STATE OF IOWA DEPARTMENT OF

Health AND Human

SERVICES

Iowa Respiratory Virus Surveillance Report

MMWR Week 23
June 2, 2024 - June 8, 2024

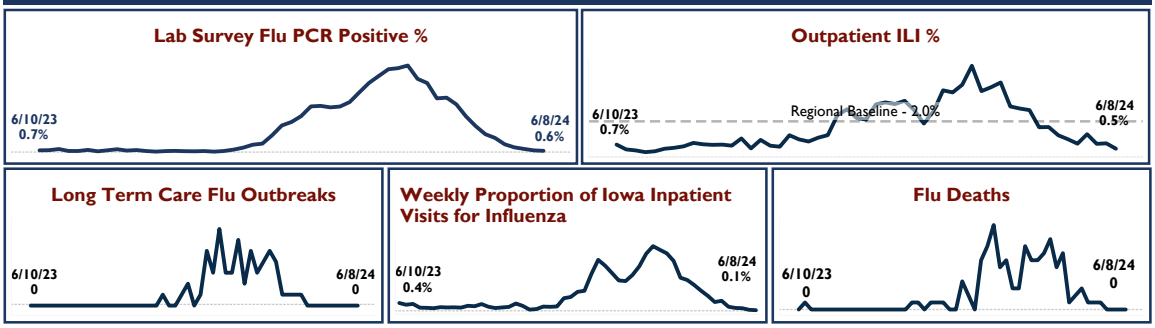
Date and time of issue: 6/14/2024 12:23:49 PM

IOWA HHS

Quick Stats for Week 23 (6/2/2024 - 6/8/2024)

Influenza

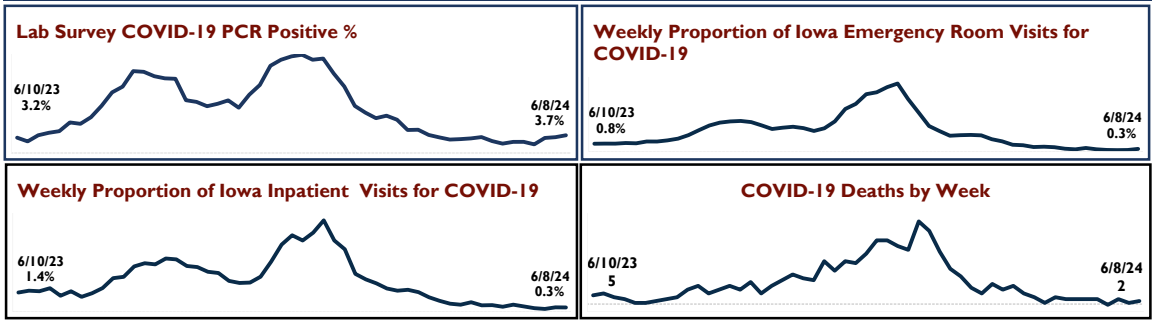
Overall Influenza Activity: VERY LOW



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

COVID-19

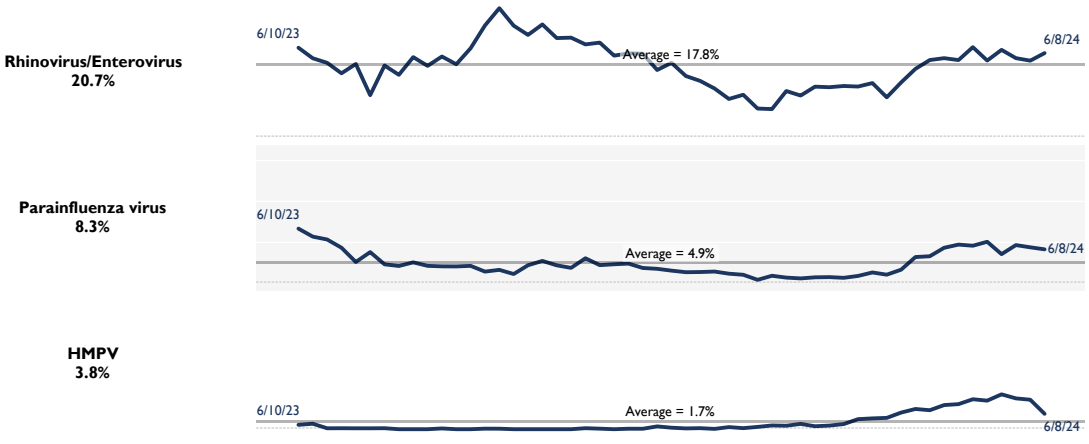
Overall COVID-19 Activity: VERY LOW



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 **Survillance 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**

IOWA HHS

International Influenza Activity Summary

World Health Organization Influenza Update

Published 12 June 2024
Summarizing data through Week 22, ending 02 June 2024

Influenza
In the Northern hemisphere, elevated influenza activity continued to be reported in countries in Central America and the Caribbean and in South Asia, primarily due to influenza A(H3N2) viruses. In most temperate countries, influenza activity remained low at interepidemic levels.

