

Iowa Respiratory Virus Surveillance Report

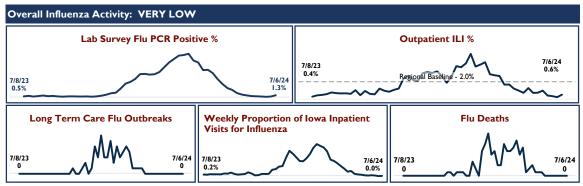
MMWR Week 27 June 30, 2024 - July 6, 2024

Date and time of issue: 7/12/2024 9:47:14 AM



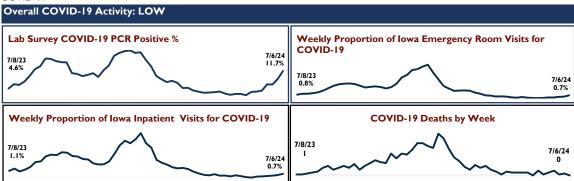
Quick Stats for Week 27 (6/30/2024 - 7/6/2024)

Influenza



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

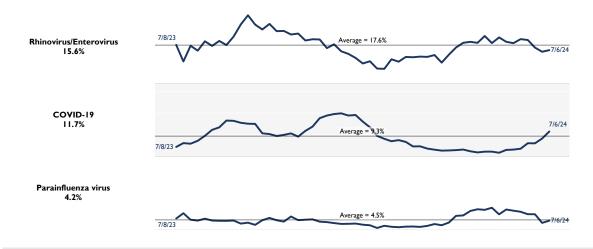
COVID-19



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



 $\textbf{All data presented in this report are provisional and may change as additional reports are received} \, . \\$

See the Survillance Methods page for a detailed description of each component of the lowa respiratory virus surveillance system including methodology and definitions

 $\textbf{Visit}\ \underline{\text{https://hhs.iowa.gov/public-health/center-acute-disease-epidemiology/flu-report}}\ \ \textbf{to subscribe to weekly email reports}$



International Influenza Activity Summary

World Health Organization Influenza Update

Published 10 July 2024 | For reporting Week 26, ending 30 June 2024

Influenza

In the Northern hemisphere, elevated influenza activity was reported in countries in Central America and the Caribbean (due to A(H3N2)viruses), Western Africa (due to A(H3N2) and B viruses), Southern Asia (due to A(H3N2) and A(H1N1)pdm09 viruses), and South East Asia (due to A(H1N1)pdm09 viruses). Activity in temperate countries remains low at interepidemic levels.

In the Southern hemisphere, influenza activity continues to be elevated in countries in South America (due to A(H3N2) viruses), Eastern Africa (due to A(H1N1)pdm09 viruses), Southern Africa (due to A(H1N1)pdm09 and B viruses), and Oceania (due to A(H1N1)pdm09 and A(H3N2) viruses). There are indications that activity may have peaked in some countries in South America and in Southern Africa.

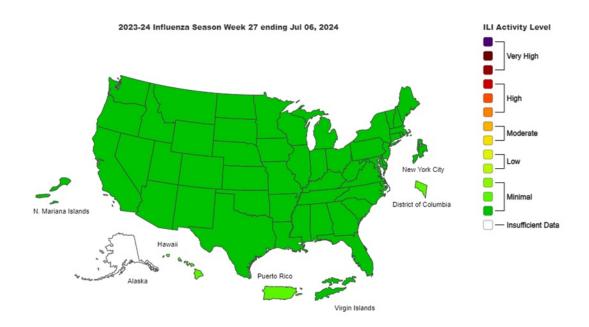
SARS-CoV-2

SARS-CoV-2 activity, reported from sentinel surveillance in 54 countries, was elevated and increasing in some countries in Central America and the Caribbean, South West Europe, Northern Europe, and South East Asia.

Global Influenza and Response System (GISRS), FluNet (www.who.int/flunet).

 $\underline{https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-u$

NATIONAL INFLUENZA LIKE ILLNESS (ILI) - CDC

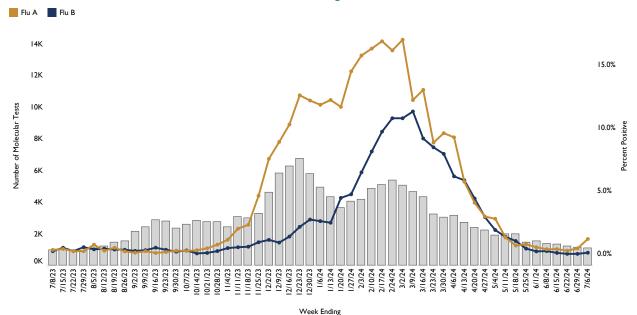


 $Weekly~U.S.~influenza~surveillance~report.~Centers~for~Disease~Control~and~Prevention.~\underline{https://www.cdc.gov/flu/weekly/index.htm}\\$

