



Iowa Respiratory Virus Surveillance Report

MMWR Week 40

September 29, 2024 - October 5, 2024

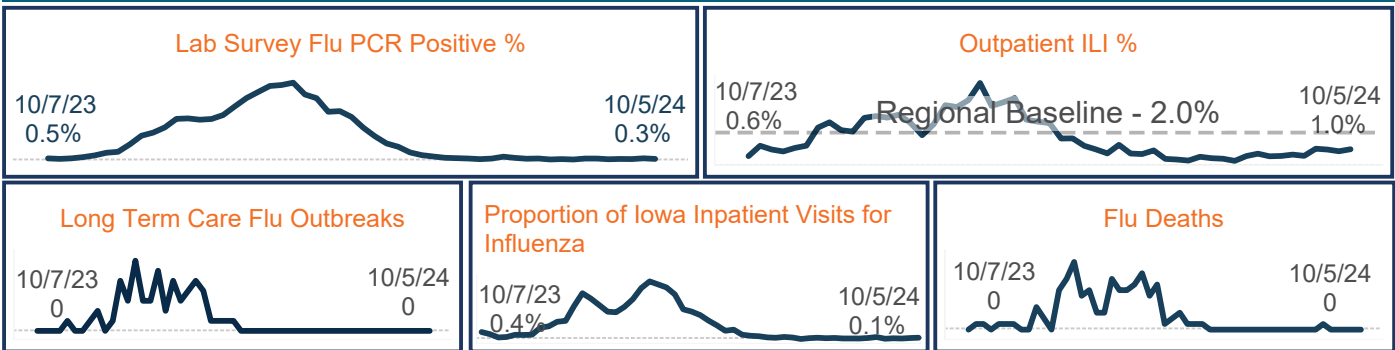
Date and time of issue: 10/11/2024 1:27:44 PM



Quick Stats for Week 40 (9/29/2024 - 10/5/2024)

