

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

See the **Surveillance Methods** page for a detailed description of each component of the Iowa respiratory virus surveillance system incl..

QUICK STATS FOR WEEK 32

Visit <https://hhs.iowa.gov/influenza/reports> to subscribe to weekly email reports

INFLUENZA

Overall Influenza Activity: Low

Lab Survey Flu Positive %
(PCR and Ag)

0.8%

Predominant Flu at SHL
(3 weeks)

B - Victoria

Outpatient
ILI %

0.67%

Long Term Care
Flu Outbreaks

0

Flu Hospitalizations -
All Iowa Hospitals (Week 31)

1

Flu Deaths
Cumulative 2022-23

144

COVID-19

Overall COVID-19 Activity: Low

Lab Survey
COVID-19 Positive %
(PCR and Ag)

12.5%

Predominant COVID Lineage
(4 weeks)

EG.5

COVID-19 ER Visits -
Syndromic Surveillance

272

COVID-19 Hospitalizations -
All Iowa Hospitals (Week 31)

51

COVID-19 Deaths
Cumulative 2022-23

827

OTHER RESPIRATORY VIRUSES

Top 3 Pathogen Groups by Positive Percent on Respiratory Virus Survey - MOLECULAR ONLY

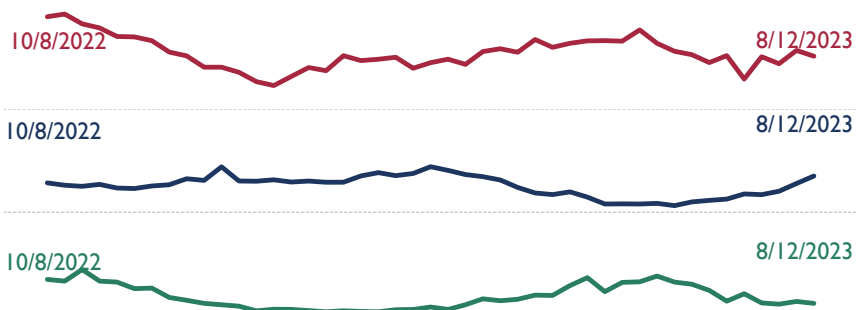
Percent Positive for Current Week

Positive Percent by Week

Rhinovirus/Enterovirus
17.8%

COVID-19
12.3%

Parainfluenza virus
4.5%



Iowa Respiratory Virus Surveillance Report

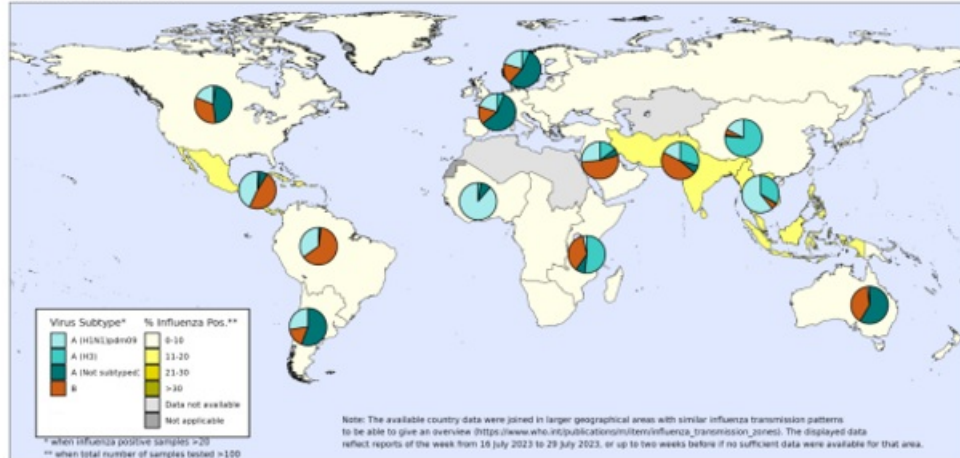
For MMWR week 32
(August 6, 2023 - August 12, 2023)

INTERNATIONAL INFLUENZA ACTIVITY SUMMARY - WHO

Percentage of respiratory specimens testing positive for influenza, by influenza transmission zone¹. Map generated on 04 August 2023.

Percentage of respiratory specimens that tested positive for influenza
By influenza transmission zone

Map generated on 04 August 2023



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

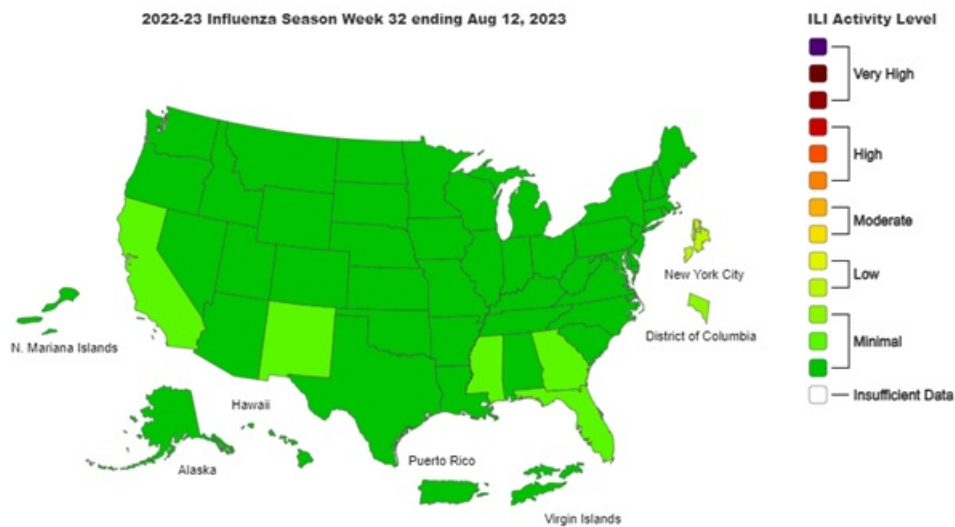
Data source: Global Influenza Surveillance and Response System (GISRS), FluNet (www.who.int/tools/fluNet)
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Data Source: Global Influenza and Response System (GISRS), FluNet (www.who.int/fluNet).