HHS

Iowa Respiratory Survey - Influenza

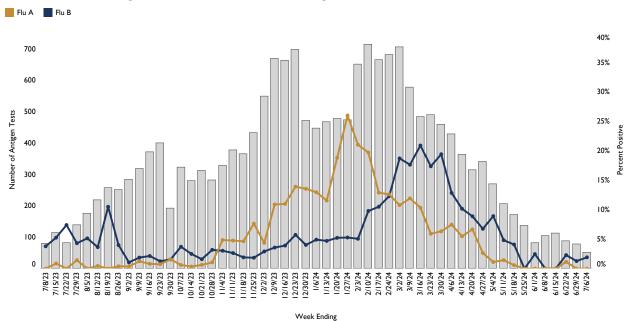
Number of Influenza Molecular Tests and Positive A and B Percentage - Current and Previous 52 Weeks



Flu Tests and Positivity by Method - Current Week

Test Method	Number Positives	Number Tests	Percent Positive		
Molecular	14	1,104	1.3%		
Antigen	ı	52	1.9%		
Total	15	1,156	1.3%		

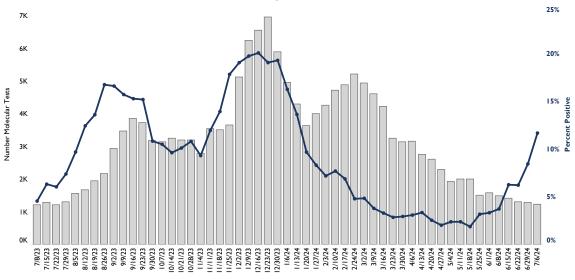
Number of Influenza Antigen Tests and Positive A and B Percentage - Current and Previous 52 Weeks





Iowa Respiratory Survey - COVID-19



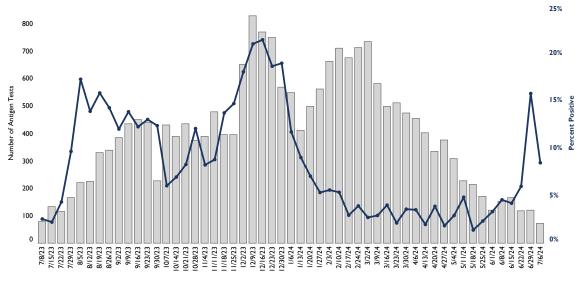


Week Ending

COVID-19 Tests and Positivity by Method - Current Week

Test Method	Number Positives	Number Tests	Percent Positive	
Molecular	144	1,232	11.7%	
Antigen	6	71	8.5%	
Total	150	1,303	11.5%	





Week Ending



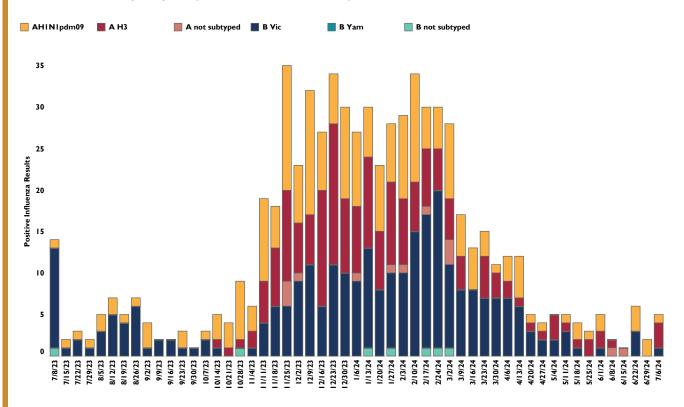
Influenza testing at the State Hygienic Laboratory (SHL)

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

		Influenza A			Influenza B			
	A H3	A not subtyped	AHINIpdm09	Total	B not subtyped	B Vic	B Yam	Total
Current Week Positives	3	0	ı	4	0	I	0	I
Cumulative Positives	177	13	201	391	6	234	0	240

Table Note: Only lowa 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 lowa 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.