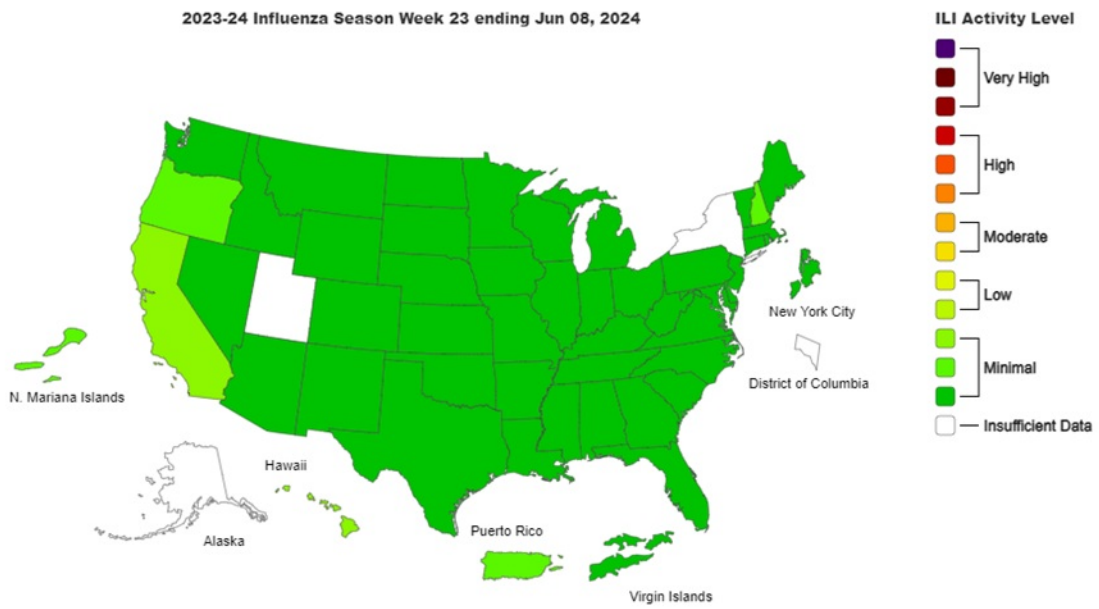
In the Southern hemisphere, countries in South America, South Africa, and Oceania reported elevated activity. In South America activity was primarily due to A(H3N2) viruses, in South Africa A(H1N1)pdm09 viruses predominated, and in Oceania A(H1N1)pdm09 and A(H3N2) viruses co-circulated.

SARS-CoV-2

SARS-CoV-2 activity, reported from sentinel surveillance in 56 countries, was low overall. Some countries in South West Europe, Western Asia, South Asia, South East Asia, and Oceania reported elevated activity. Small increases in activity were reported in South West Europe and South 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