Influenza

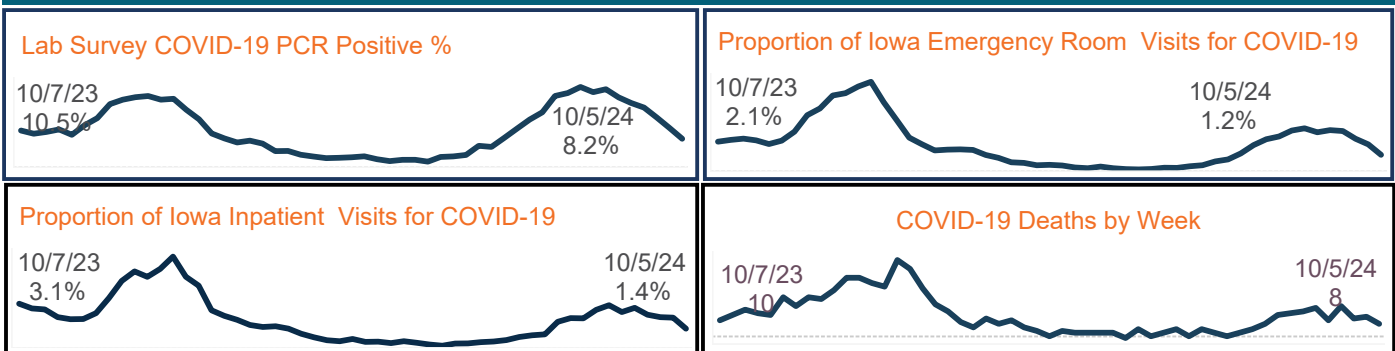
Overall Influenza Activity: VERY LOW



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

COVID-19

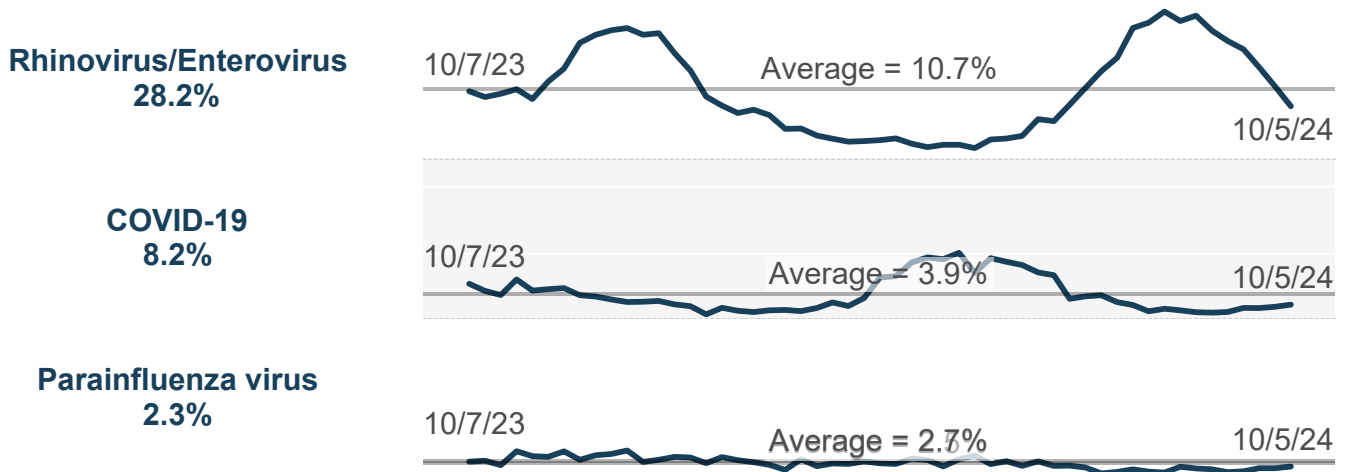
Overall COVID-19 Activity: LOW



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.

International Influenza Activity Summary

World Health Organization Influenza Update

Published 10 October 2024 | For reporting Week 39, ending 29 September 2024

Influenza

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

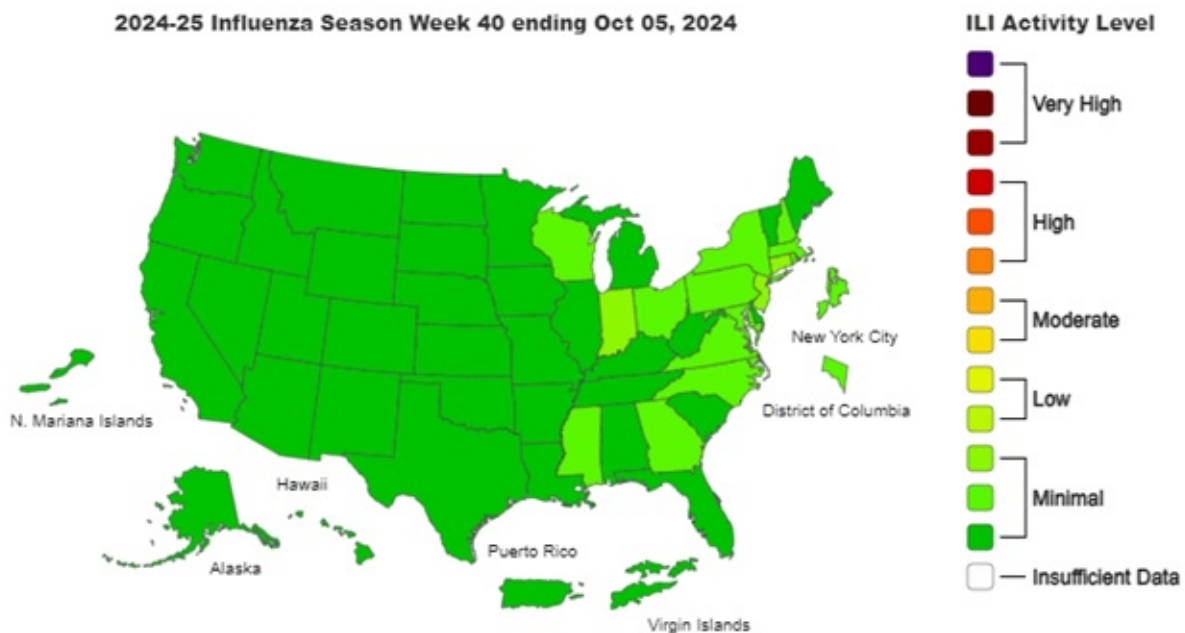
In the Southern hemisphere, influenza activity remained elevated in some countries in South America (due to B viruses), Eastern Africa (due to A and B viruses), and Oceania (due to A viruses). Increased activity was reported in Tropical South America.

SARS-CoV-2

SARS-CoV-2 activity remained elevated in countries in Europe, Central America and the Caribbean, Temperate South America, Western Asia, and Eastern Asia. Increased activity was reported in countries in Europe and one country in Temperate South America.

