

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Iowa Respiratory Virus Surveillance Report

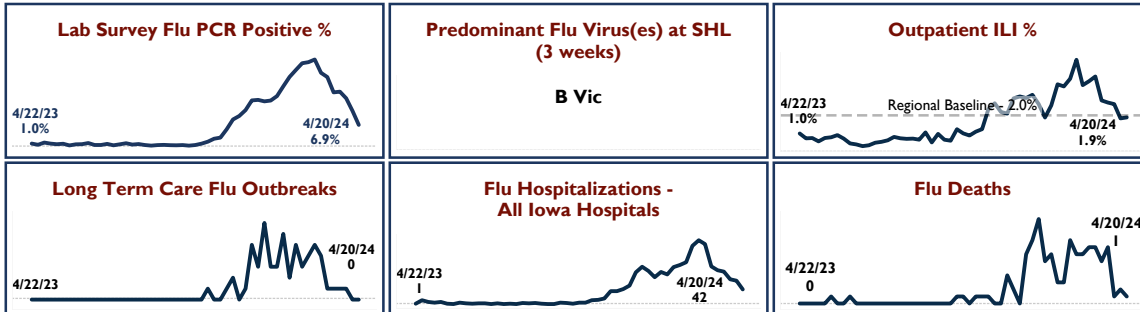
MMWR Week 16
April 14, 2024 - April 20, 2024

Date and time of issue: 4/26/2024 12:30:23 PM

Quick Stats for Week 16 (4/14/2024 - 4/20/2024)

Influenza

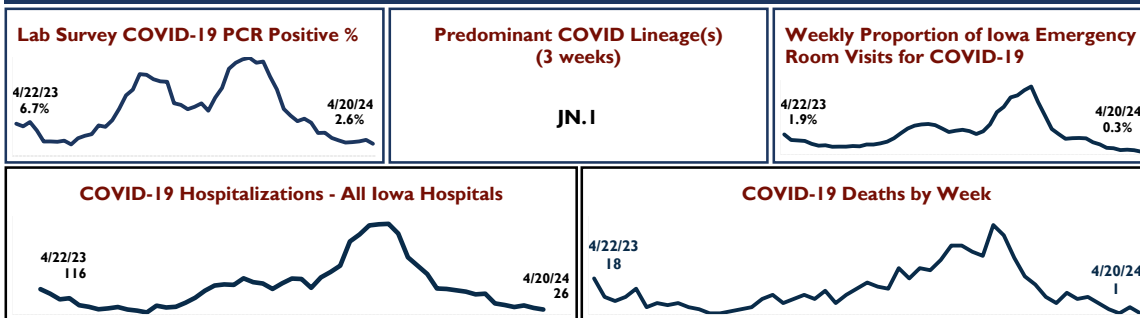
Overall Influenza Activity: **LOW**



NOTE: Line graphs display current week, or most recent available week, and previous 52 weeks

COVID-19

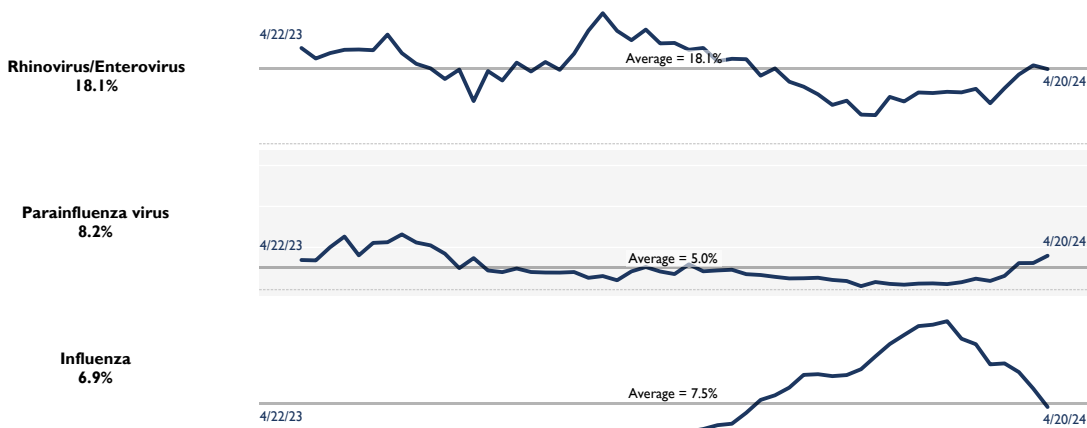
Overall COVID-19 Activity: **VERY LOW**



NOTE: Line graphs display current week, or most recent available week, and previous 52 weeks

Other Respiratory Viruses

Top 3 Pathogen Groups by Positive Percent on Respiratory Virus Survey - MOLECULAR ONLY Current Week and Previous 52 Weeks Trends



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 including methodology and definitions.

Visit <https://hhs.iowa.gov/public-health/center-acute-disease-epidemiology/flu-report> to subscribe to weekly email reports

International Influenza Activity Summary

World Health Organization Influenza Update

Published 24 April 2024

Summarizing data through Week 15, ending 14 April 2024

Influenza

In the Northern Hemisphere, influenza activity continued to decline in most countries. Some countries in Central America and the Caribbean and Eastern Europe are reporting continued circulation. The predominant circulating influenza virus varied by geographical area.

In the southern hemisphere, influenza activity remained low with few exceptions in South America, where influenza activity is elevated and mainly influenza A viruses have been detected.