<https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update>

NATIONAL INFLUENZA LIKE ILLNESS (ILI) - CDC

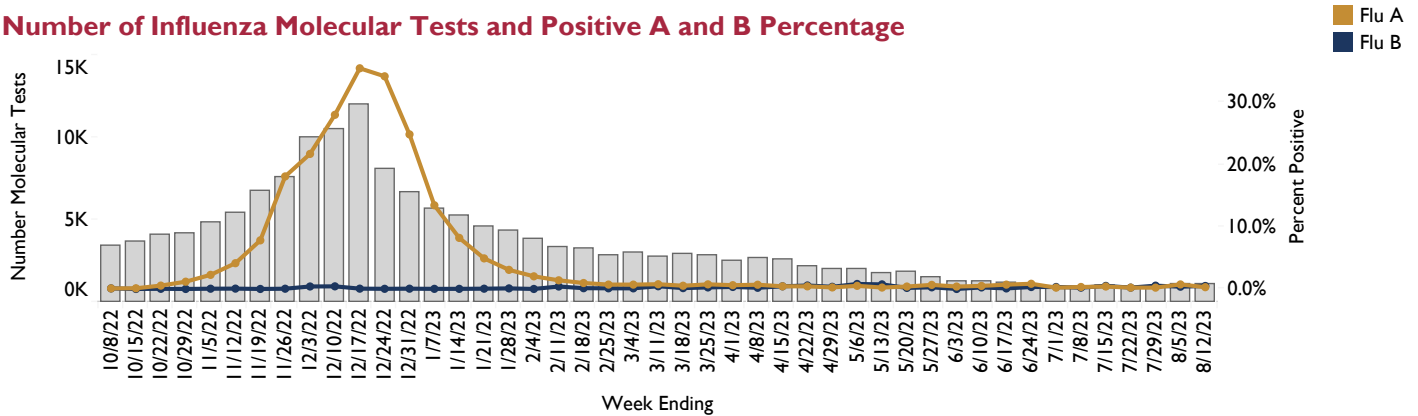


Iowa Respiratory Virus Surveillance Report

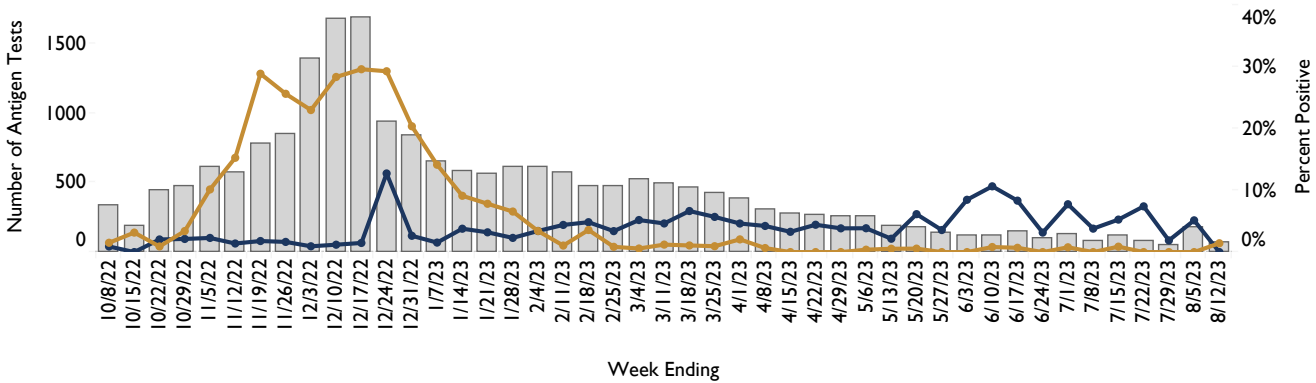
For MMWR week 32
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IOWA RESPIRATORY SURVEY - INFLUENZA

Number of Influenza Molecular Tests and Positive A and B Percentage



Number of Influenza Antigen Tests and Positive A and B Percentage



Flu Tests by Region - Current Week

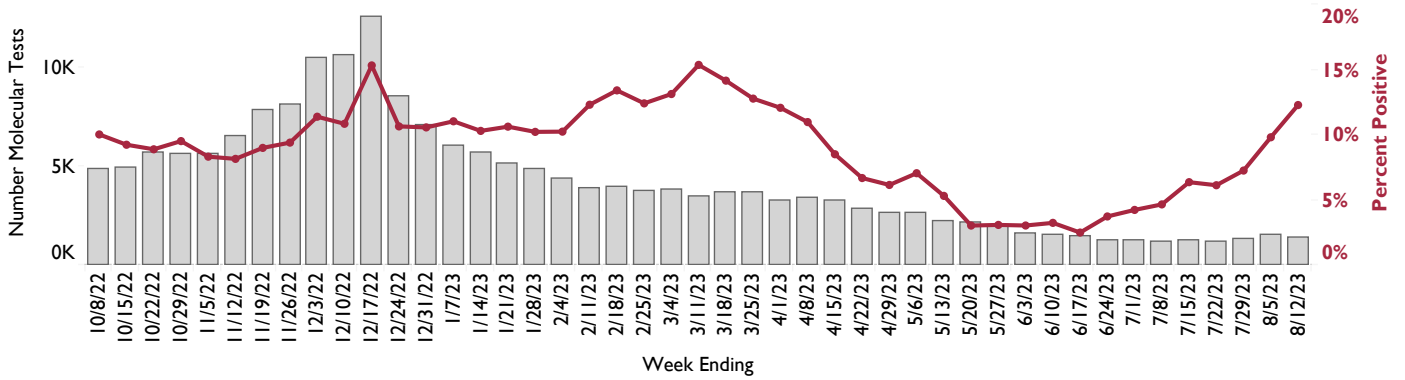
Flu Region Text	Number Positives	Number Tests	Percent Positive
1-C	1	336	0.3%
2-NE	2	108	1.9%
3-NW	0	26	0.0%
4-SW	0	30	0.0%
5-SE	1	66	1.5%
6-E	5	555	0.9%
Total	9	1,121	0.8%