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

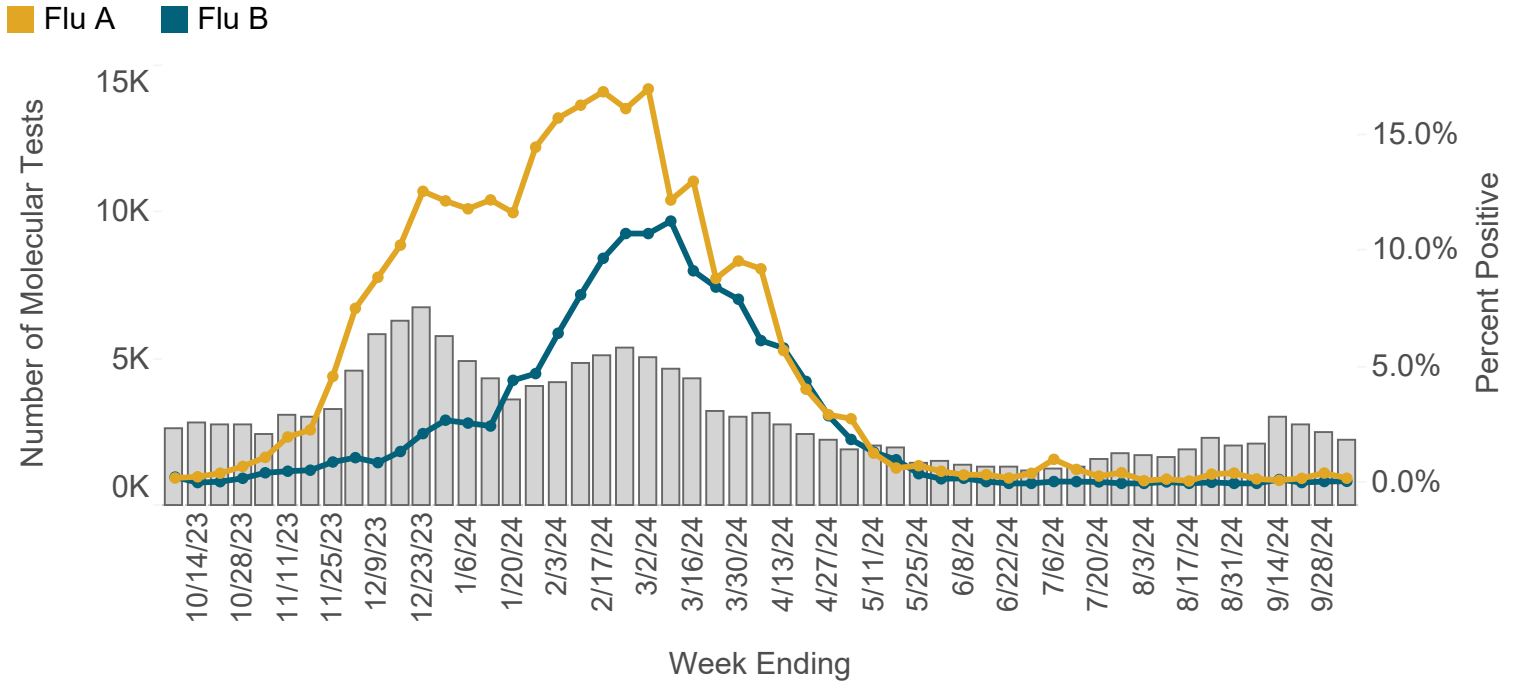
NATIONAL OUTPATIENT RESPIRATORY ILLNESS ACTIVITY - CDC



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

Iowa Respiratory Survey - Influenza

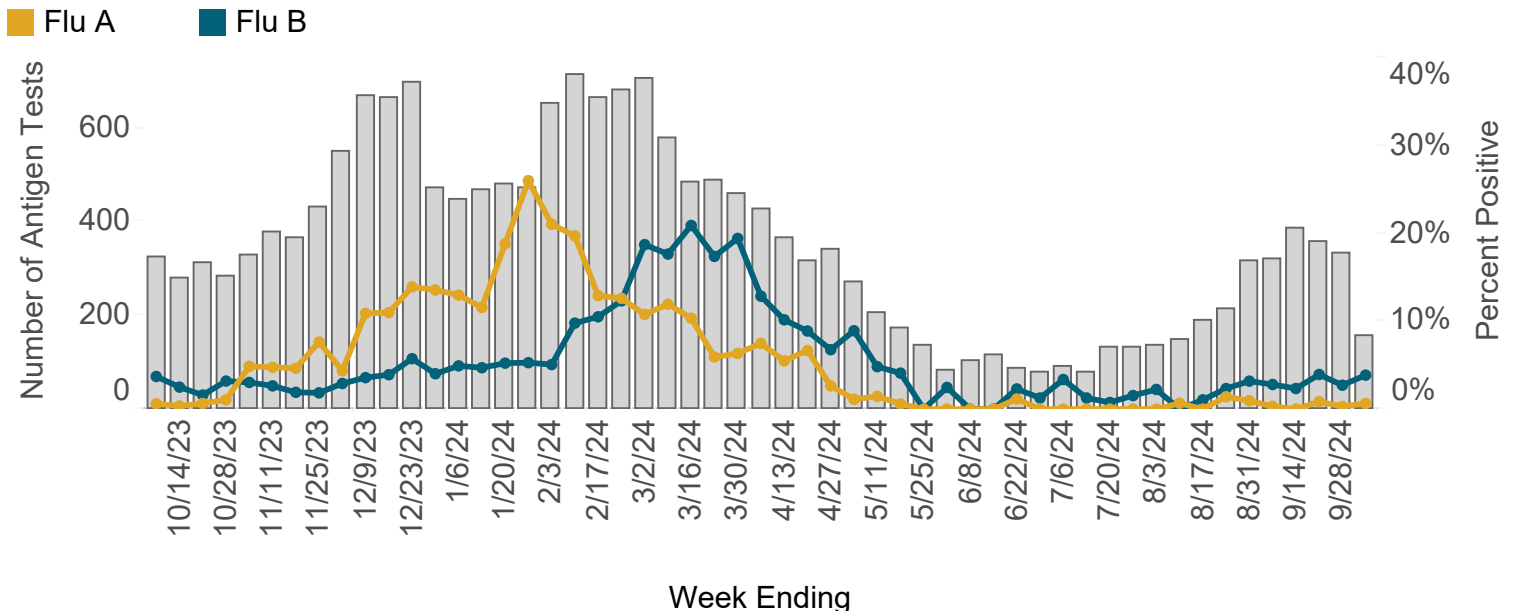
Number of Influenza Molecular Tests and Positive Percentage - Current and Previous 52 Weeks