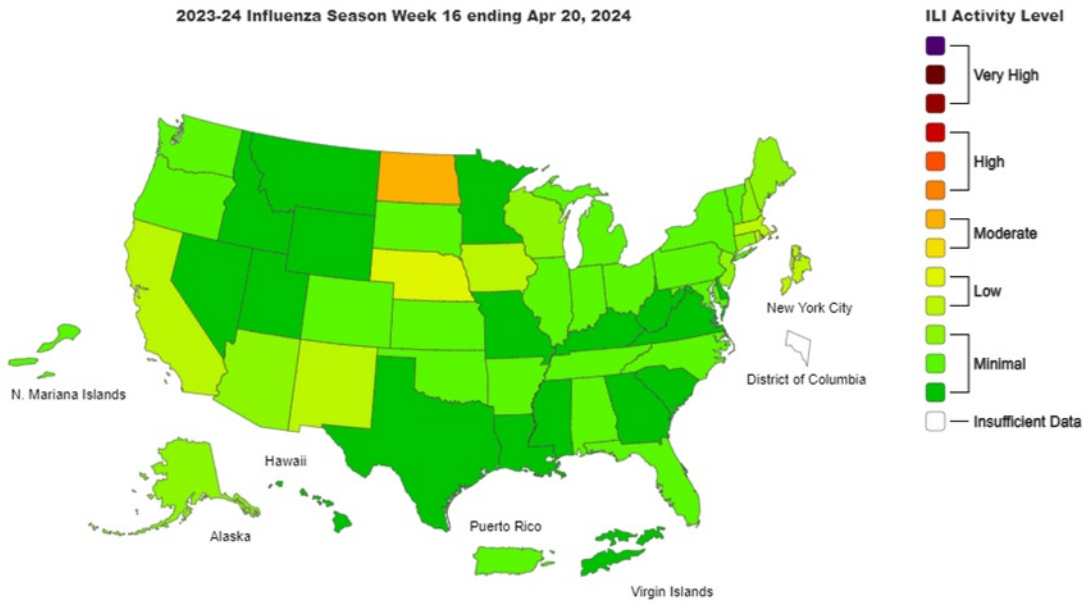
SARS-CoV-2

SARS-CoV-2 activity, as reported from sentinel surveillance in 66 countries/areas/territories that met inclusion criteria, overall remains low but is elevated in some countries in Eastern Europe, South America, Western Africa, and Eastern Asia. Increases in activity have been reported in countries in Eastern Europe, Western Africa, and Eastern Asia.

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>

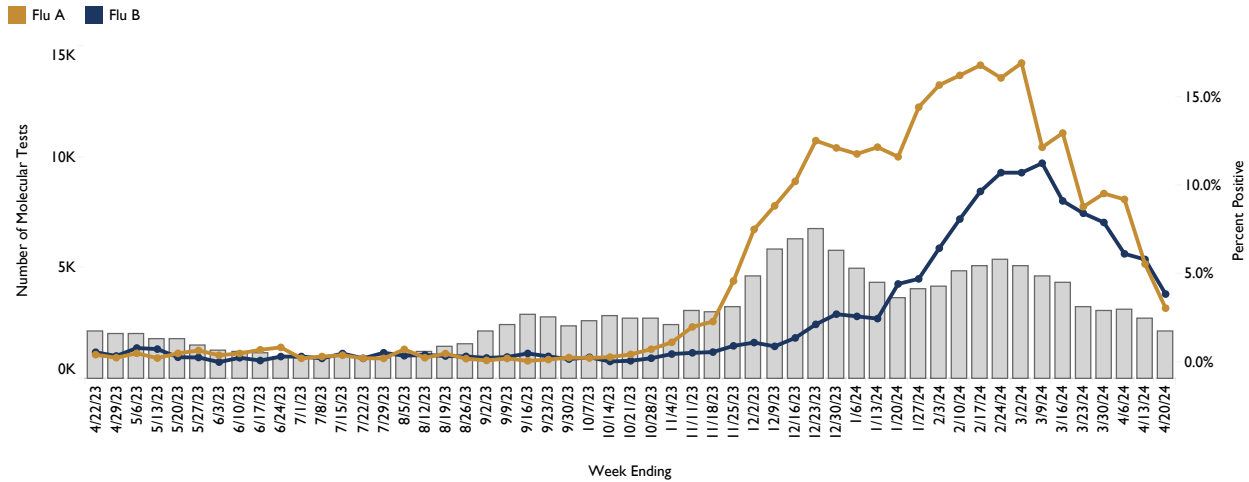
NATIONAL INFLUENZA LIKE ILLNESS (ILI) - CDC



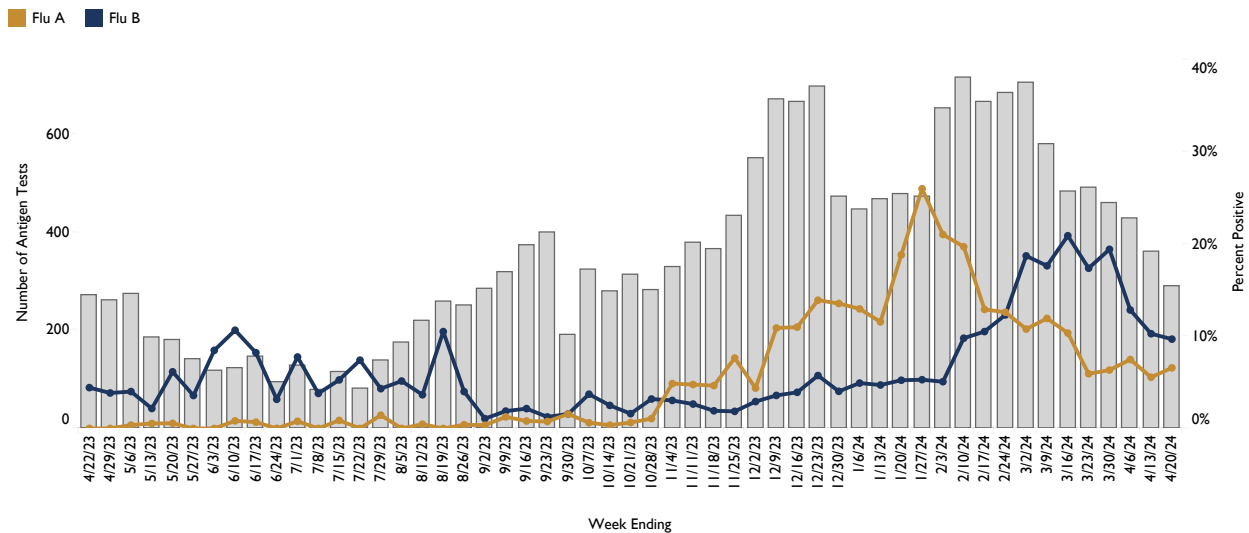
Weekly U.S. influenza surveillance report. Centers for Disease Control and Prevention. <https://www.cdc.gov/flu/weekly/index.htm>

Iowa Respiratory Survey - Influenza

Number of Influenza Molecular Tests and Positive A and B Percentage - Current and Previous 52 Weeks



Number of Influenza Antigen Tests and Positive A and B Percentage - Current and Previous 52 Weeks

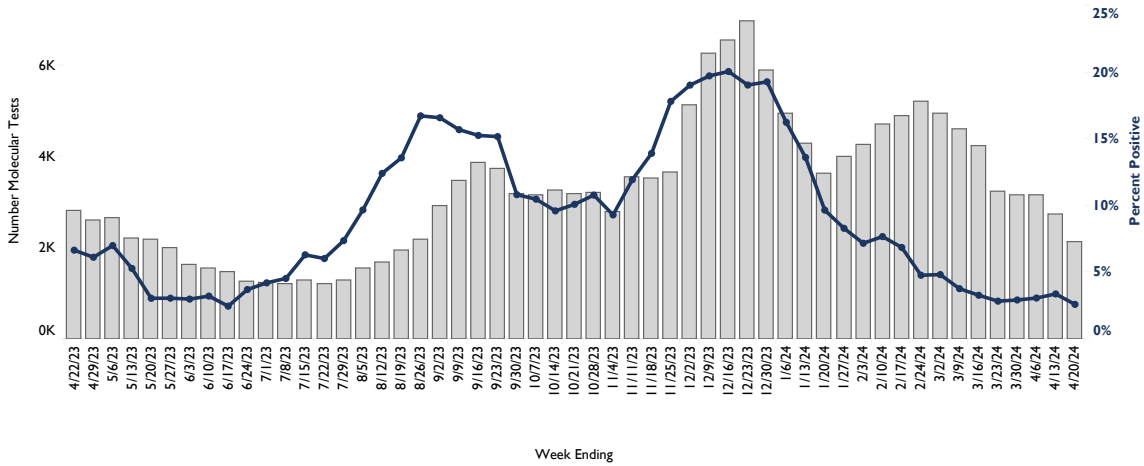


Flu Tests by Preparedness Service Area - Current Week (Molecular Only)