Iowa Respiratory Virus Surveillance Report

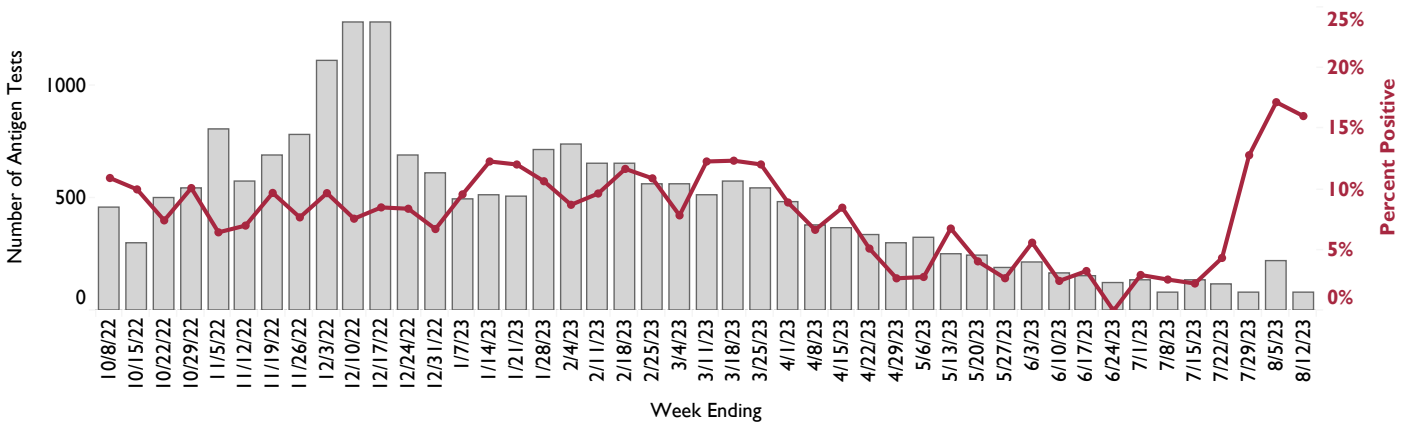
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IOWA RESPIRATORY SURVEY - COVID-19

Number of COVID-19 Molecular Tests and Positive Percentage



Number of COVID-19 Antigen Tests and Positive Percentage



COVID-19 Tests and Positivity by Region - Current Week

Flu Region Text	Number Positives	Number Tests	Percent Positive
1-C	44	441	10.0%
2-NE	19	75	25.3%
3-NW	6	48	12.5%
4-SW	2	35	5.7%
5-SE	1	64	1.6%
6-E	108	777	13.9%
Total	180	1,440	12.5%

Iowa Respiratory Virus Surveillance Report

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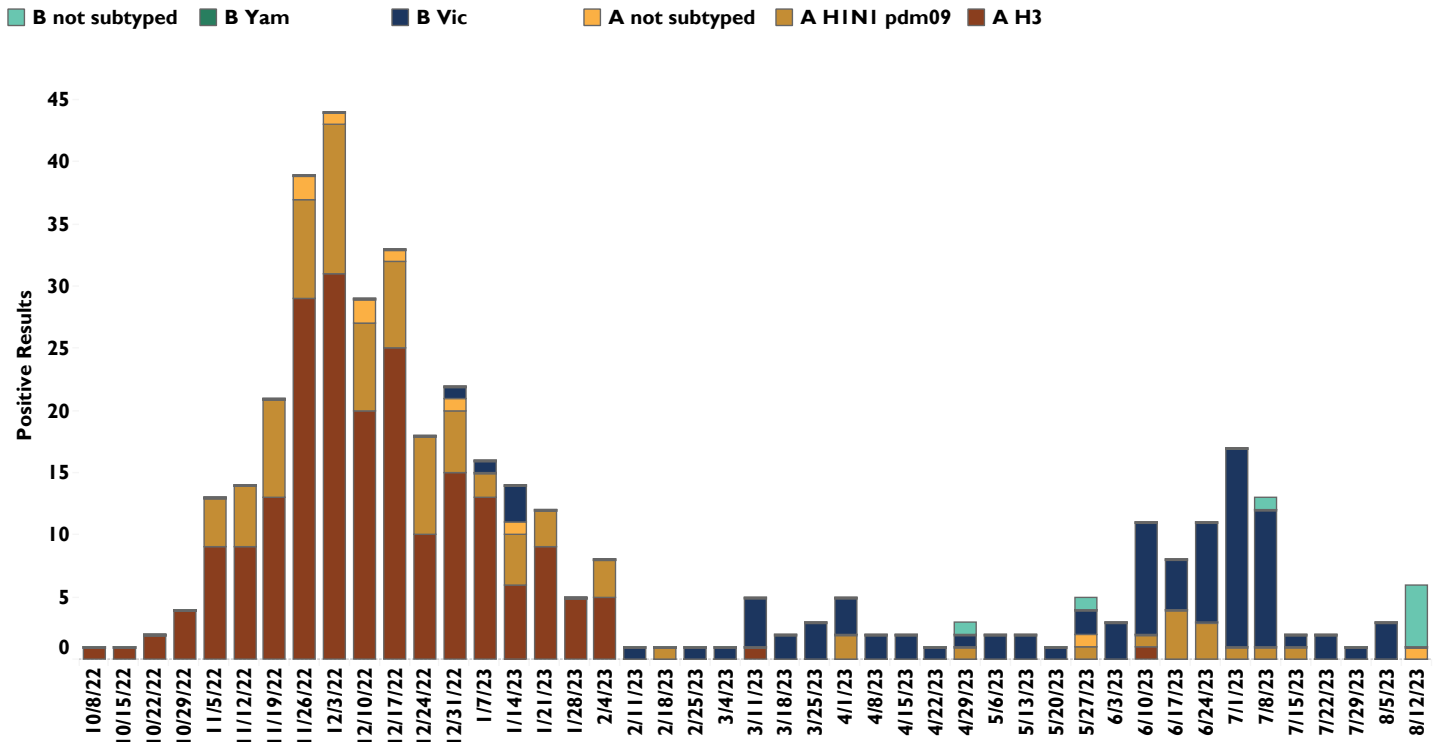
INFLUENZA TESTING AT THE STATE HYGIENIC LABORATORY (SHL)

Cumulative Influenza Viruses Detected by SHL by Age Group (10/3/2021 - Current Week)

Flu Lab Age Group	Influenza A			Total	Influenza B			Total
	A not subtyped	A H1N1 pdm09	A H3		B not subtyped	B Vic	B Yam	
0-4	0	10	37	47	1	21	0	22
5-17	3	23	58	84	2	13	0	15
18-24	0	8	28	36	1	7	0	8
25-49	2	23	32	57	3	46	0	49
50-64	2	11	12	25	1	3	0	4
65 and over	3	17	42	62	0	1	0	1
Unknown	0	0	0	0	0	0	0	0
Total	10	92	209	311	8	91	0	99

Table Note: Only Iowa residents are included. Specimens listed as “not subtyped” may be pending or 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 Viruses Detected by SHL by Week (10/3/21 - Current Week)



SHL Flu Testing Note: The State Hygienic Laboratory (SHL) is the primary laboratory in Iowa characterizing specimens for influenza surveillance. SHL reports the number of tests performed and the type and subtype/lineage of positive tests to the influenza surveillance network daily. SHL also sends a portion of specimens to CDC for further characterization.