Flu Tests and Positivity by Method - Current Week

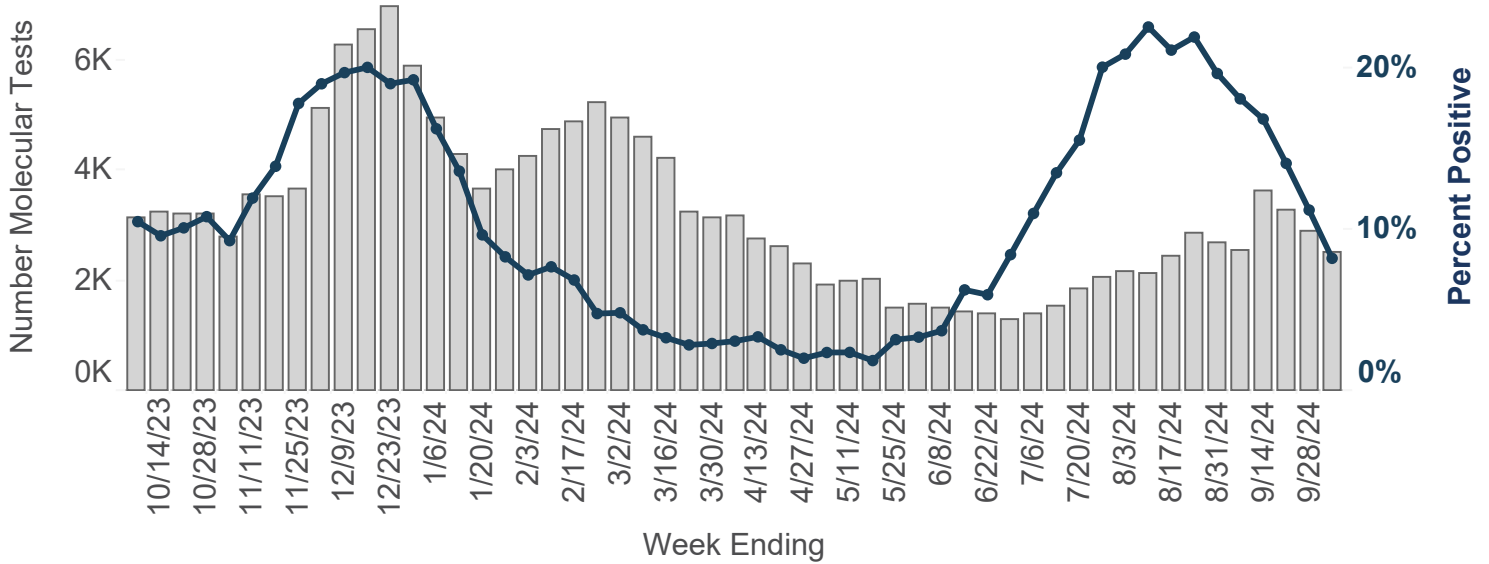
Test Method	Number Positives	Number Tests by Group and Method	Percent Positive across Methods
Molecular	7	2,249	0.3%
Antigen	7	155	4.5%
Total	14	2,404	0.6%