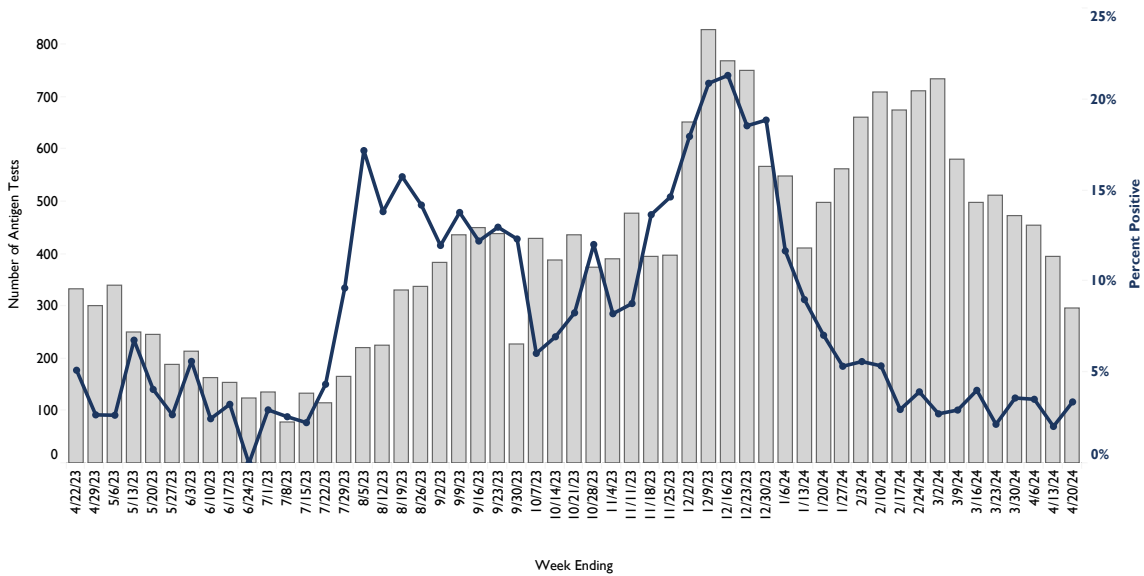
Preparedness Service Area	Number Positives	Number Tests	Percent Positive
1A	36	599	6.0%
1C	0	10	0.0%
2	2	59	3.4%
3	25	303	8.3%
4	5	58	8.6%
5	38	505	7.5%
6	39	539	7.2%
7	2	51	3.9%
Total	147	2,124	6.9%

Iowa Respiratory Survey - COVID-19

Number of COVID-19 Molecular Tests and Positive Percentage - Current and Previous 52 Weeks



Number of COVID-19 Antigen Tests and Positive Percentage - Current and Previous 52 Weeks



COVID-19 Tests and Positivity by Preparedness Service Area - Current Week (Molecular Only)

Preparedness Service Area	Number Positives	Number Tests	Percent Positive
1A	9	607	1.5%
1C	1	12	8.3%
2	1	50	2.0%
3	13	293	4.4%
4	2	59	3.4%
5	10	509	2.0%
6	17	548	3.1%
7	3	56	5.4%
Total	56	2,134	2.6%

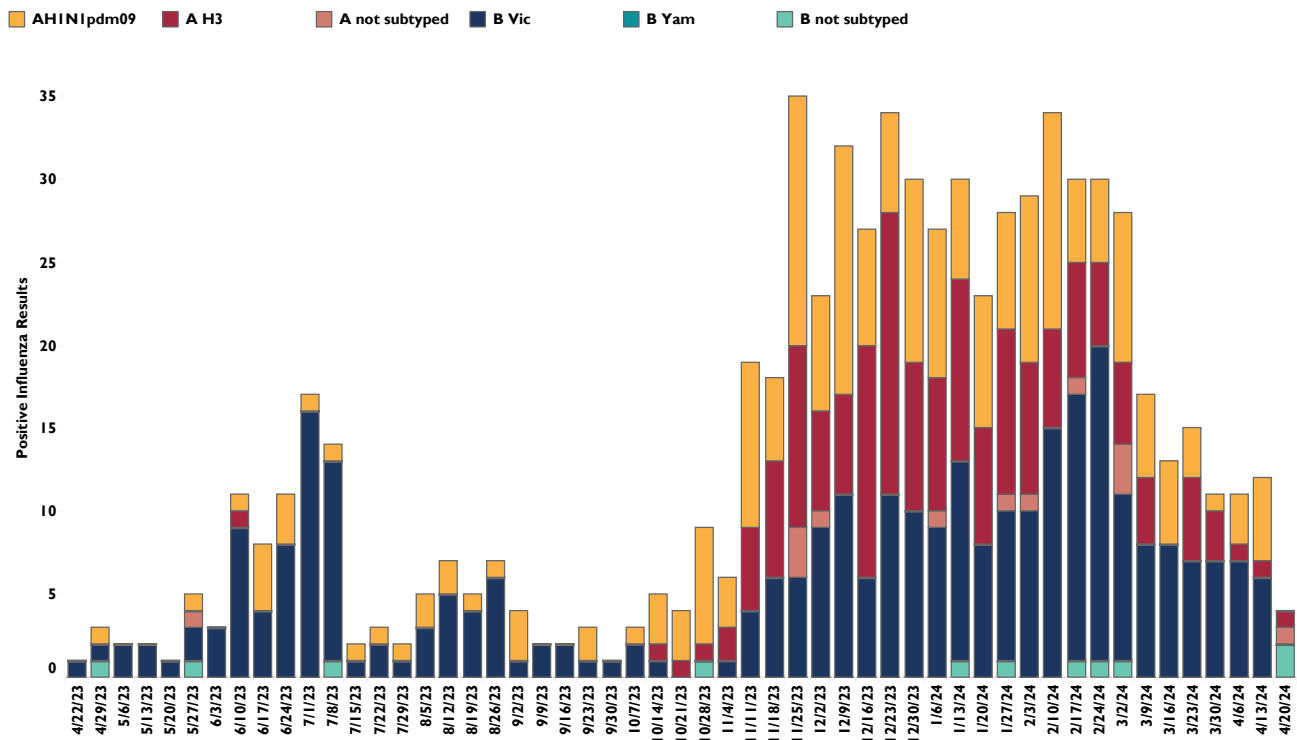
Influenza testing at the State Hygienic Laboratory (SHL)

Cumulative Influenza Viruses Detected by SHL (10/1/2023 - Current Week)

	Influenza A			Total	Influenza B			Total
	A H3	A not subtyped	AHIN1pdm09		B not subtyped	B Vic	B Yam	
Current Week Positives	1	1	0	2	2	0	0	2
Cumulative Positives	162	12	187	361	8	218	0	226

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.