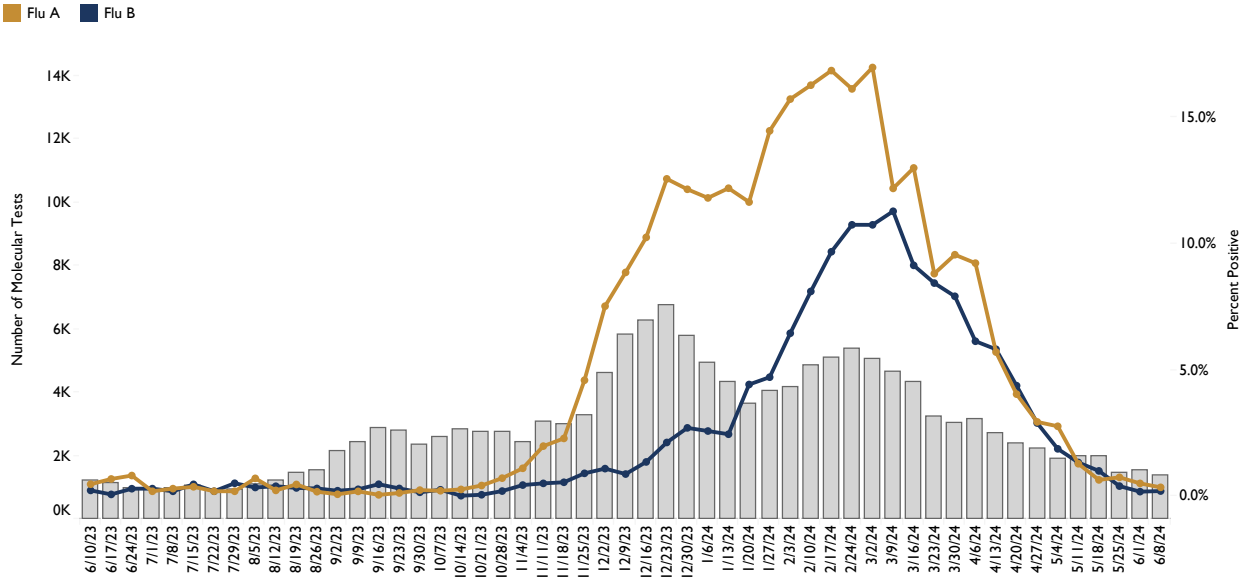


Weekly U.S. influenza surveillance report. Centers for Disease Control and Prevention. https://www.cdc.gov/flu/weekly/index.htm

IOWA HHS

Iowa Respiratory Survey - Influenza

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

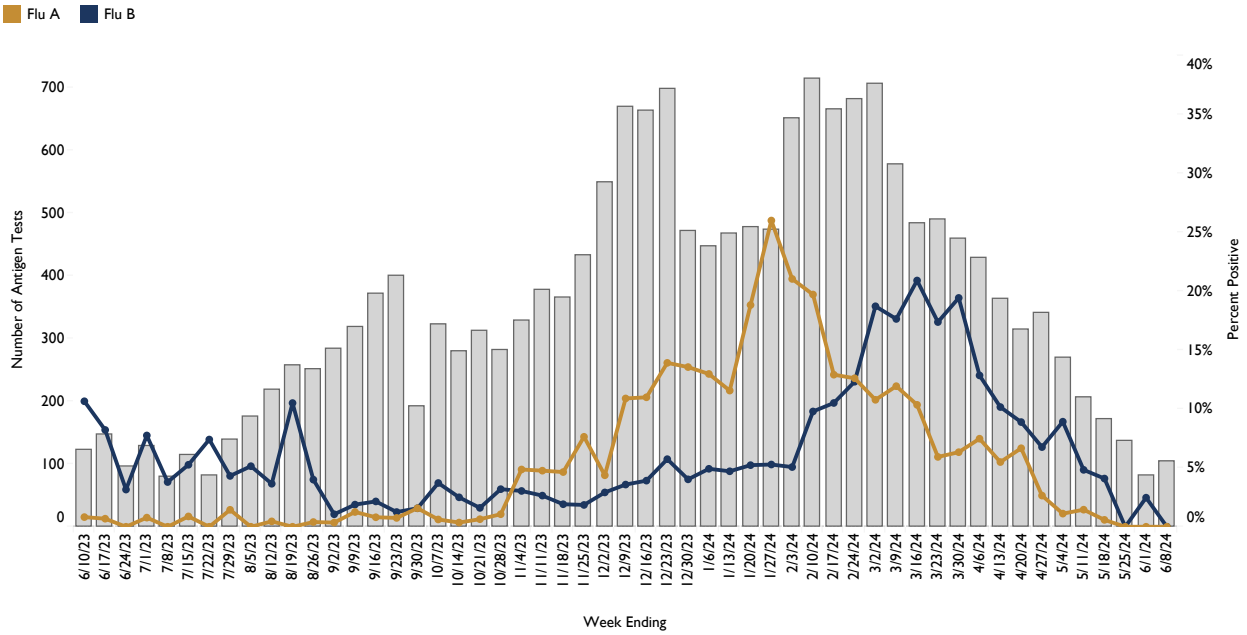


Flu Tests and Positivity by Method - Current Week

Test Method	Number Positives	Number Tests	Percent Positive
Molecular	8	1,364	0.6%
Antigen	0	104	0.0%
Total	**8**	**1,468**	**0.5%**