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



Iowa Respiratory Survey - COVID-19

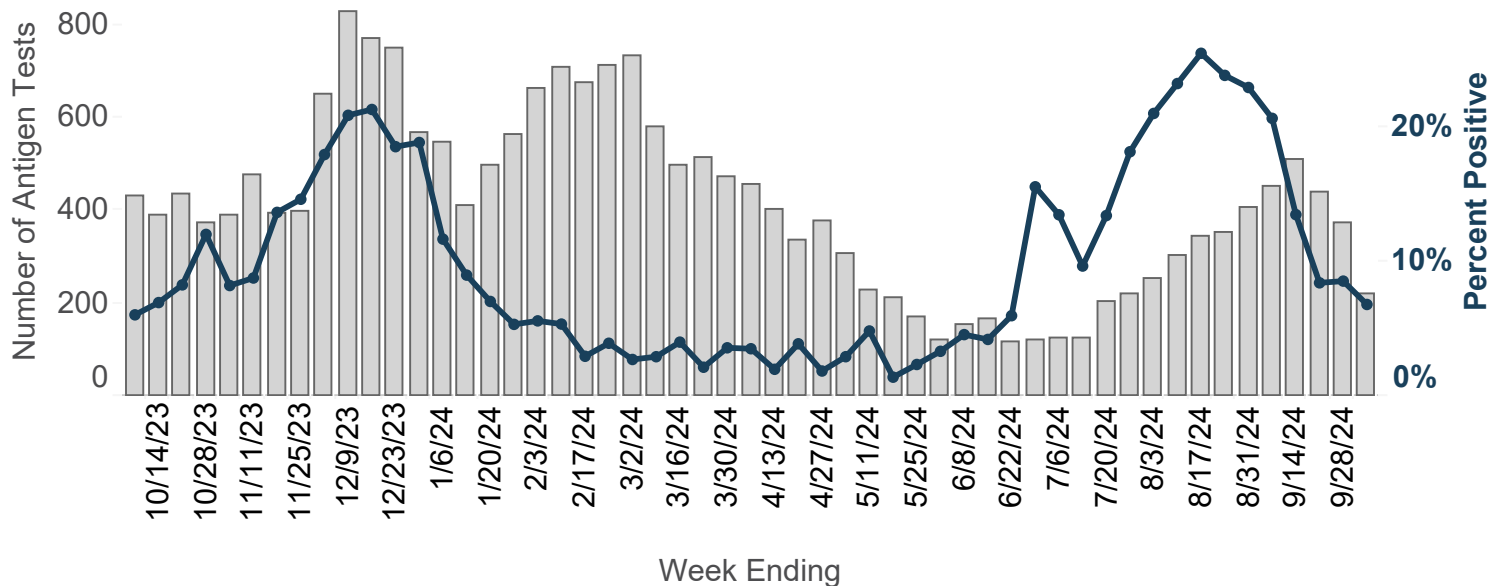
Number of COVID-19 Molecular Tests and Positive Percentage - Current and Previous 52 Weeks



COVID-19 Tests and Positivity by Method - Current Week

Test Method	Percent Positive
Molecular	8.2%
Antigen	6.8%
Total	8.1%

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



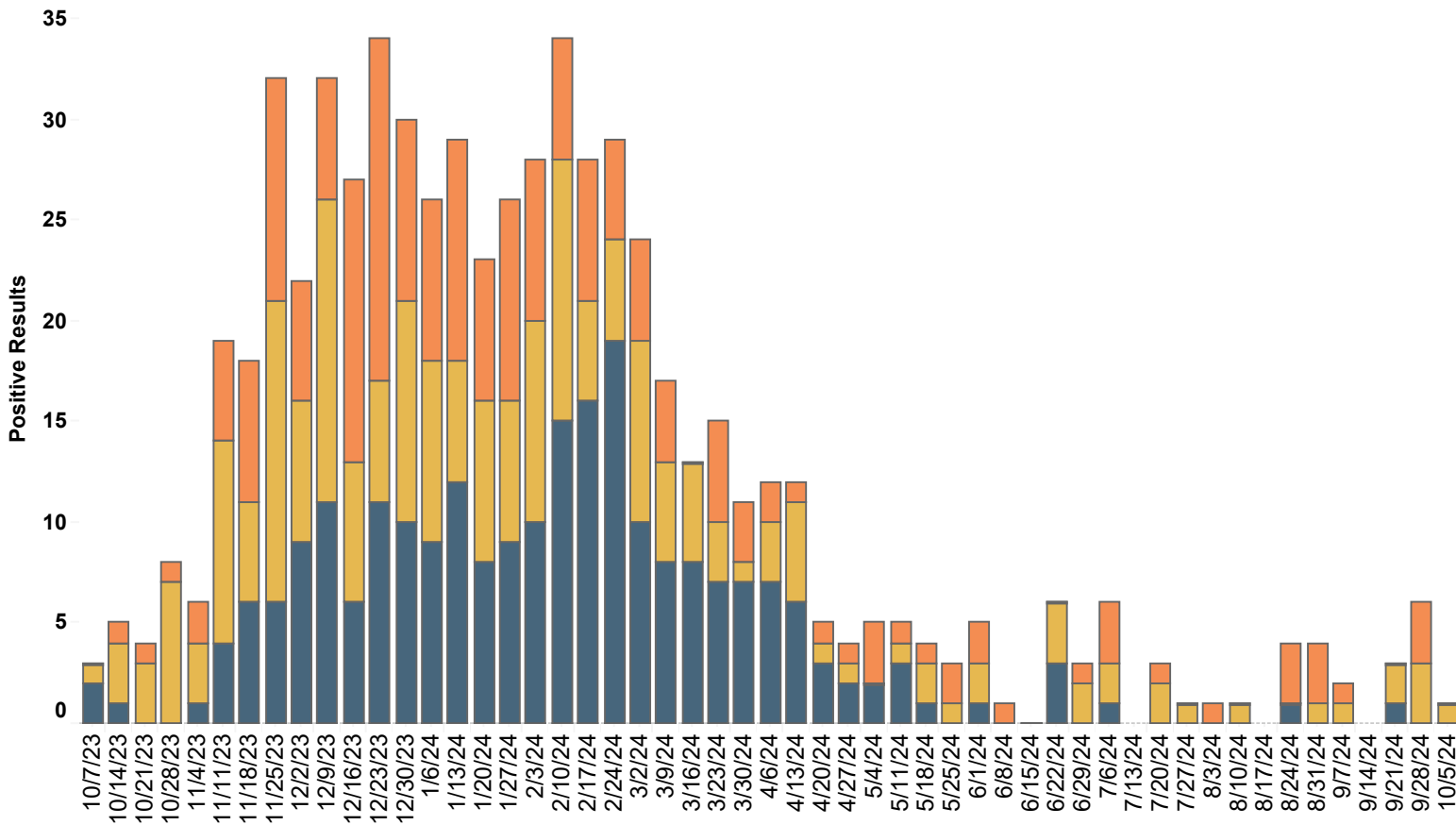
Influenza Testing at the State Hygienic Laboratory (SHL)