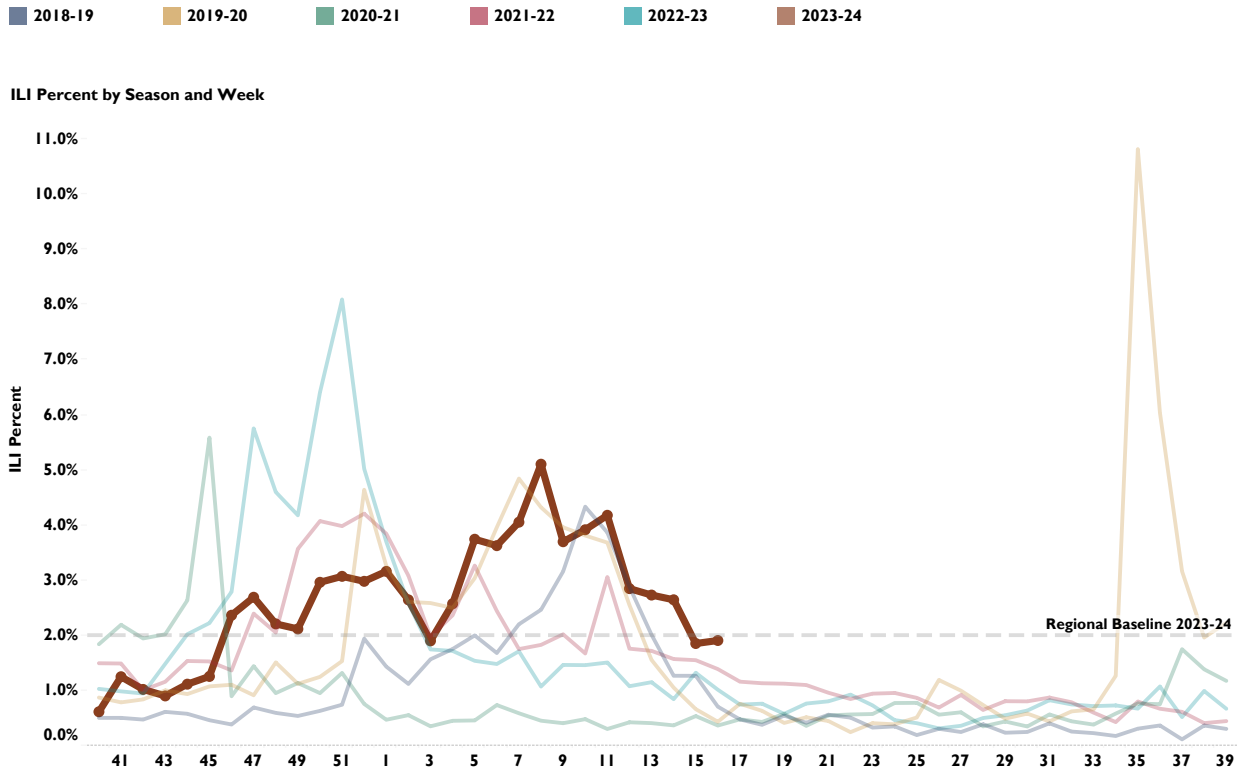
Influenza Viruses Detected by SHL by Week (Current Week and Previous 52 Weeks)



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.

Outpatient Health Care Provider Surveillance Program (ILINET)

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



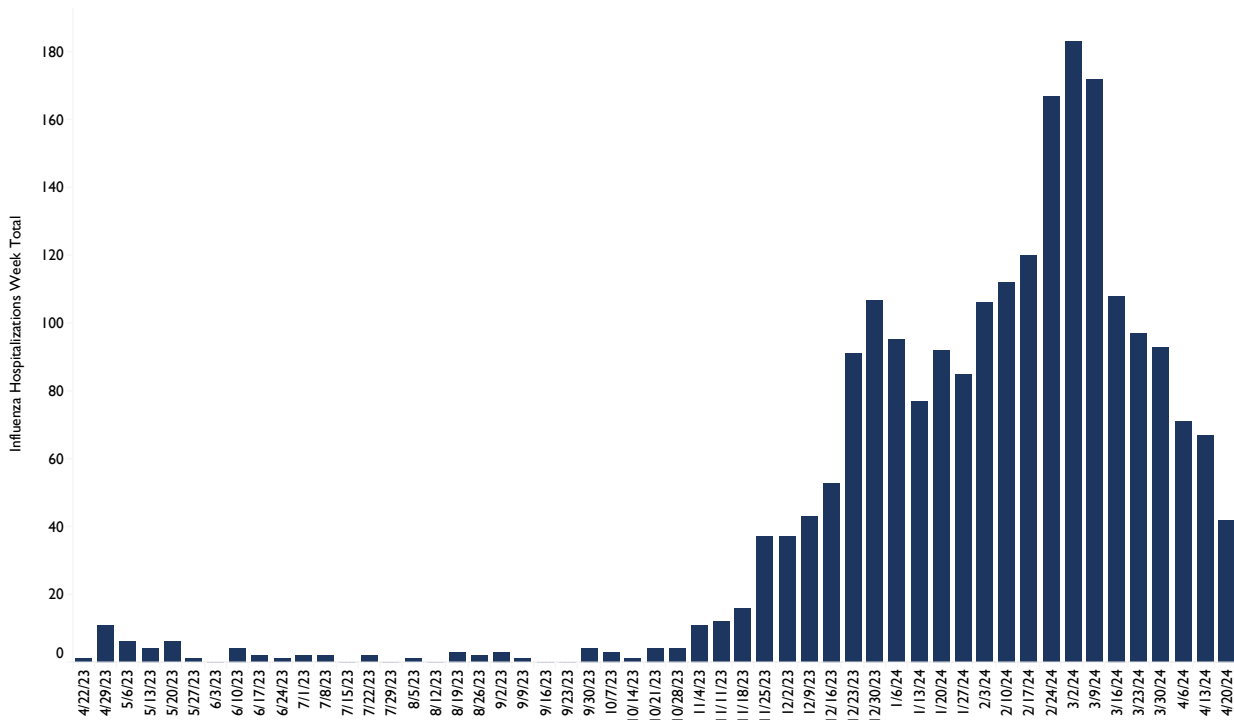
ILI by Age Group Past 4 Weeks

MMWR Week	End Date	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65 and older	Total ILI	ILI Pct
13	3/30/2024	18	59	33	8	8	126	2.73%
14	4/6/2024	21	37	33	10	13	114	2.65%
15	4/13/2024	10	25	27	8	7	77	1.86%
16	4/20/2024	12	28	20	10	8	78	1.91%

