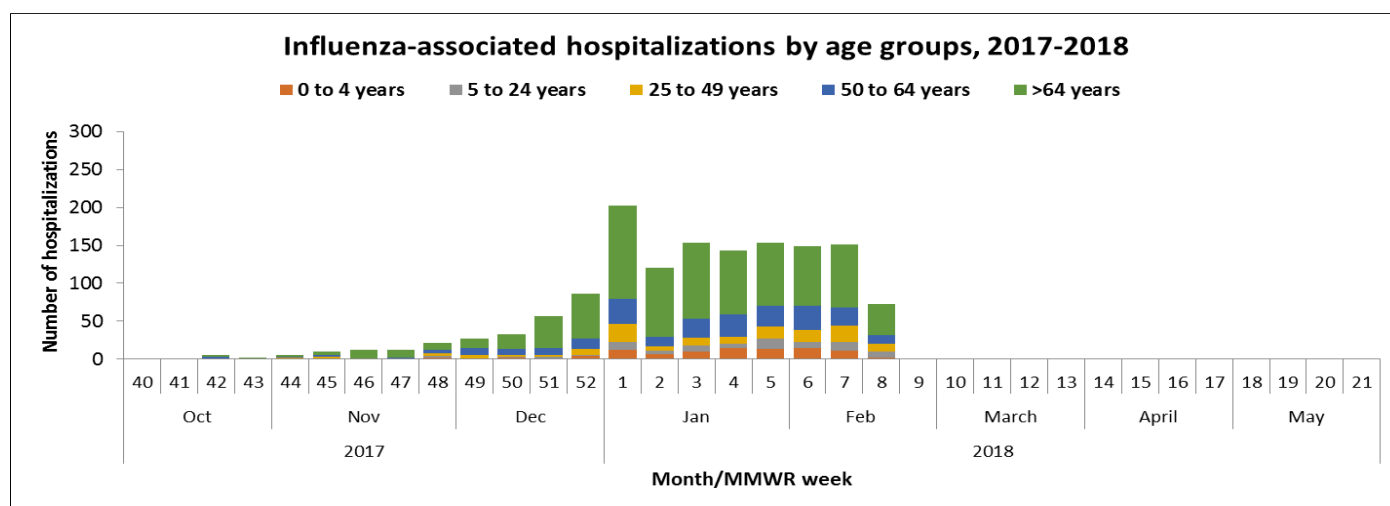


Influenza-associated hospitalizations:

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 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	2	93
Age 5-24	8	82
Age 25-49	10	135
Age 50-64	12	248
Age >64	41	861
Total	73	1419



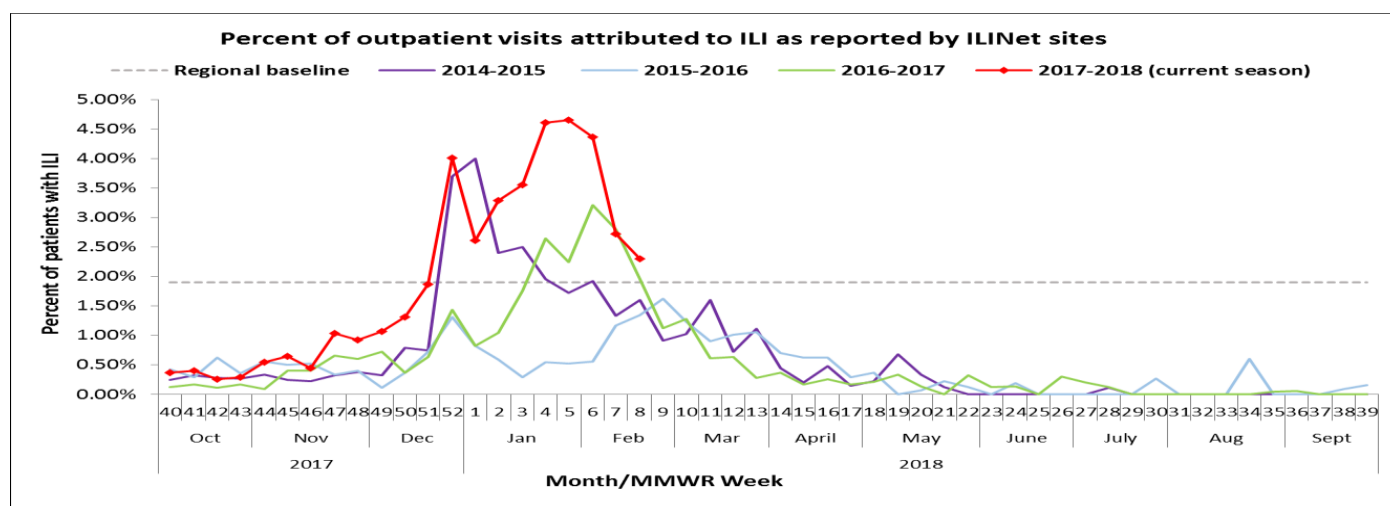
Outpatient health care provider surveillance program (ILINet):

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 for more information.