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

	Flu A		Flu B		Grand Total
	AH1N1pdm09	A H3	B Vic	B Yam	
Current Positives	1	0	0	0	1
Cumulative Positives	1	0	0	0	1

Table Note: Only Iowa residents are included.

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



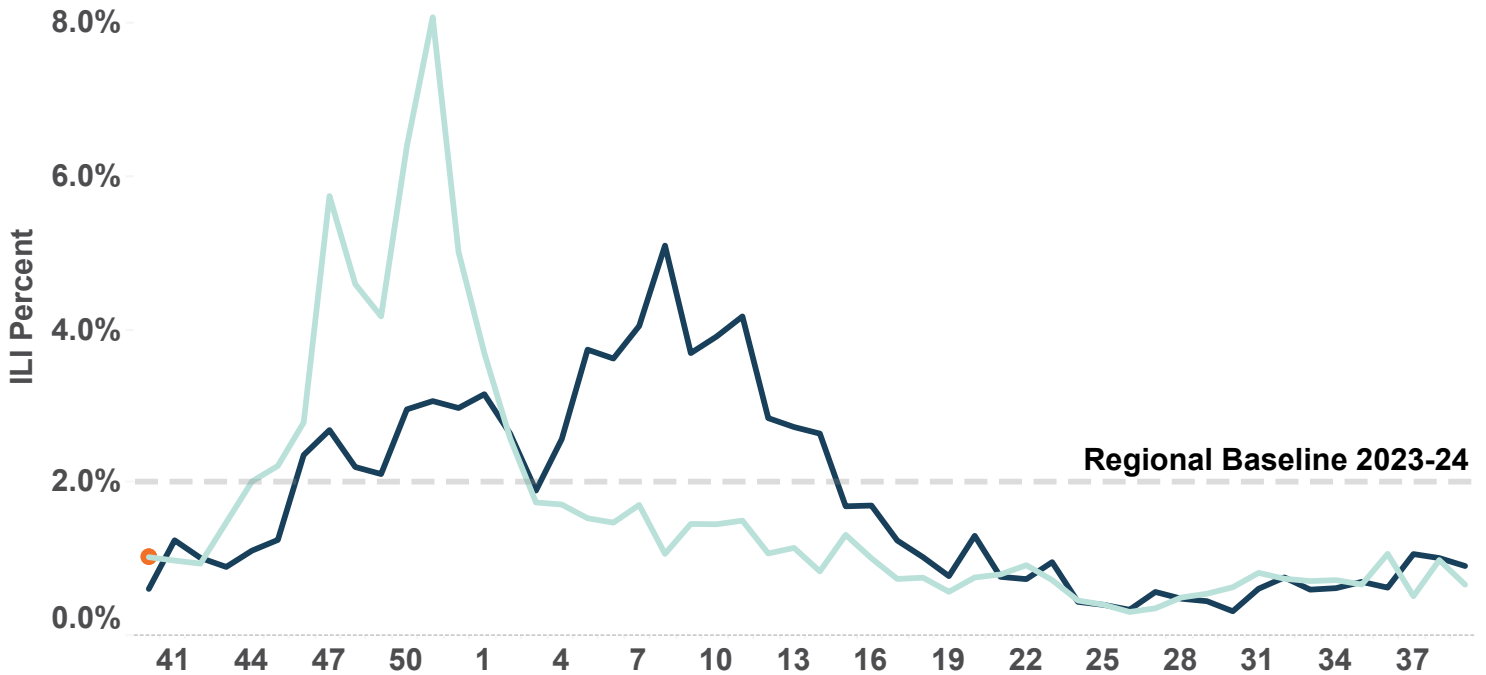
SHL Flu Testing Note: The State Hygienic Laboratory (SHL) is the primary laboratory in Iowa characterizing specimens for influenza surveillance. SHL reports the number of tests performed and the type and subtype/lineage of positive tests to the influenza surveillance network daily. SHL also sends a portion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