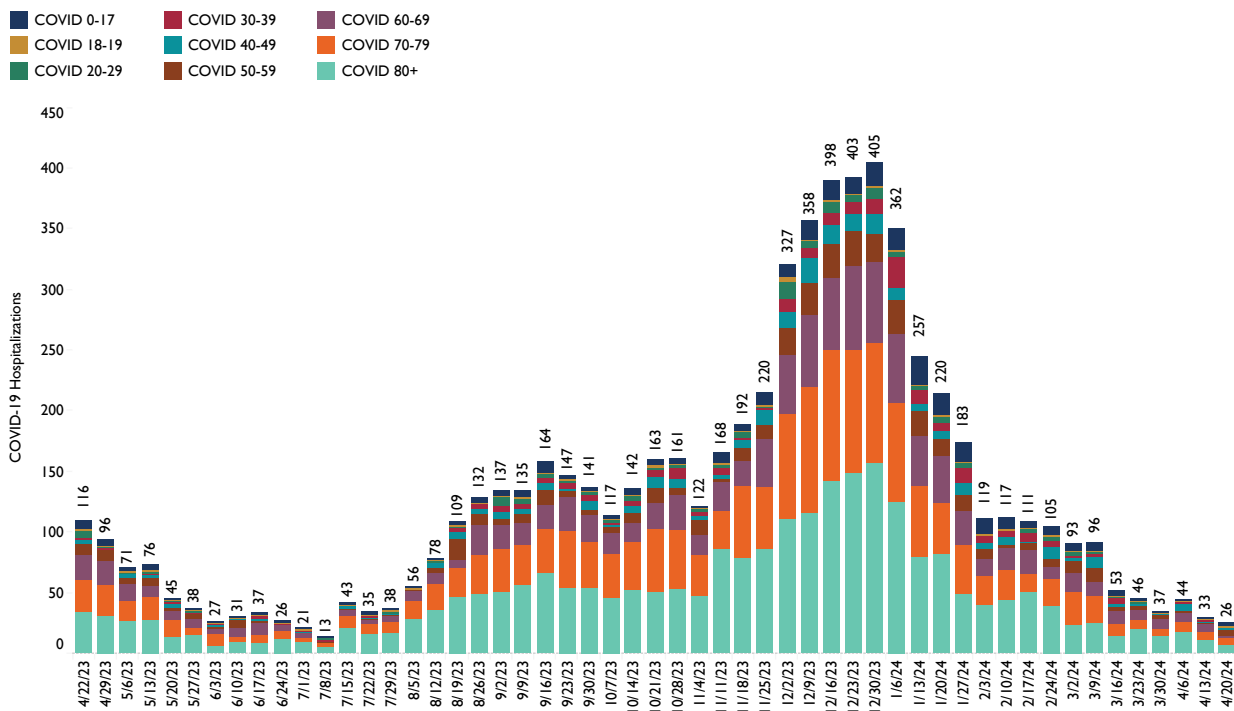
Outpatient ILI Note: Outpatient health care providers who participate in the ILINet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week. The ILI Definition changed in 2021-22 so that persons with ILI 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.

Hospitalizations

Influenza Hospitalizations by Week at Iowa Hospitals - HealthData.gov (Last available week and Previous 52 weeks)



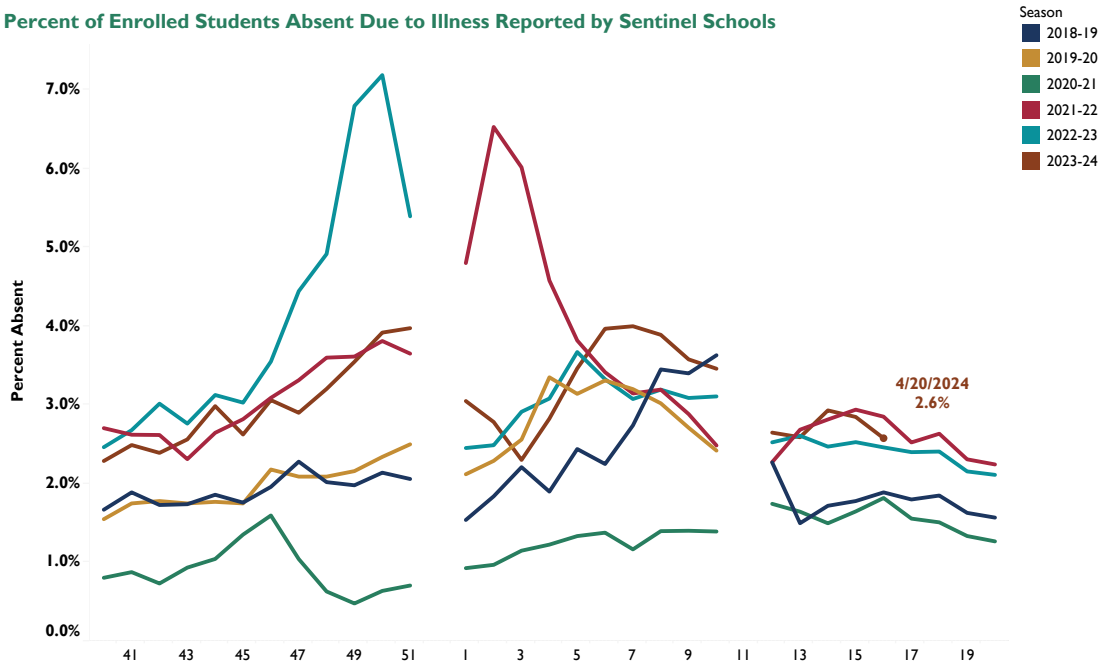
COVID-19 Hospitalizations by Week - HealthData.gov (Last available week and Previous 52 weeks)