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

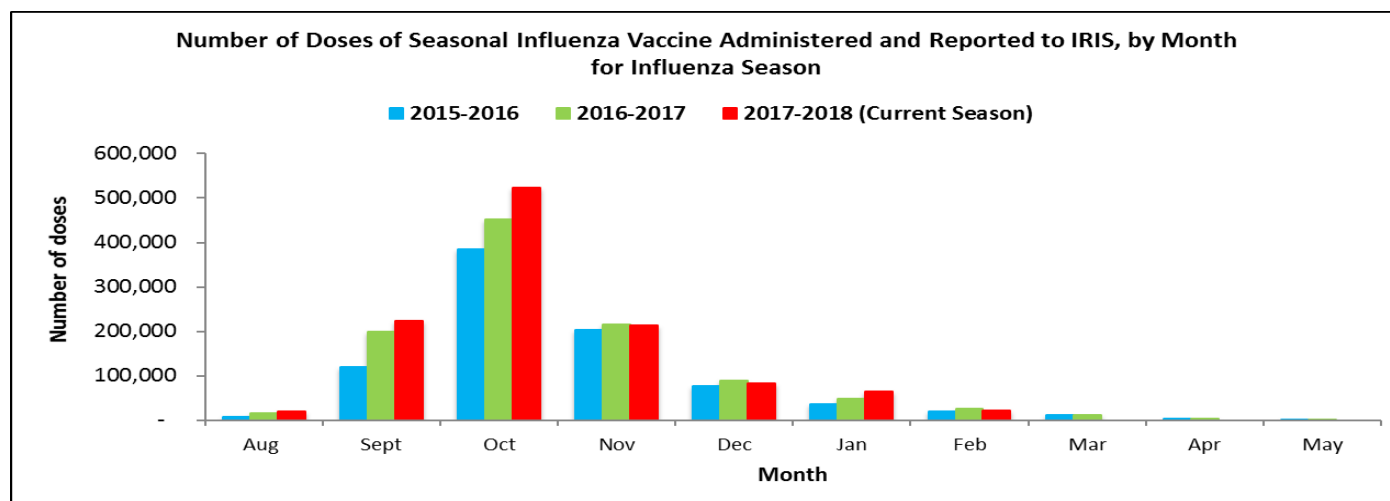
Week	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age > 64	Total ILI	ILI Percent
Week 6, ending February 10	29	91	18	9	19	166	4.36
Week 7, ending February 17	12	42	8	7	12	81	2.72
Week 8, ending February 24	15	43	9	7	9	83	2.30

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.



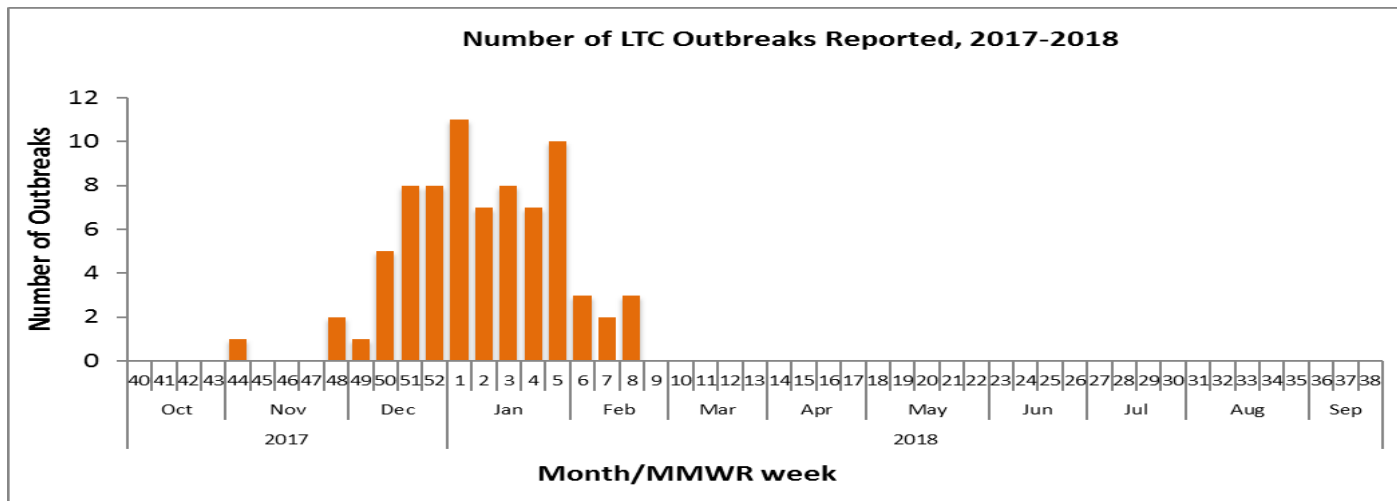
Note: The data for the 2017-2018 season is provisional due to the lag between the vaccine administration date and the date reported to IRIS.