2022-23 2023-24 2024-25

ILI Percent by Season and Week



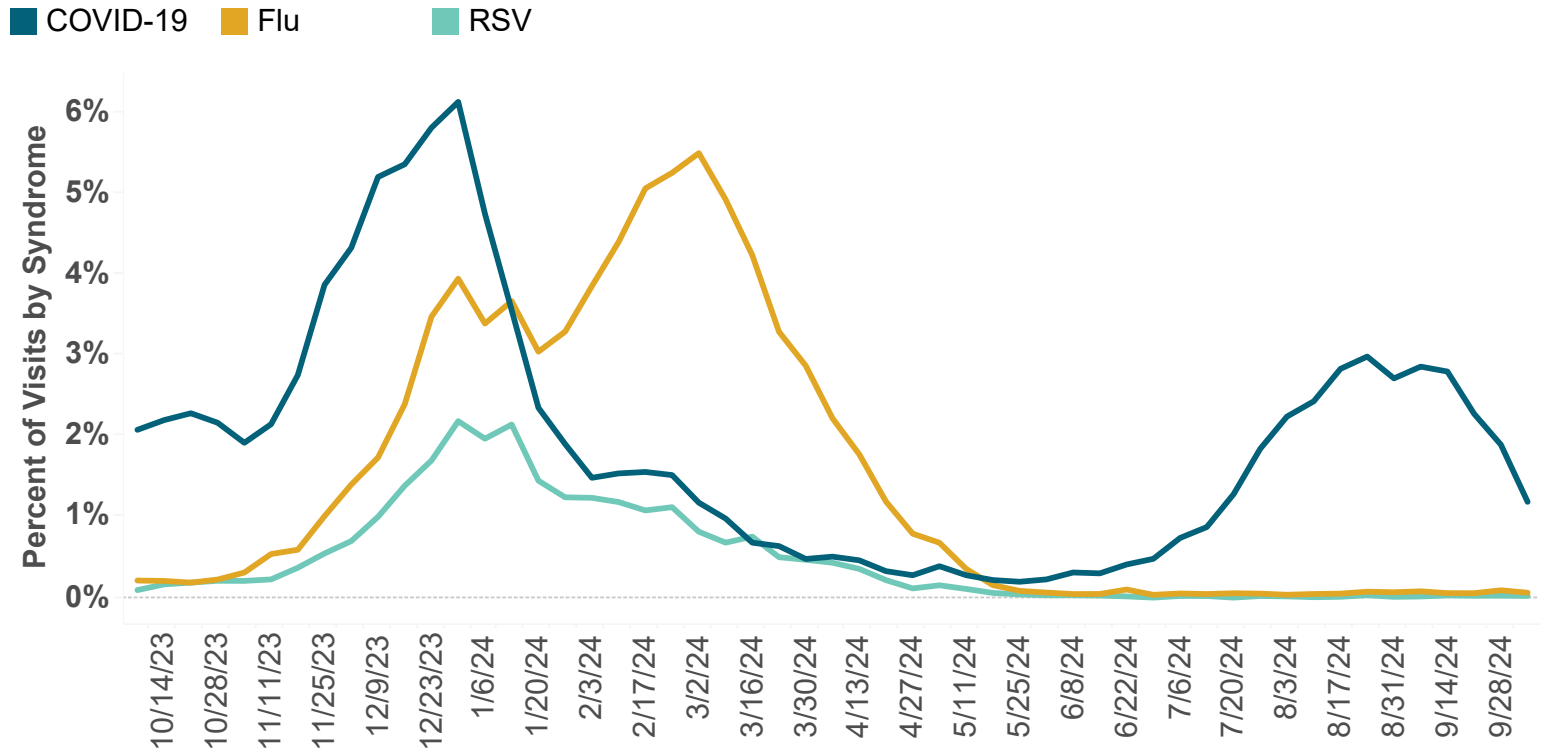
ILI by Age Group Past 4 Weeks

MMWR Week	End Date	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65 and older	Total ILI	ILI Pct
37	9/14/2024	0.00	11.00	5.00	3.00	5.00	24.00	1.07%
38	9/21/2024	2.00	14.00	4.00	1.00	3.00	24.00	1.02%
39	9/28/2024	4.00	5.00	8.00	2.00	2.00	21.00	0.92%