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-syeh>

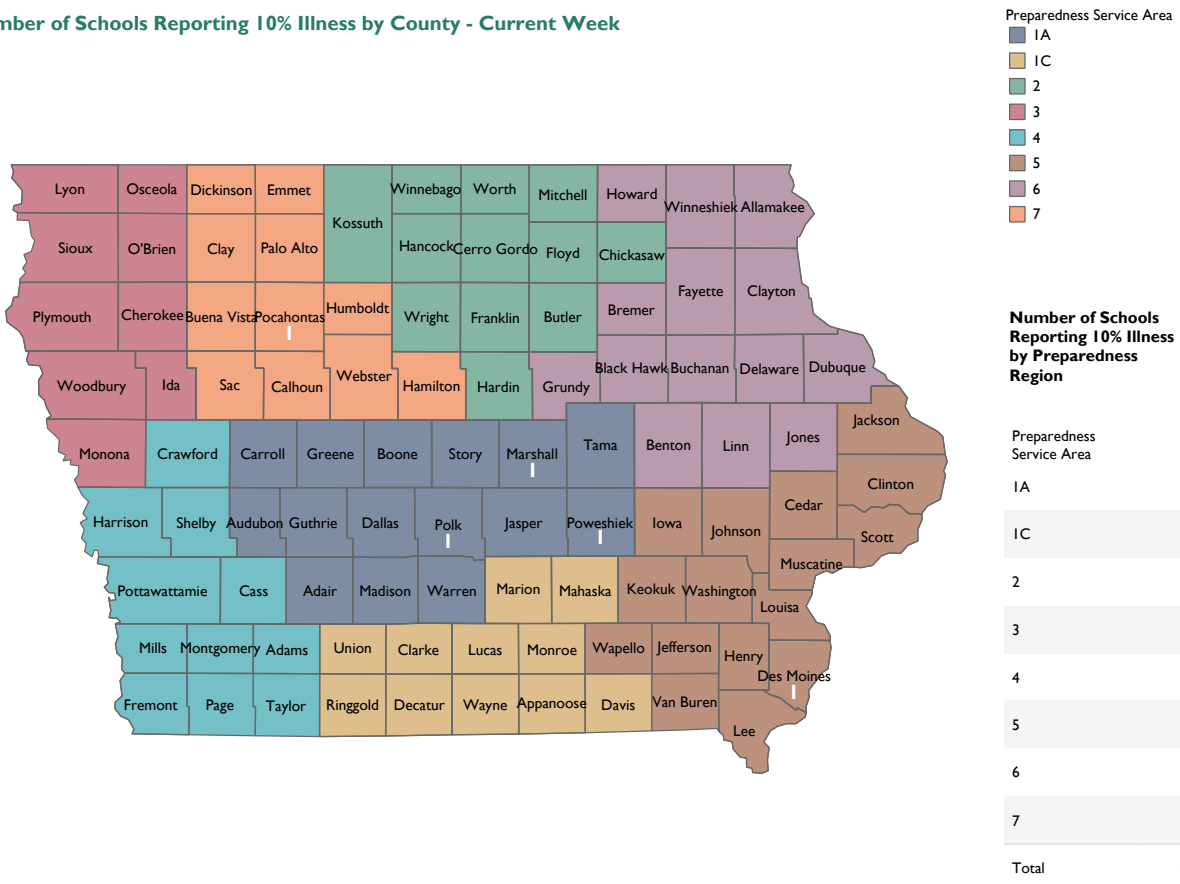
School Illness

Percent of Enrolled Students Absent Due to Illness Reported by Sentinel Schools



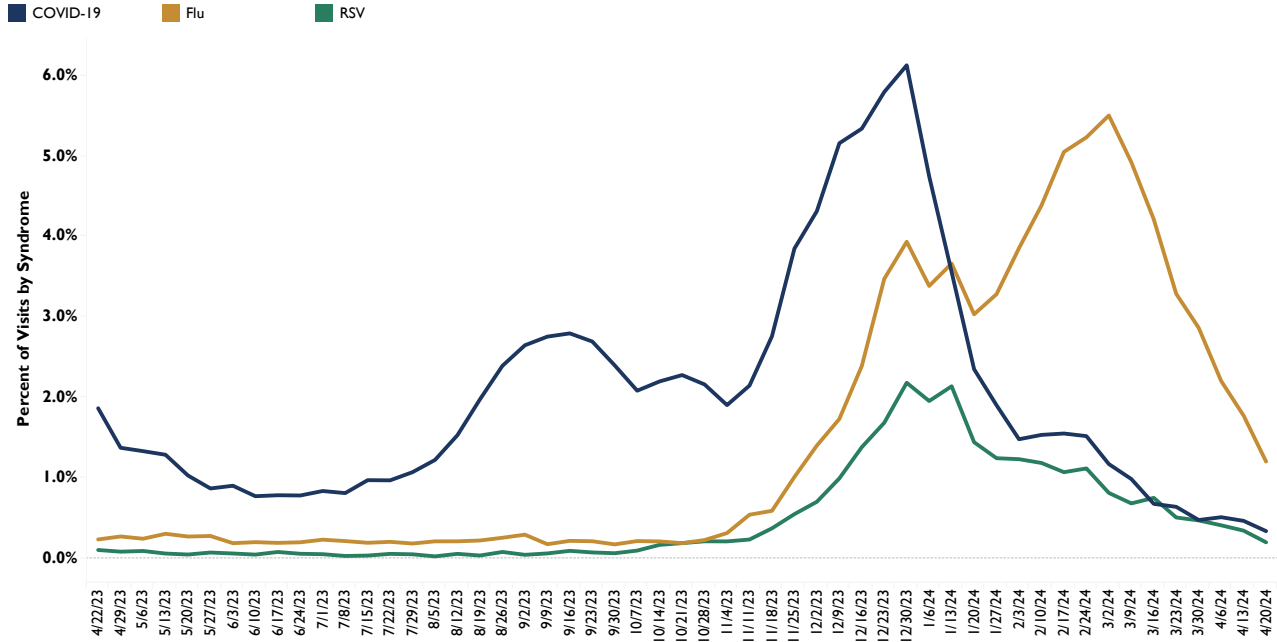
Some weeks are not shown due to large numbers of missing data (e.g., winter and spring breaks and COVID-19 shutdown in 2019-20)