Long-term care outbreaks:

Table 6: Number of long-term care outbreaks investigated

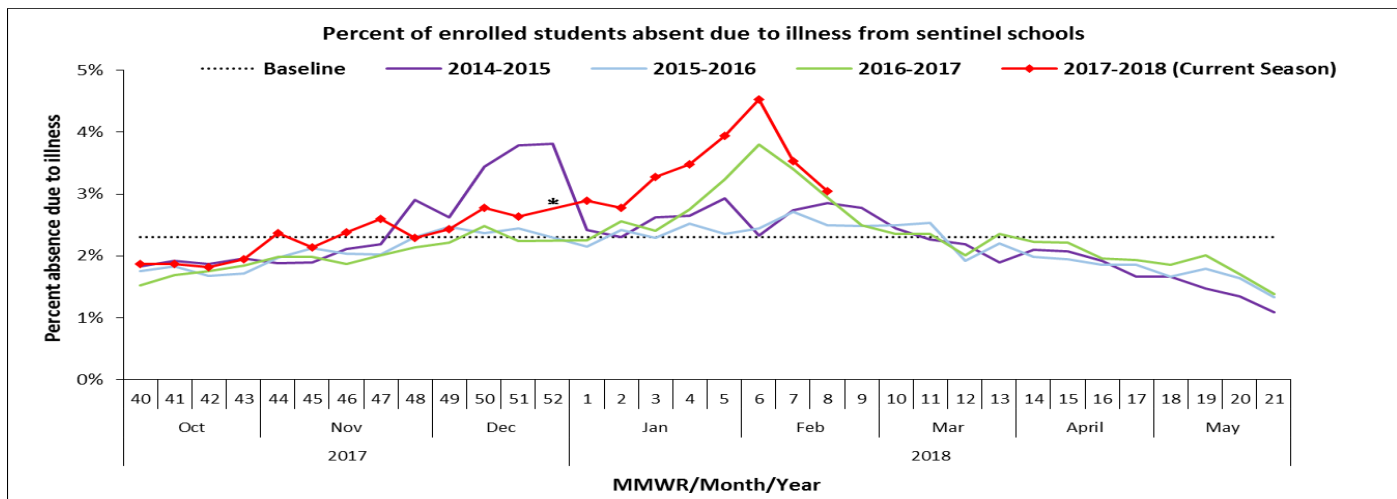
REGION	CURRENT WEEK	CUMULATIVE (10/1/17 – CURRENT WEEK)
Region 1 (Central)	0	20
Region 2 (NE)	1	11
Region 3 (NW)	0	4
Region 4 (SW)	0	10
Region 5 (SE)	1	17
Region 6 (Eastern)	1	14
Total	3	76

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.



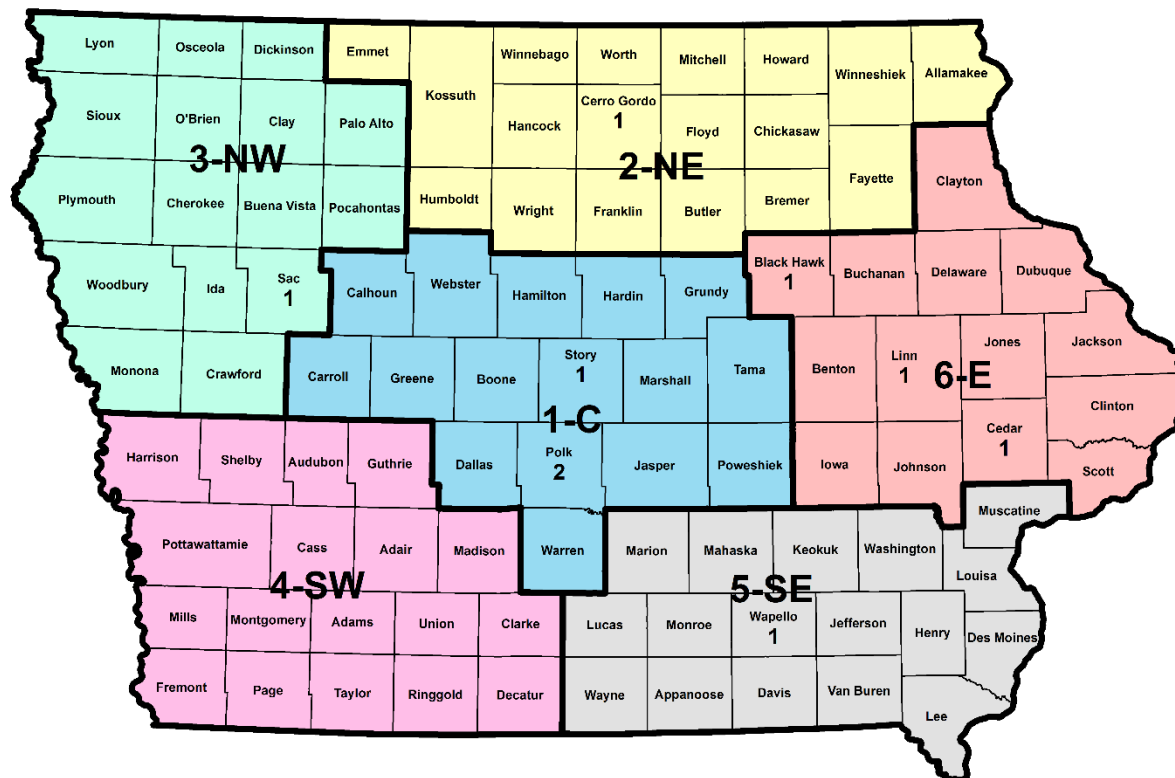
*School data not reported for week 52 due to holiday closings