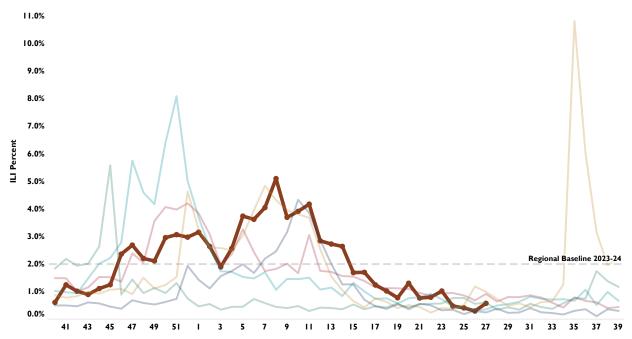


Outpatient Health Care Provider Surveillance Program (ILINET)

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



ILI Percent by Season and Week



ILI by Age Group Past 4 Weeks

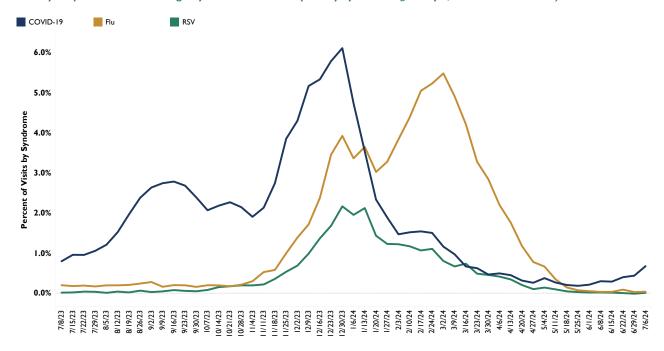
MMWR Week	End Date	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65 and older	Total ILI	ILI Pct
24	6/15/2024	2	5	ı	5	4	17	0.49%
25	6/22/2024	6	4	3	0	2	15	0.42%
26	6/29/2024	2	2	2	0	3	9	0.30%
27	7/6/2024	2	6	5	2	I	16	0.58%

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

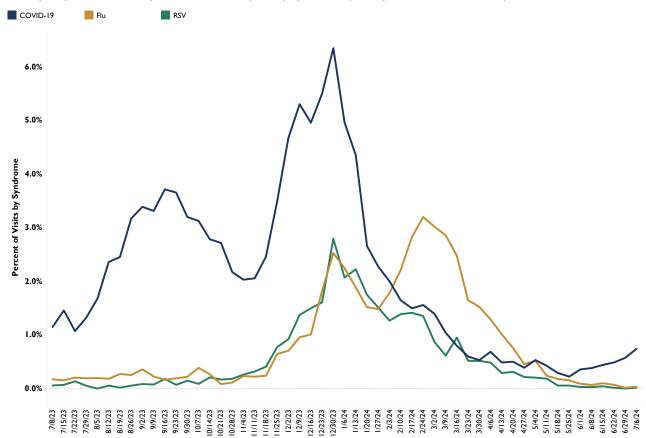


Iowa Syndromic Surveillance Program

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



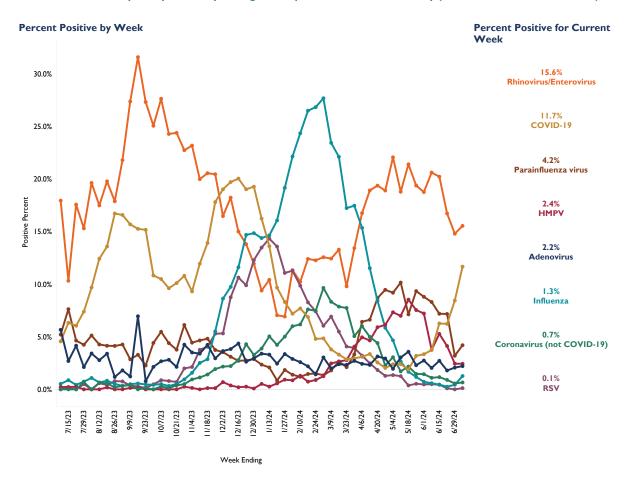
Weekly Proportion of Iowa Inpatient Visits for Respiratory Syndromes (January 7, 2023 - Current Week)



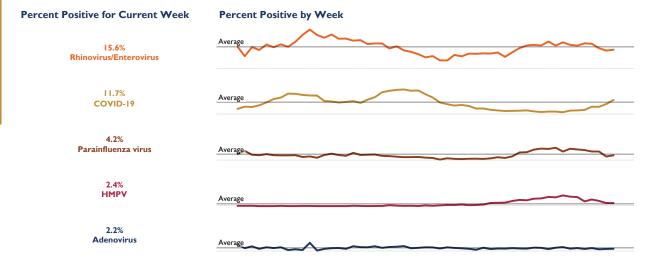


Iowa Respiratory Virus Survey

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)





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

lowa 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 lowa 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

lowa HHS, CyncHealth lowa and CDC started implementing syndromic surveillance for the state of lowa in May 2021. lowa 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.