Week Ending

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

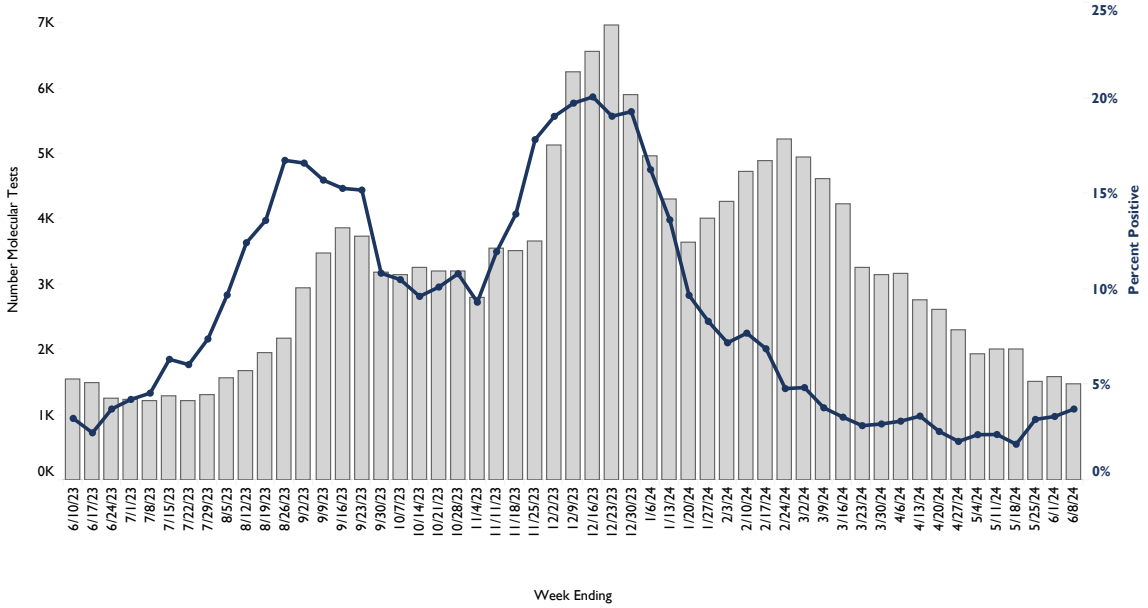


Week Ending

IOWA HHS

Iowa Respiratory Survey - COVID-19

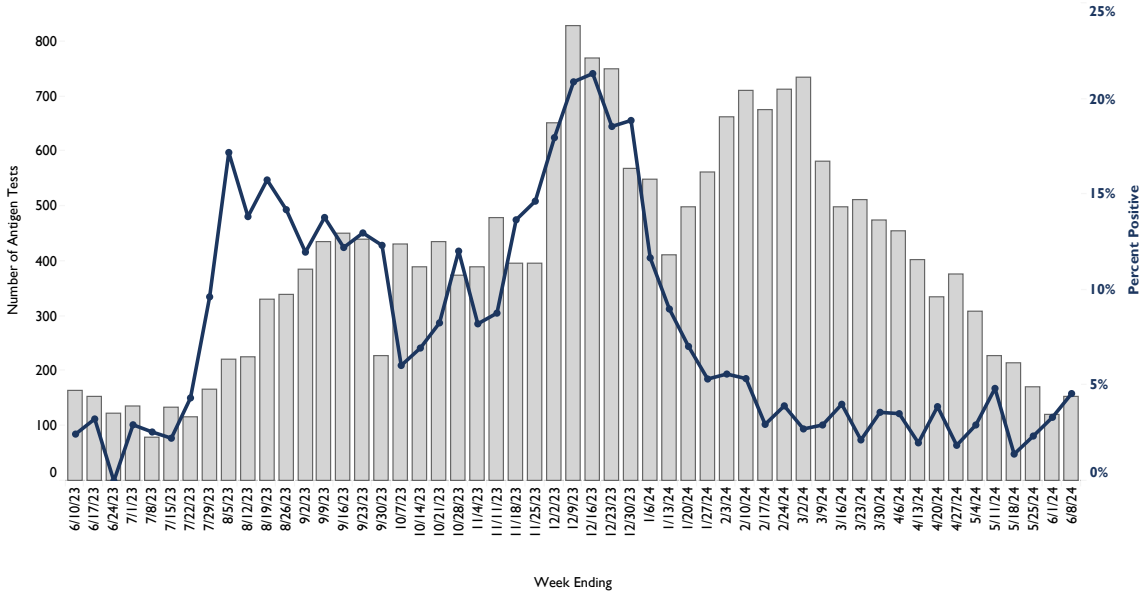
Number of COVID-19 Molecular Tests and Positive Percentage - Current and Previous 52 Weeks



COVID-19 Tests and Positivity by Method - Current Week

Test Method	Number Positives	Number Tests	Percent Positive
Molecular	55	1,473	3.7%
Antigen	7	153	4.6%
Total	**62**	**1,626**	**3.8%**