Iowa Respiratory Virus Surveillance Report

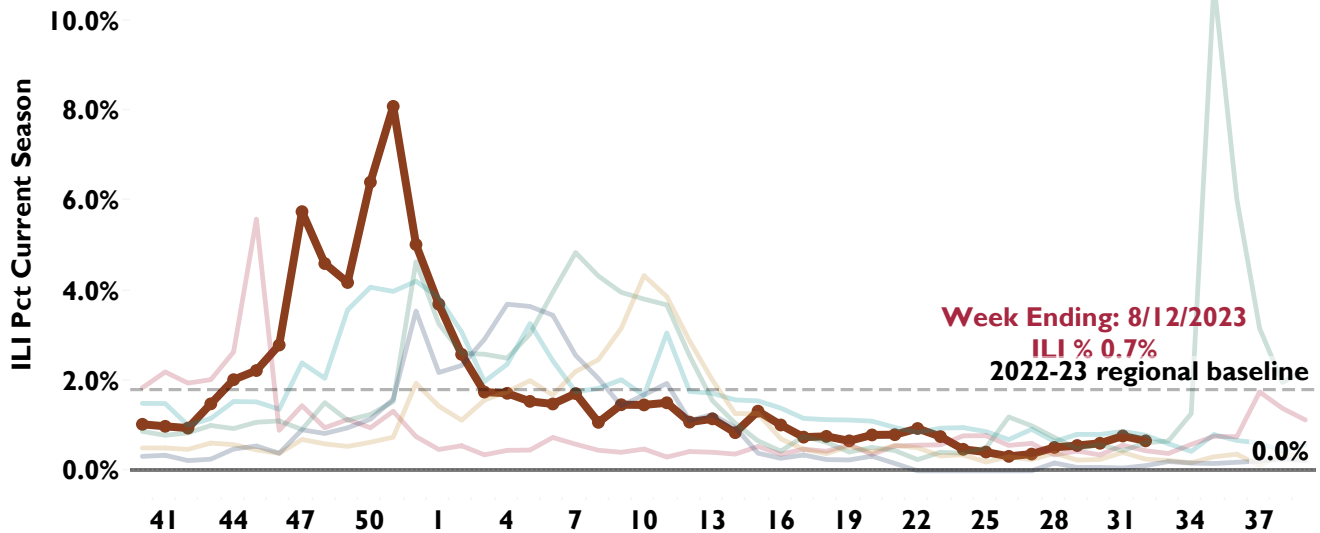
For MMWR week 32
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OUTPATIENT HEALTH CARE PROVIDER SURVEILLANCE PROGRAM (ILINET)

Percent Of Outpatient Visits Attributed to Influenza-like Illness (ILI) as Reported by ILine Sites

2017-18 2018-19 2019-20 2020-21 2021-22 2022-23

ILI by Season



ILI by Age Group Past 4 Weeks

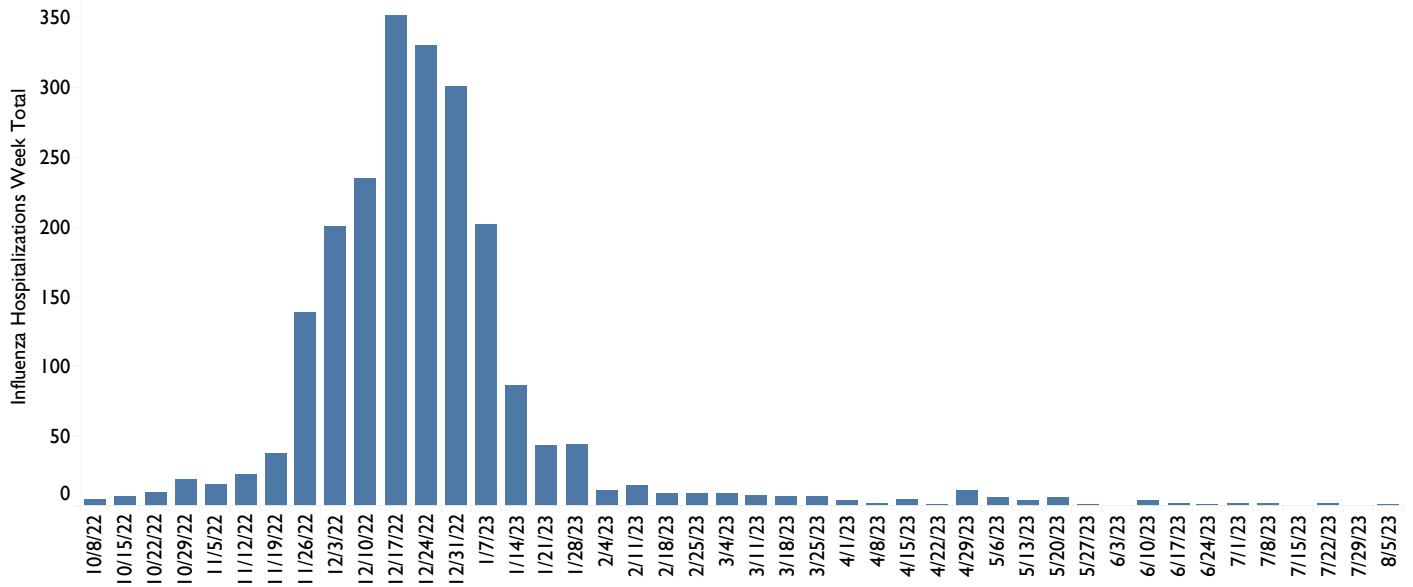
MMWR Week	End Date	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65 and older	Total ILI	ILI Pct
29	7/22/2023	6	8	1	2	4	21	0.56%
30	7/29/2023	5	7	1	3	3	19	0.61%
31	8/5/2023	4	7	8	0	7	26	0.77%
32	8/12/2023	8	10	4	1	2	25	0.67%

Outpatient ILI Note: Outpatient health care providers who participate in the ILineNet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week. The ILI Definition changed in 2021-22 so that persons with ILI symptoms (cough, sore throat, fever) will be counted even if positive for other respiratory illness (e.g., COVID-19) which makes comparison across seasons difficult.