Number of Schools Reporting 10% Illness by County - Current Week

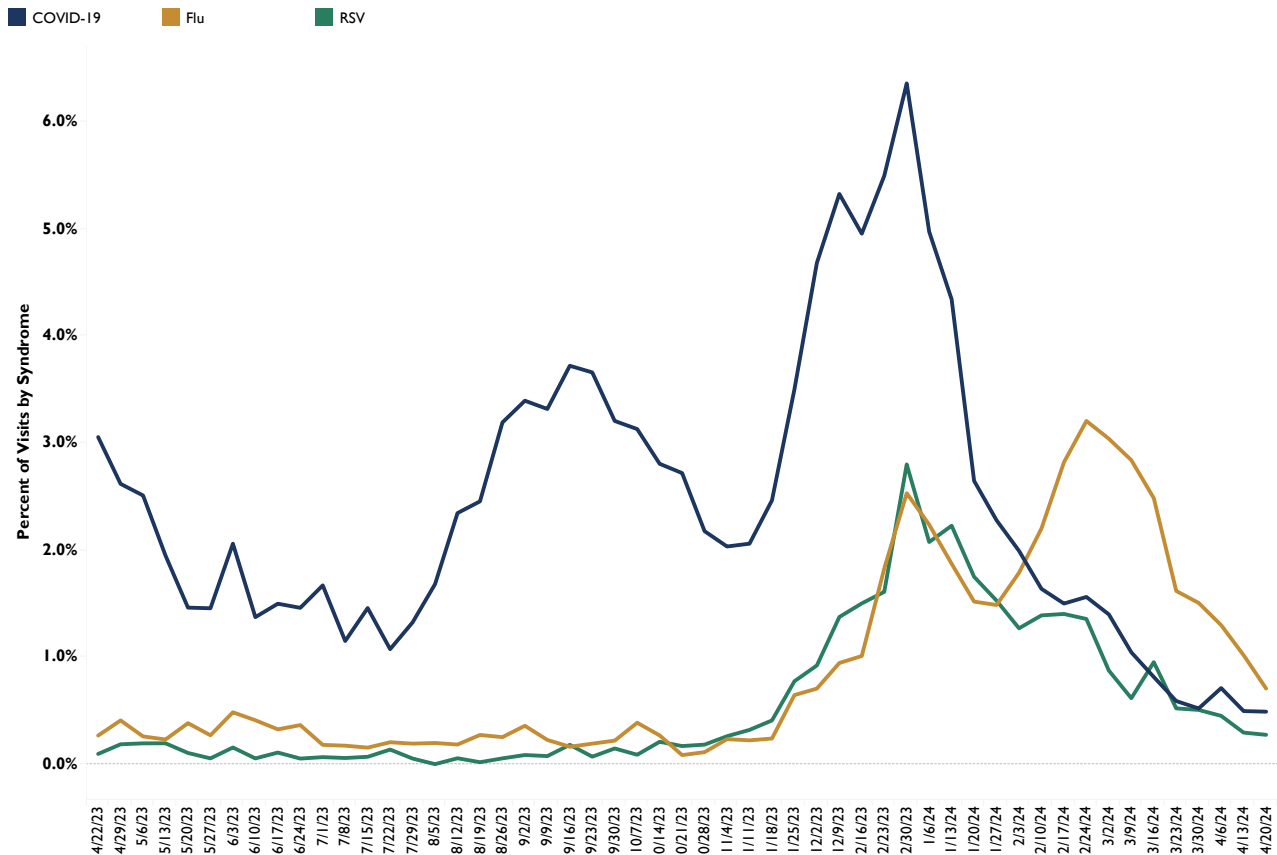


Iowa Syndromic Surveillance Program

Weekly Proportion of Iowa Emergency Room Visits for Respiratory Syndromes (January 7, 2023 - Current Week)

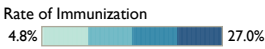
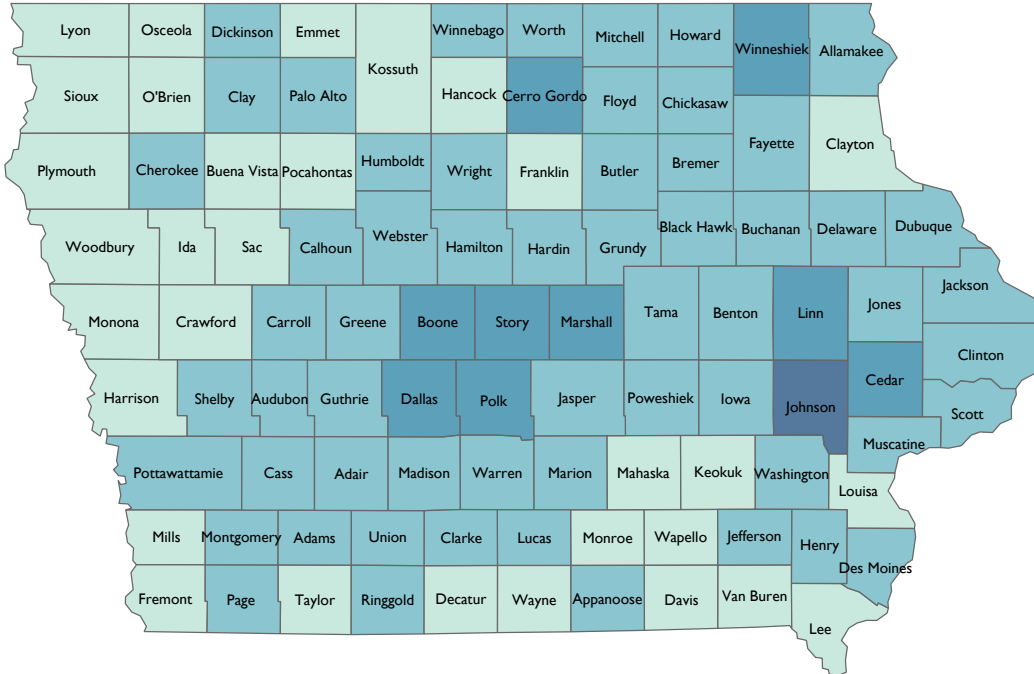


Weekly Proportion of Iowa Inpatient Visits for Respiratory Syndromes (January 7, 2023 - Current Week)



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

COVID-19 Vaccine Population Covered 2023-2024 Season as of 4/11/2024



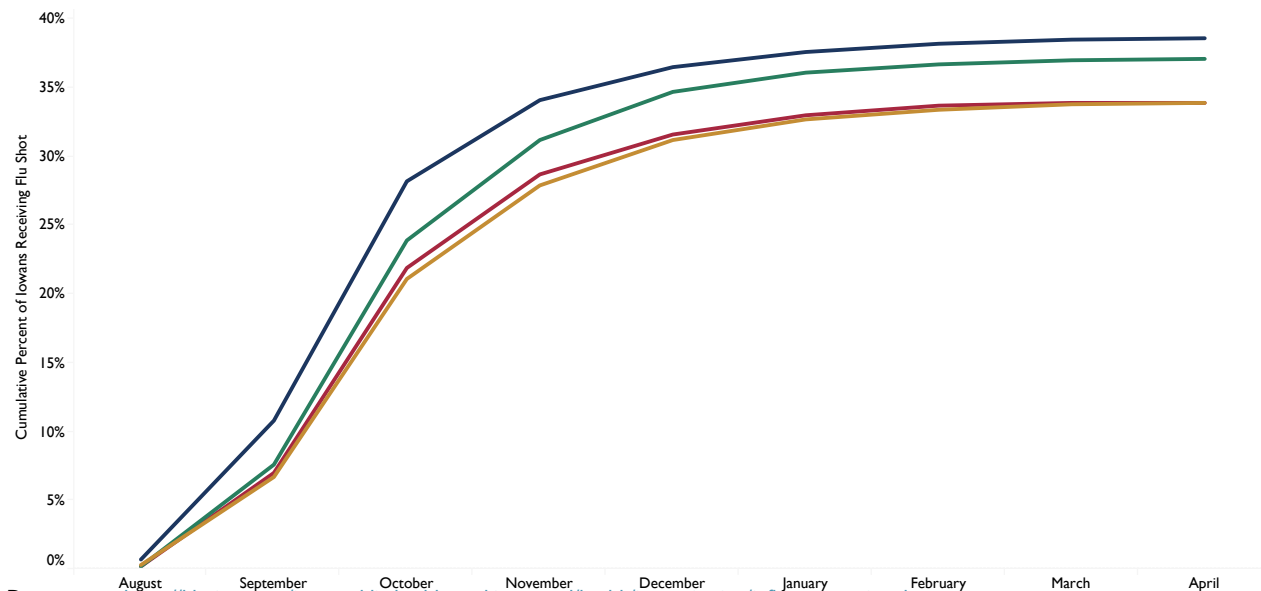
State of Iowa COVID-19 Immunization 2023-2024