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



IOWA HHS

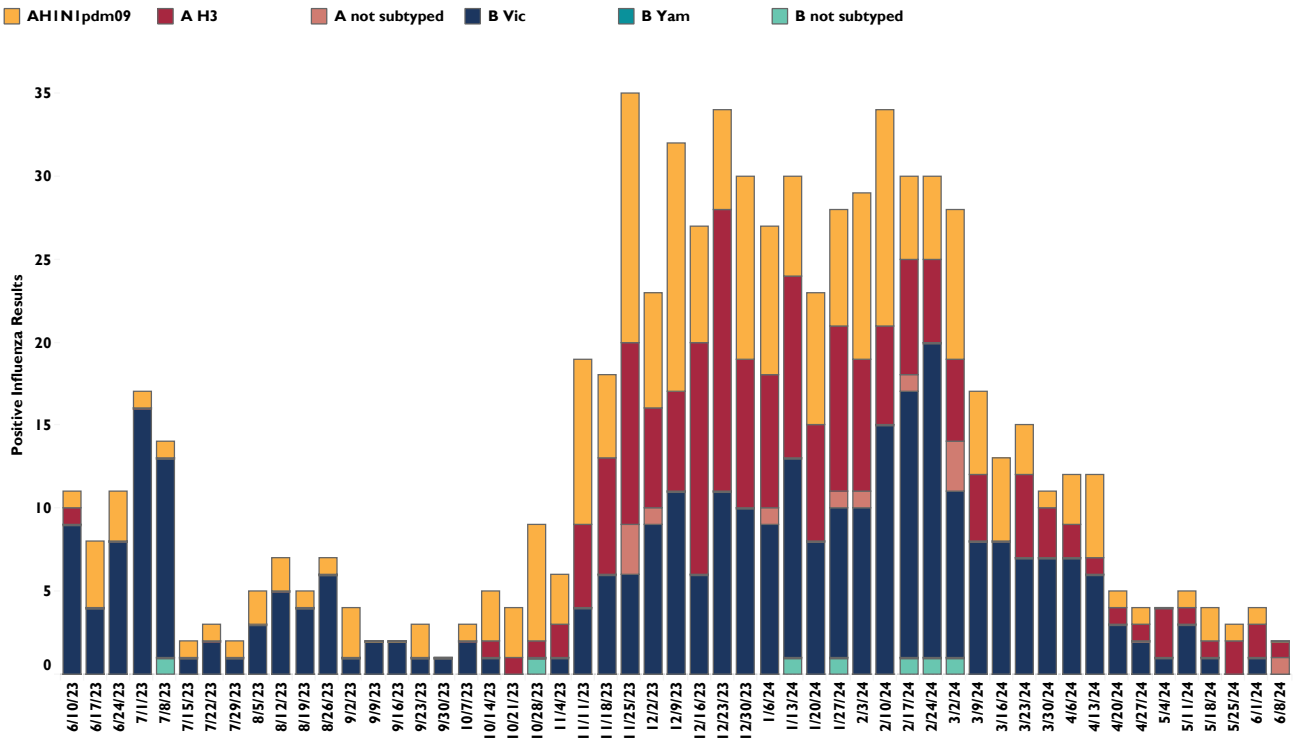
Influenza testing at the State Hygienic Laboratory (SHL)

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

	Influenza A			Total	Influenza B			Total
	A H3	A not subtyped	AH1N1pdm09		B not subtyped	B Vic	B Yam	
Current Week Positives	1	1	0	2	0	0	0	0
Cumulative Positives	174	12	194	380	6	229	0	235

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)