Iowa Respiratory Virus Surveillance Report

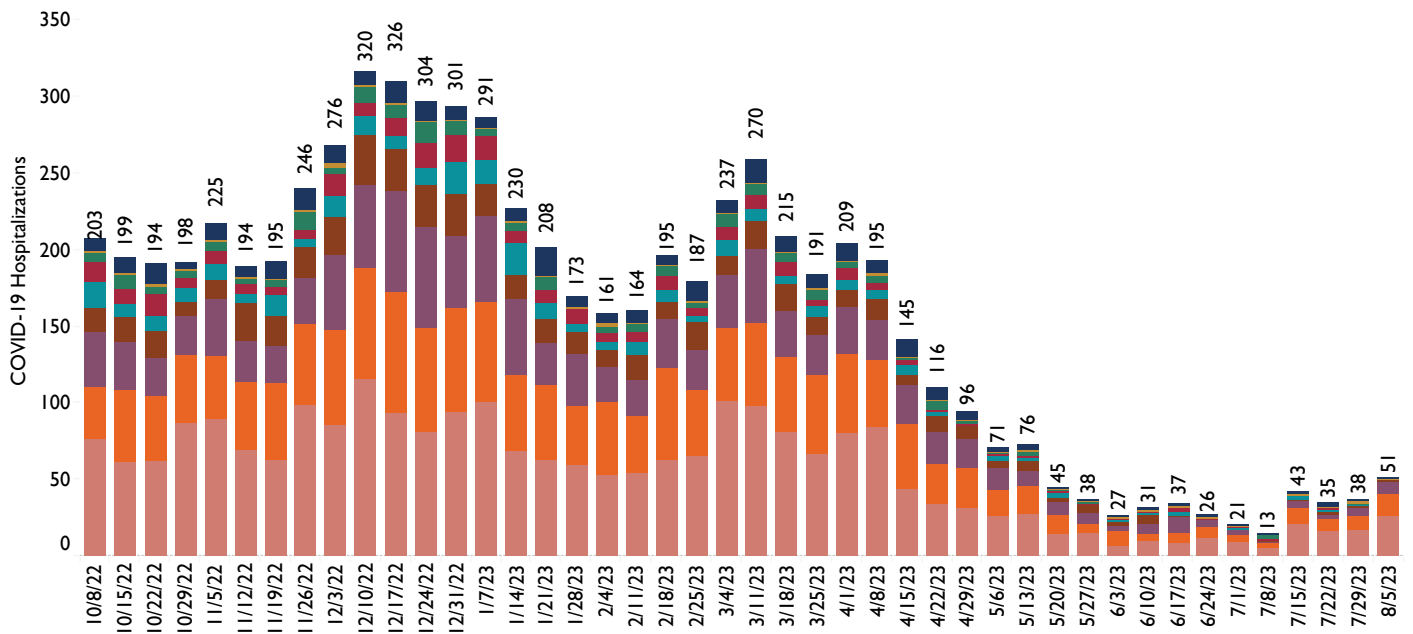
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Influenza Hospitalizations by Week at Iowa Hospitals - HealthData.gov



COVID-19 Hospitalizations by Week - HealthData.gov

- COVID 0-17
- COVID 18-19
- COVID 20-29
- COVID 30-39
- COVID 40-49
- COVID 50-59
- COVID 60-69
- COVID 70-79
- COVID 80+



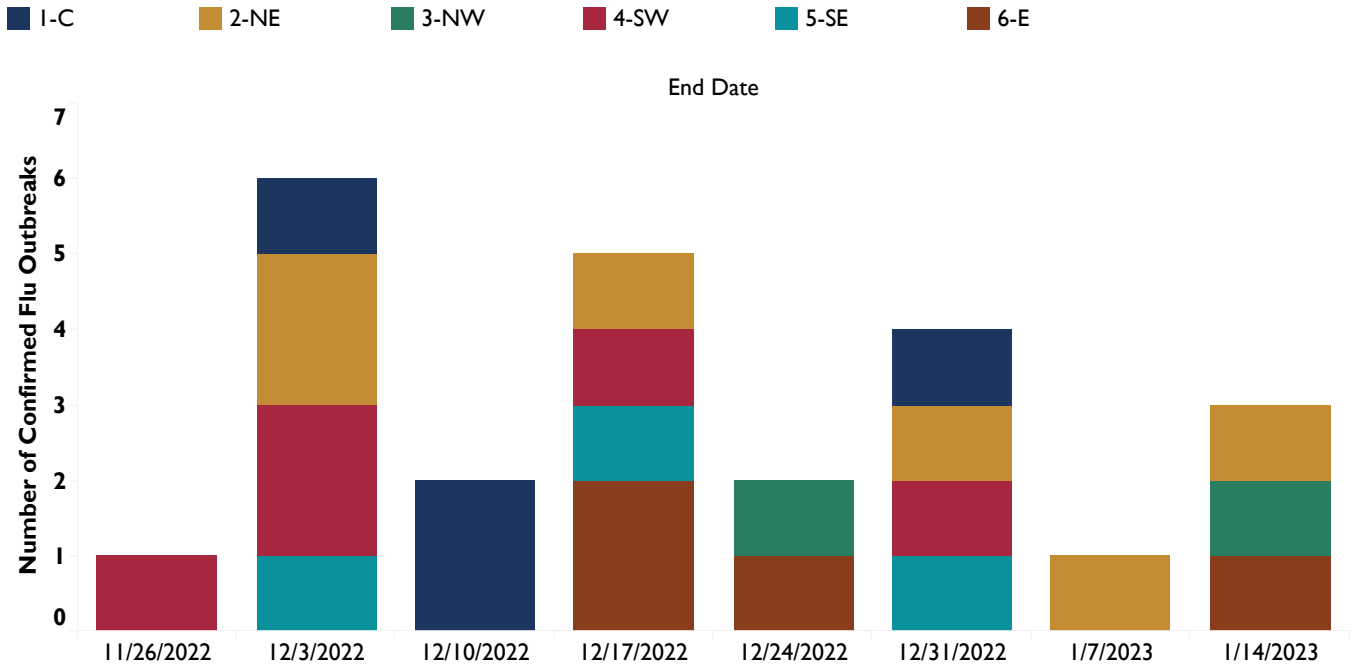
Visit the following site for more information on the dataset used to create these visualizations:
<https://healthdata.gov/Hospital/COVID-19-Reported-Patient-Impact-and-Hospital-Capa/g62h-seyh>

Iowa Respiratory Virus Surveillance Report

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CONFIRMED LONG TERM CARE FACILITY INFLUENZA OUTBREAKS

Confirmed Influenza Outbreaks by Week and Region



Long Term Care Facility Outbreaks Note: A confirmed influenza outbreak in a care facility is defined as at least two residents with lab-confirmed influenza in the same area of a facility having an illness onset within 72 hours of each other.