COVID-19 Immunization Percent	14.7%
Number of Immunized Patients	464,150
Census Population	3,163,561

Data source: <https://hhs.iowa.gov/iowa-public-health-tracking-portal/health/immunization/covid-19-vaccine-data>

Percent of Iowans Receiving Flu Vaccine Cumulative by Month

■ 2020-2021 ■ 2021-2022 ■ 2022-2023 ■ 2023-2024

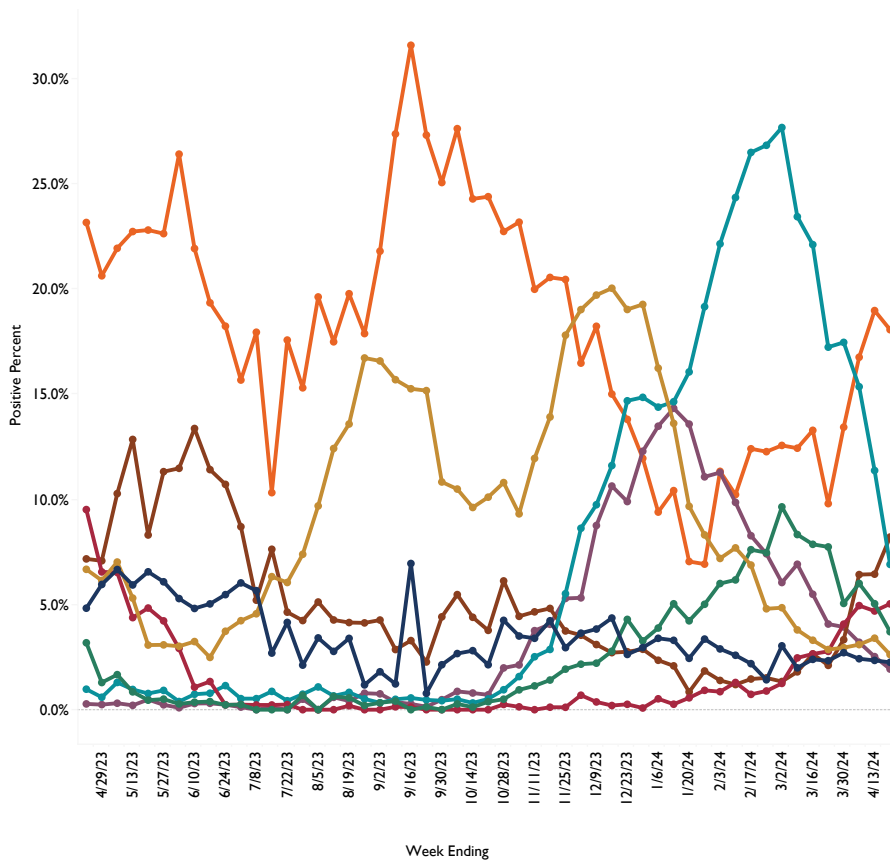


Data source: <https://hhs.iowa.gov/iowa-public-health-tracking-portal/health/immunization/influenza-vaccine-data>

Iowa Respiratory Virus Survey

Percent of Positive Respiratory Viruses by Pathogen Group and Week - Molecular Only (Current and Previous 52 Weeks)

Percent Positive by Week



Percent Positive for Current Week

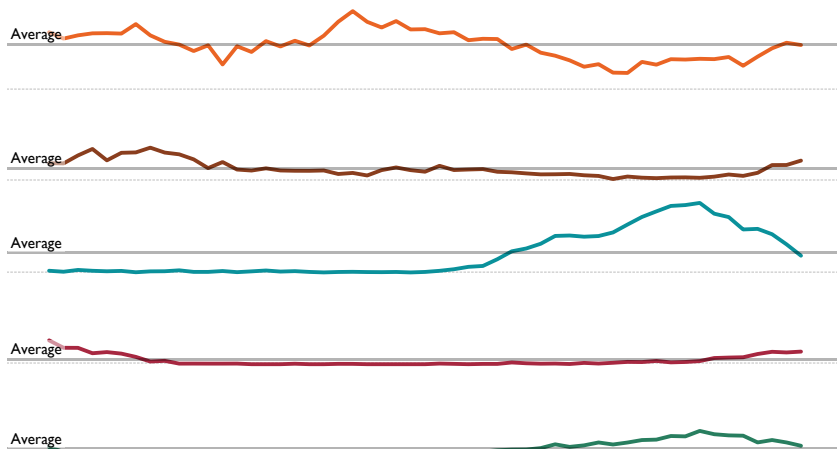
- 18.1% Rhinovirus/Enterovirus
- 8.2% Parainfluenza virus
- 6.9% Influenza
- 5.0% HMPV
- 3.7% Coronavirus (not COVID-19)
- 2.6% COVID-19
- 2.3% Adenovirus
- 1.9% RSV

Top 5 Pathogen Groups by Positive Percent on Respiratory Virus Survey - Molecular Only (Current and Previous 52 Weeks)

Percent Positive for Current Week

- 18.1% Rhinovirus/Enterovirus
- 8.2% Parainfluenza virus
- 6.9% Influenza
- 5.0% HMPV
- 3.7% Coronavirus (not COVID-19)

Percent Positive by Week



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.

Both Influenza and COVID-19 death totals are cumulative from the start of the flu season (October 2, 2022 through the end of the current reporting week).

SCHOOL ILLNESS REPORTING

Iowa HHS works with Iowa schools, local public health and the Iowa Department of Education to track and respond to reports of illness in school in two main groups: 10% daily student absences and sentinel school weekly illness totals. All K-12 schools are asked to report all days where student absences due to illness are at least 10% of expected enrollment. Weekly illness data is from a subset of schools that voluntarily report weekly totals of students ill throughout the school year regardless of the level of illness.

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, CynchHealth 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 90 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.