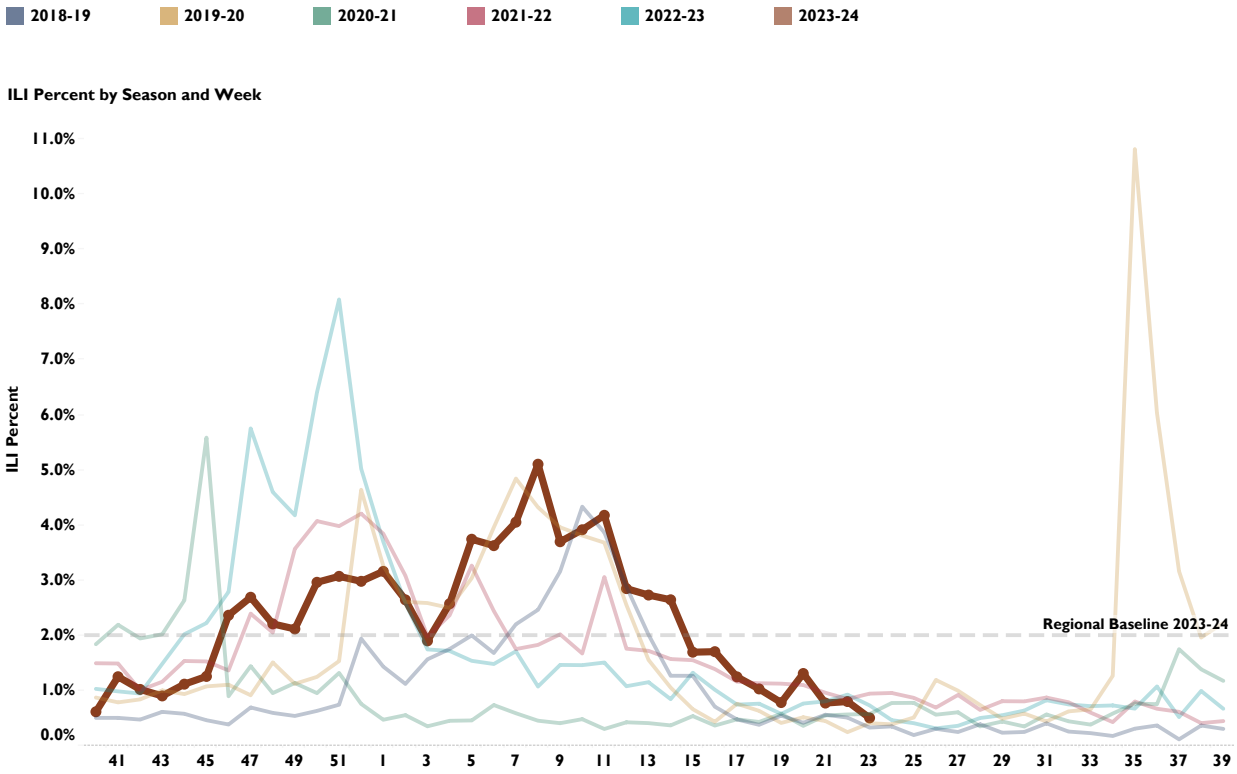


SHL Flu Testing Note: The State Hygienic Laboratory (SHL) is the primary laboratory in Iowa characterizing specimens for influenza surveillance. SHL reports the number of tests performed and the type and subtype/lineage of positive tests to the influenza surveillance network daily. SHL also sends a portion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

IOWA HHS

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

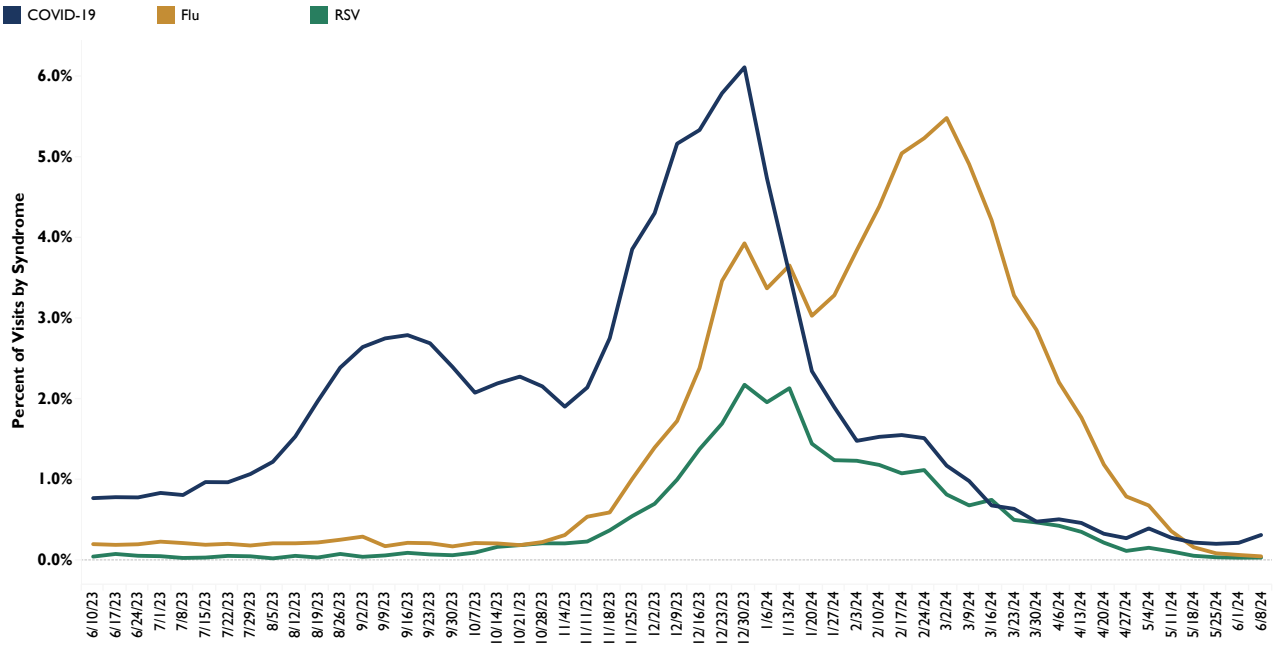
MMWR Week	End Date	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65 and older	Total ILI	ILI Pct
20	5/18/2024	6	19	11	10	6	52	1.31%
21	5/25/2024	6	11	6	4	4	31	0.78%
22	6/1/2024	3	5	6	3	6	23	0.80%
23	6/8/2024	5	5	2	0	3	15	0.51%

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.