Confirmed Long Term Care Influenza Outbreaks by Region

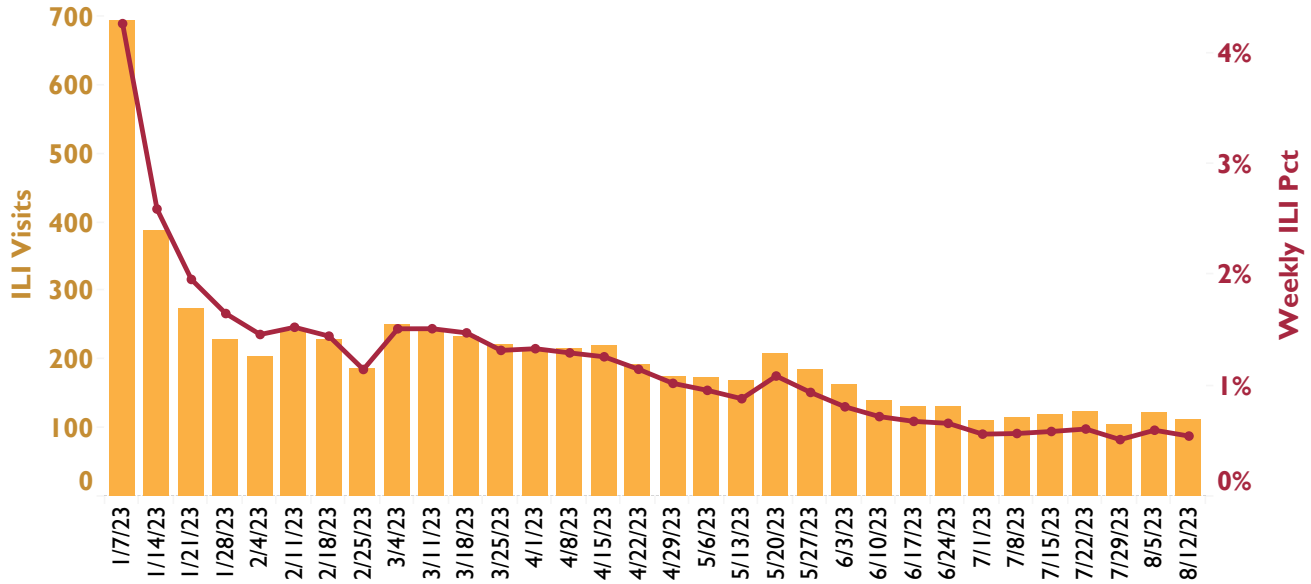
Iowa Flu Region	Outbreaks Current Week	Outbreaks Cumulative
I-C	0	4
2-NE	0	6
3-NW	0	2
4-SW	0	5
5-SE	0	3
6-E	0	4
Total	0	24

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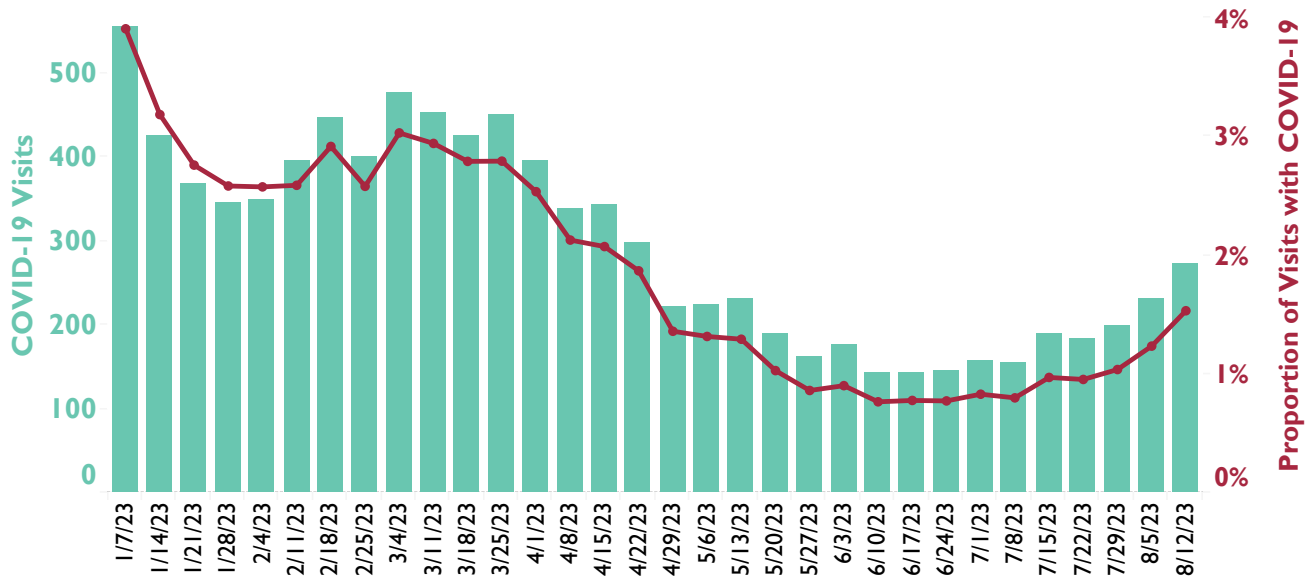
IOWA SYNDROMIC SURVEILLANCE PROGRAM

Weekly Count and Proportion of Iowa Emergency Room Visits for Influenza-like Illness



ILI Percent Definiton: Proportion of Iowa residents with influenza-like illness by chief complaint or discharge diagnosis as a proportion of all Iowans visiting participating Iowa emergency rooms with a valid chief complaint or discharge diagnosis.