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

REGION	CURRENT WEEK	CUMULATIVE (10/1/17 – CURRENT WEEK)
Region 1 (Central)	3	72
Region 2 (NE)	1	31
Region 3 (NW)	1	21
Region 4 (SW)	0	22
Region 5 (SE)	1	28
Region 6 (Eastern)	3	100
Total	9	274

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). Current week totals only include the first report for a school in the week, but cumulative totals may include multiple reports for the same school from different weeks.

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

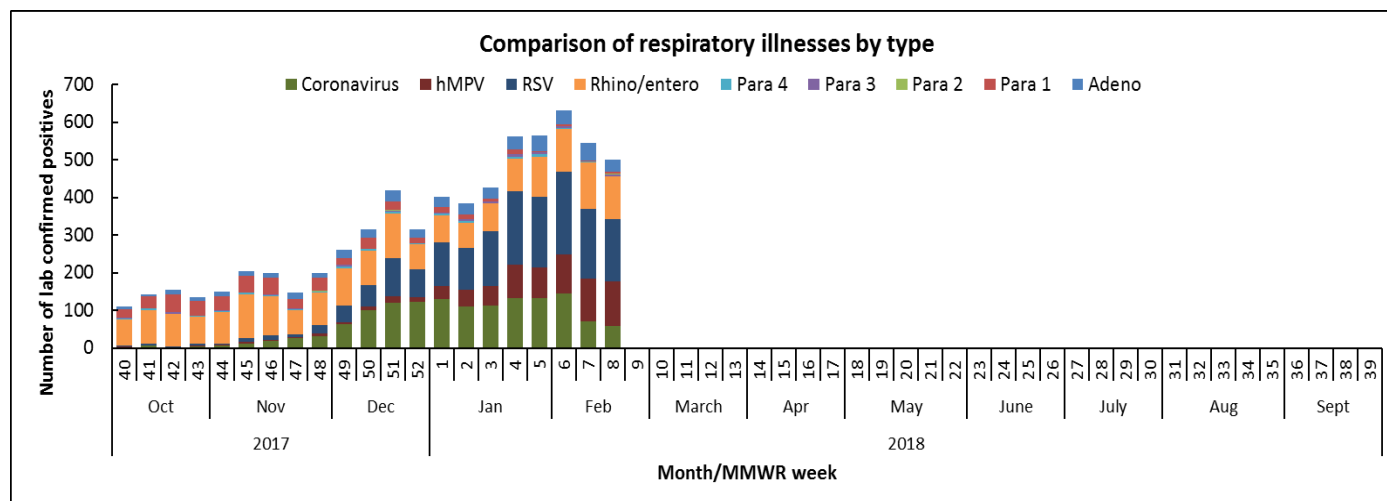


Non-influenza respiratory viruses:

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	33	476
Parainfluenza Virus Type 1	4	470
Parainfluenza Virus Type 2	1	7
Parainfluenza Virus Type 3	6	62
Parainfluenza Virus Type 4	1	64
Rhinovirus/Enterovirus	113	1910
Respiratory syncytial virus (RSV)	166	1665
Human metapneumovirus (hMPV)	117	704
Coronavirus	59	1405
Total	500	6763



Other resources:

Vaccine:

Influenza vaccine recommendation: idph.iowa.gov/immtb/immunization/vaccine

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

Missouri: health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php

South Dakota: doh.sd.gov/diseases/infectious/flu/

Wisconsin: flu.wisconsin.gov/