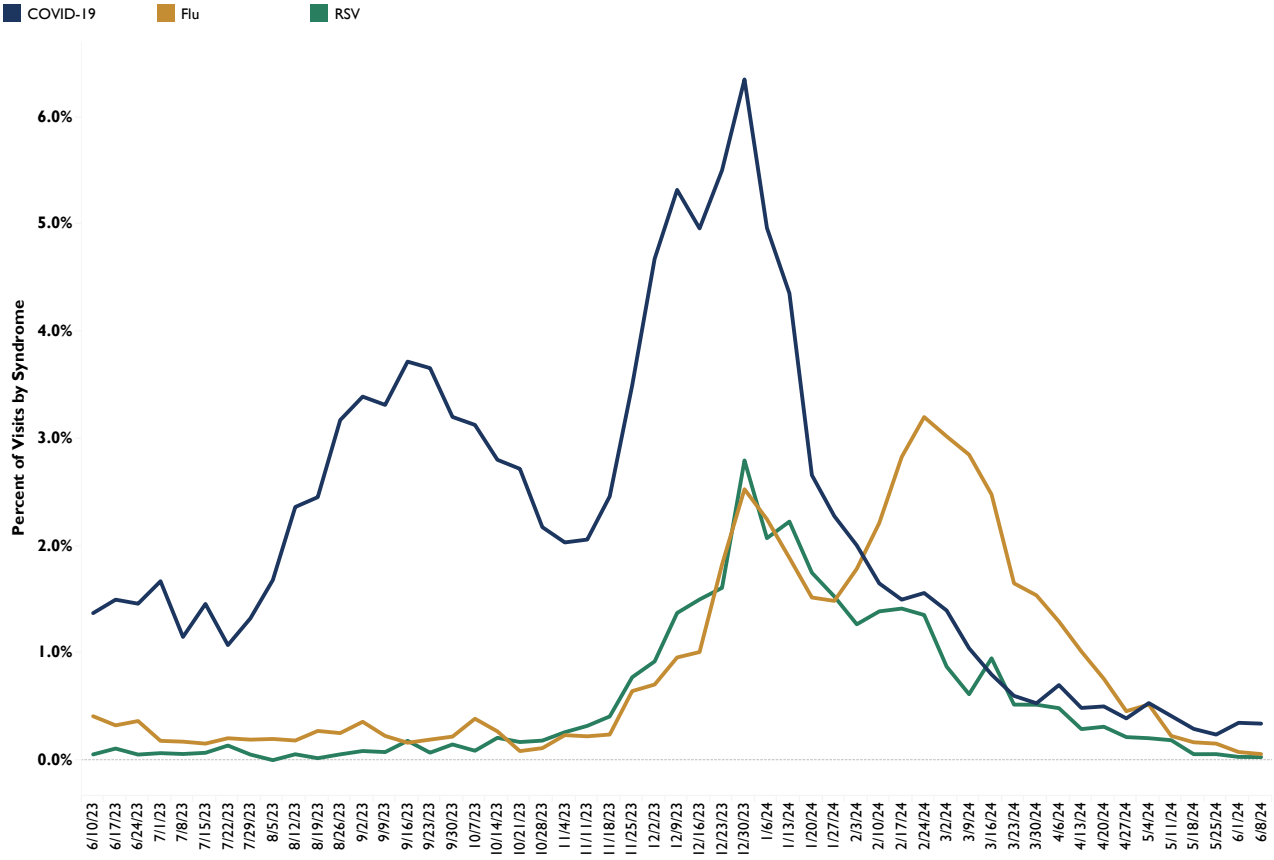
IOWA HHS

Iowa Syndromic Surveillance Program

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



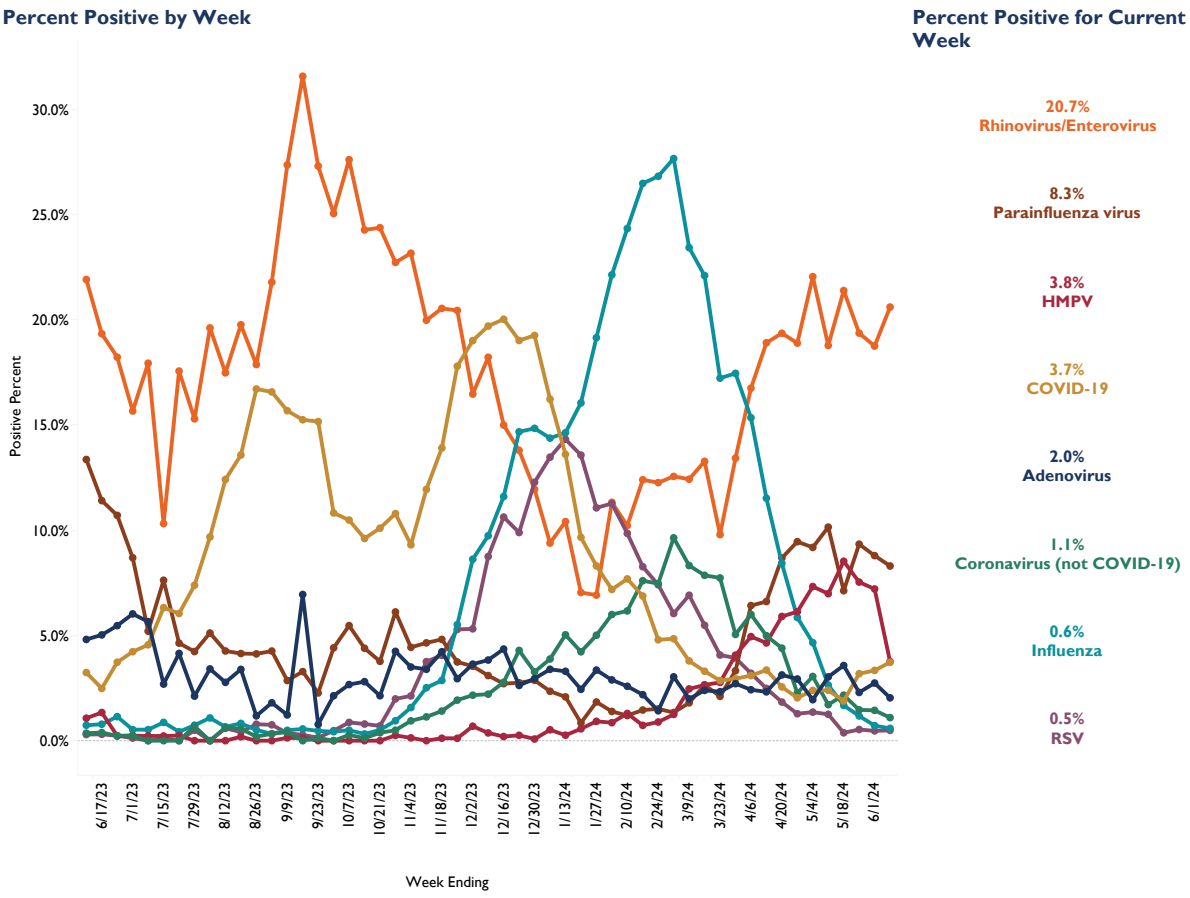
Weekly Proportion of Iowa Inpatient Visits for Respiratory Syndromes (January 7, 2023 - Current Week)



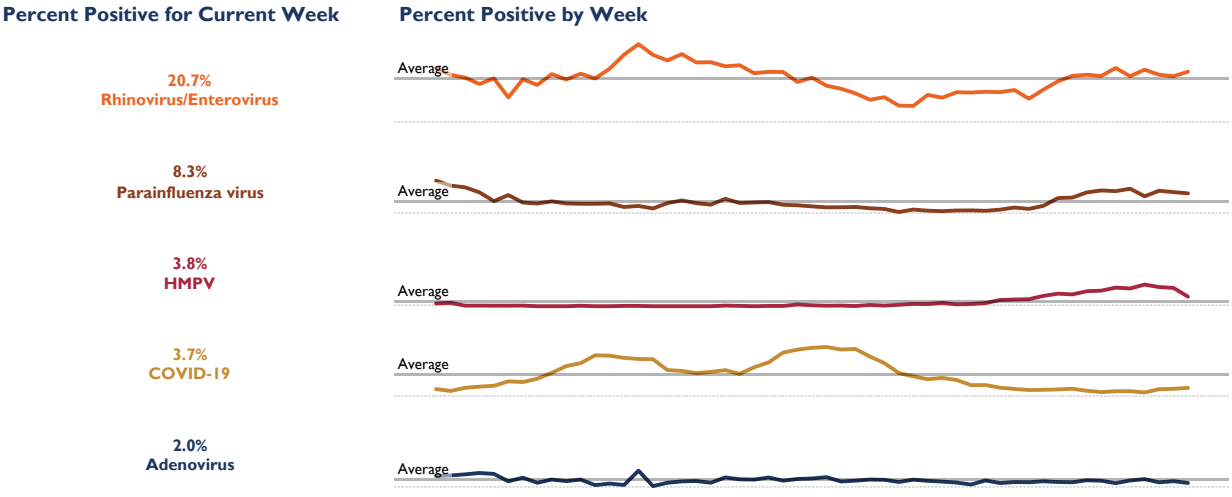
IOWA HHS

Iowa Respiratory Virus Survey

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



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



IOWA HHS

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 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 fllu season (October 1, 2023 through the end or the current reporting week).

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 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 visitng participating hospitals.