Weekly Count and Proportion of Iowa Emergency Room Visits for COVID-19



COVID Definiton: Weekly count of Iowa residents visiting participating Iowa emergency rooms and who had a COVID-19 discharge diagnosis. Proportion of COVID-19 visits uses the weekly count defined above as the numerator and the total of all Iowans visiting participating Iowa emergency rooms with any valid discharge diagnoses.

Iowa Respiratory Virus Surveillance Report

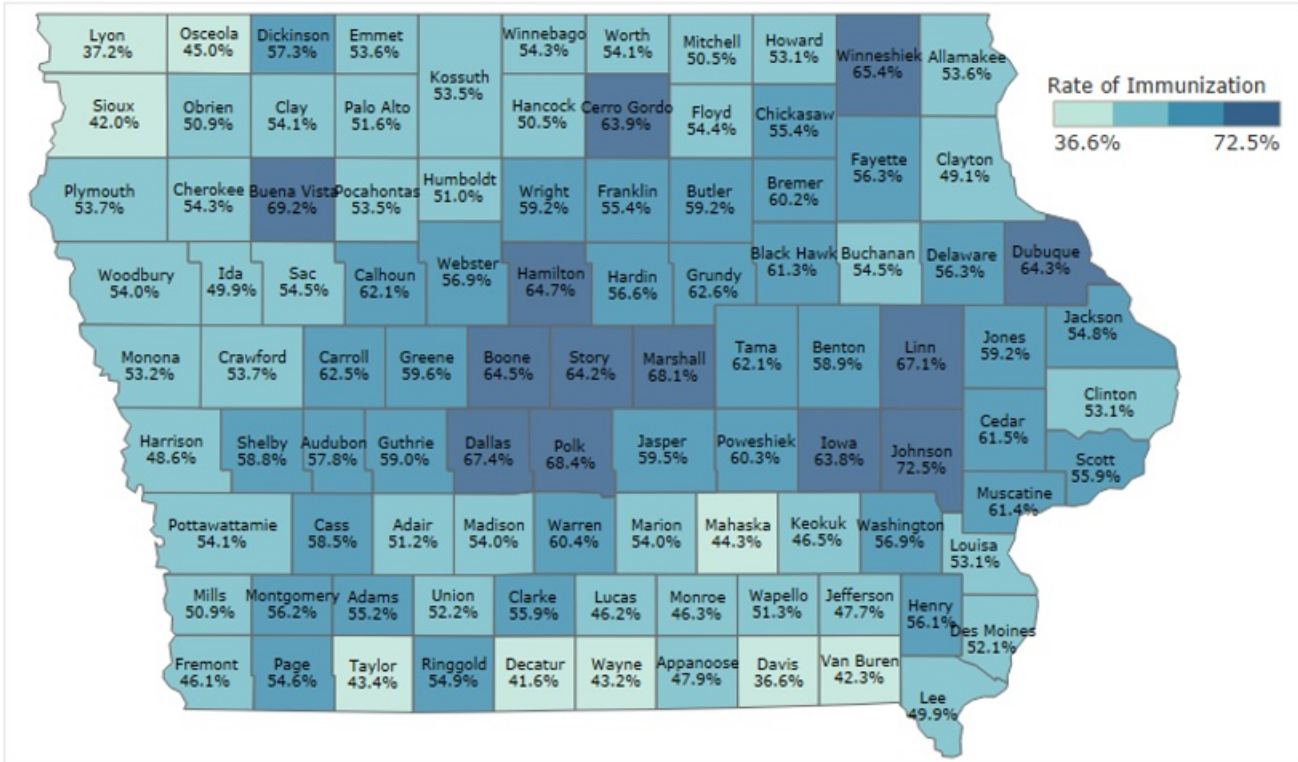
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Percent of Iowa Residents Fully Vaccinated for COVID-19 by County

COVID-19 Vaccination Rates

Age Group: **All**
Vaccine Status: **Fully Vaccinated**

Reported in IRIS as of
7/31/2023



State of Iowa

Age Group: **All**
Vaccine Status: **Fully Vaccinated**

Rate of Immunization	60.3%
# of Immunized Patients	1,907,261
Census Population Estimate	3,163,561
Number of Monovalent Boosters	1,373,206
Number of Bivalent Doses	650,388

Selected Counties

Age Group: **All**
Vaccine Status: **Fully Vaccinated**

Rate of Immunization	60.3%
# of Immunized Patients	1,907,261
Census Population Estimate	3,163,561
Number of Monovalent Boosters	1,373,206
Number of Bivalent Doses	650,388

Data source: <https://tracking.idph.iowa.gov/Health/Immunization/covid-19-vaccine/data>

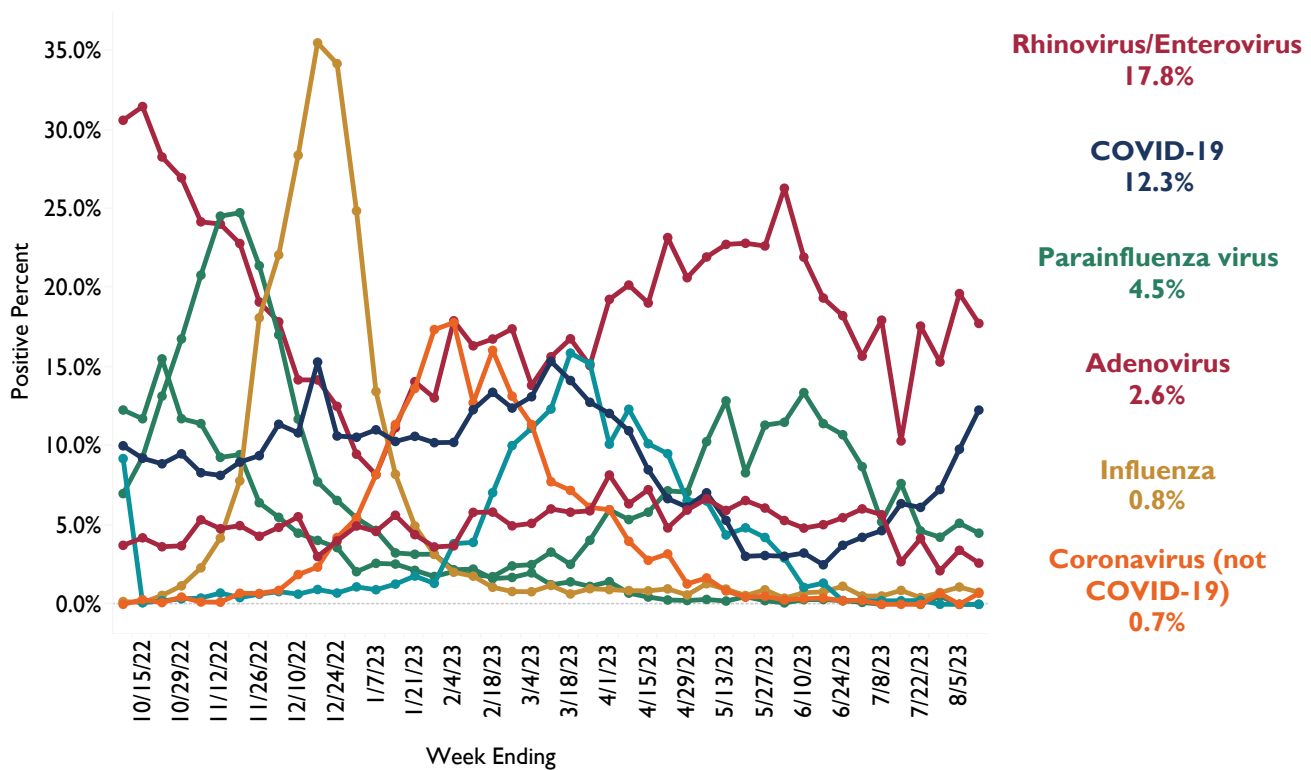
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IOWA RESPIRATORY VIRUS SURVEY

Pathogens are grouped together if even if reported to Iowa HHS as separate types or subtypes (e.g., Parainfluenza Viruses 1, 2, 3, and 4). Only pathogens with at least one positive result this season are shown.

Percent of Positive Respiratory Viruses by Pathogen and Week - Molecular Only

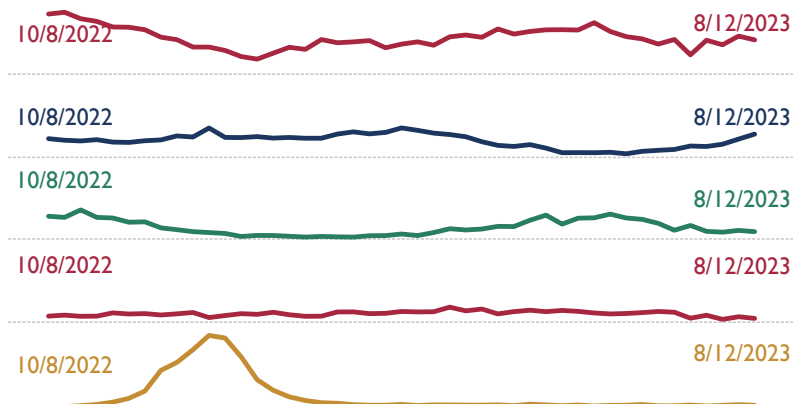


Top 5 Pathogen Groups by Positive Percent on Respiratory Virus Survey - Molecular Only

Percent Positive for Current Week

- Rhinovirus/Enterovirus 17.8%
- COVID-19 12.3%
- Parainfluenza virus 4.5%
- Adenovirus 2.6%
- Influenza 0.8%

Percent Positive by Week



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REPORT METHODS, DEFINITIONS AND DATA SOURCES

NATIONAL INFLUENZA LIKE ILLNESS (ILI) - CDC

The CDC national ILI map shows influenza-like illness, which is determined by symptoms such as fever, cough, and sore throat that can be caused by a number of pathogens in addition to influenza (e.g., COVID-19). Detailed information can be found online at www.cdc.gov/flu/weekly/.

IOWA RESPIRATORY SURVEY

Iowa HHS and SHL run a weekly web-based survey program where laboratorians report the number of influenza, COVID-19 and other respiratory virus tests performed, the testing method (molecular, antigen, or virus isolation) and the number of positive tests.

INFLUENZA TESTING AT THE STATE HYGIENIC LAB

The State Hygienic Laboratory (SHL) is the primary laboratory in Iowa characterizing specimens for influenza surveillance. SHL reports the number of tests performed and the type and subtype/lineage of positive tests to the influenza surveillance network daily. SHL also sends a portion of specimens to CDC for further characterization.

OUTPATIENT HEALTH CARE PROVIDER SURVEILLANCE PROGRAM (ILINET)

Outpatient health care providers who participate in 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.

INFLUENZA AND COVID-19 HOSPITALIZATIONS - US HHS

Iowa hospital report COVID-19 hospitalization data to the US Department of Health and Human Services, which includes several questions about influenza hospitalizations. Visit the following site for more information on the dataset used to create this visualization: <https://healthdata.gov/Hospital/COVID-19-Reported-Patient-Impact-and-Hospital-Capa/g62h-syeh>

INFLUENZA AND COVID-19 DEATHS:

The Iowa HHS Center for Acute Disease Epidemiology works with the Bureau of Health Statistics to monitor mortality among Iowa residents related to Influenza and COVID-19. Deaths are considered to be influenza-associated when influenza is listed on the death certificate. COVID-associated deaths are determined by diagnosis codes listed on the death certificate.

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LONG TERM CARE FACILITY INFLUENZA OUTBREAKS

A confirmed influenza outbreak in a care facility is defined as at least two residents with lab-confirmed influenza in the same area of a facility having an illness onset within 72 hours of each other.

IOWA SYNDROMIC SURVEILLANCE

Iowa HHS, CyncHealth Iowa and CDC started implementing syndromic surveillance for the state of Iowa in May 2021. Iowa continues to enroll hospitals to participate and currently has over 70 hospitals participating. Syndromic surveillance provides public health with a near real time system for detecting, understanding, and monitoring health events based on symptoms and diagnoses of patients visiting participating hospitals.

INFLUENZA AND COVID-19 IMMUNIZATIONS

Seasonal influenza vaccination data in Iowa is based on doses reported to the Iowa Immunization Registry Information System (IRIS) for Iowans. IRIS is a confidential, computerized, population-based system that tracks immunization for children, adolescents and adults who are seen at public and private healthcare provider sites throughout the state of Iowa. The data for the current influenza season is updated weekly and there may be a lag between the vaccine administration date and the date reported to IRIS.

COVID-19 vaccine data is also based on doses data reported to IRIS, but the COVID-19 vaccine data is updated monthly.