40	10/5/2024	2.00	20.00	5.00	2.00	1.00	30.00	1.04%

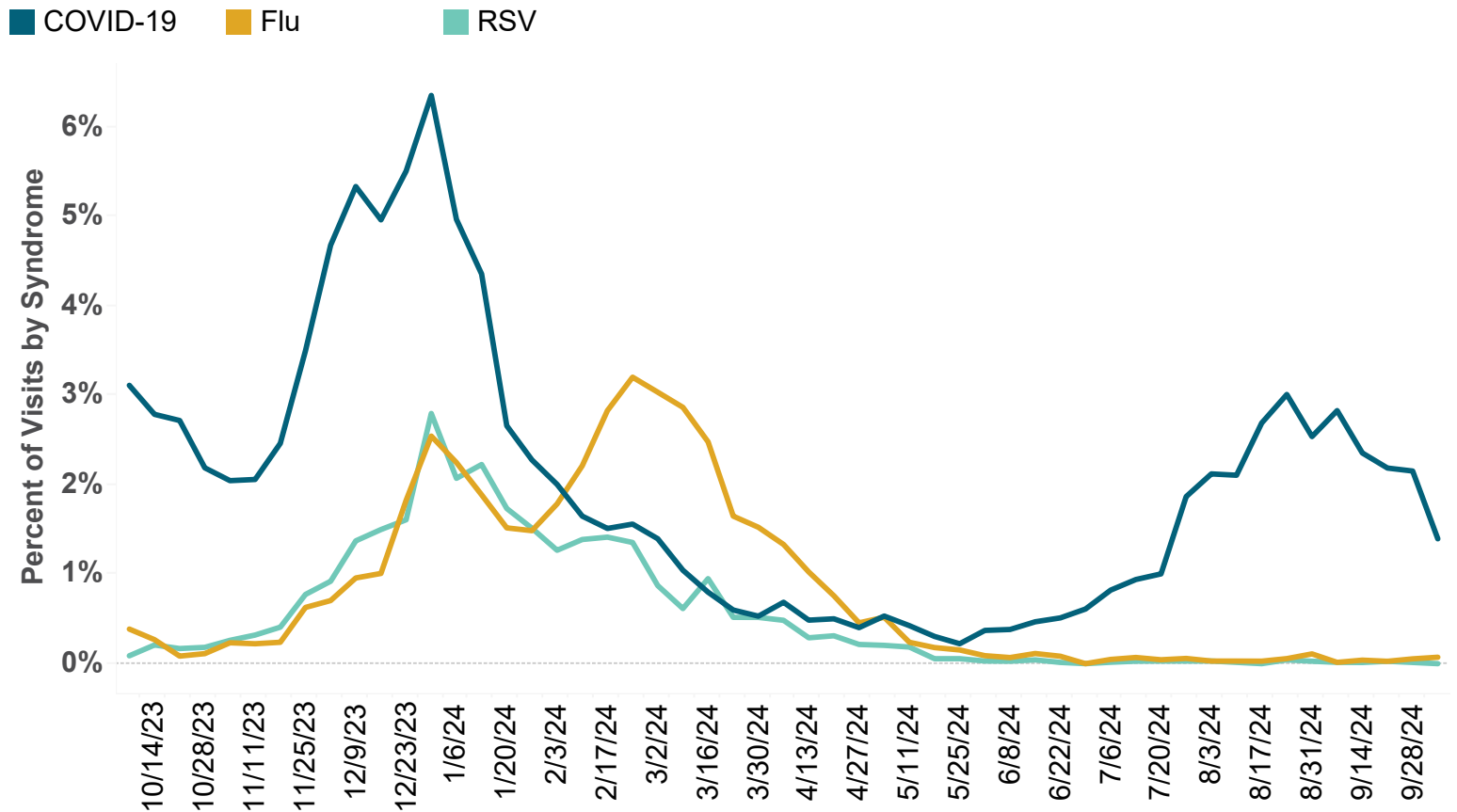
Outpatient ILI Note: Outpatient health care providers who participate in the ILINet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week. The ILI Definition changed in 2021-22 so that persons with ILI 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 - Current and Previous 52 Weeks



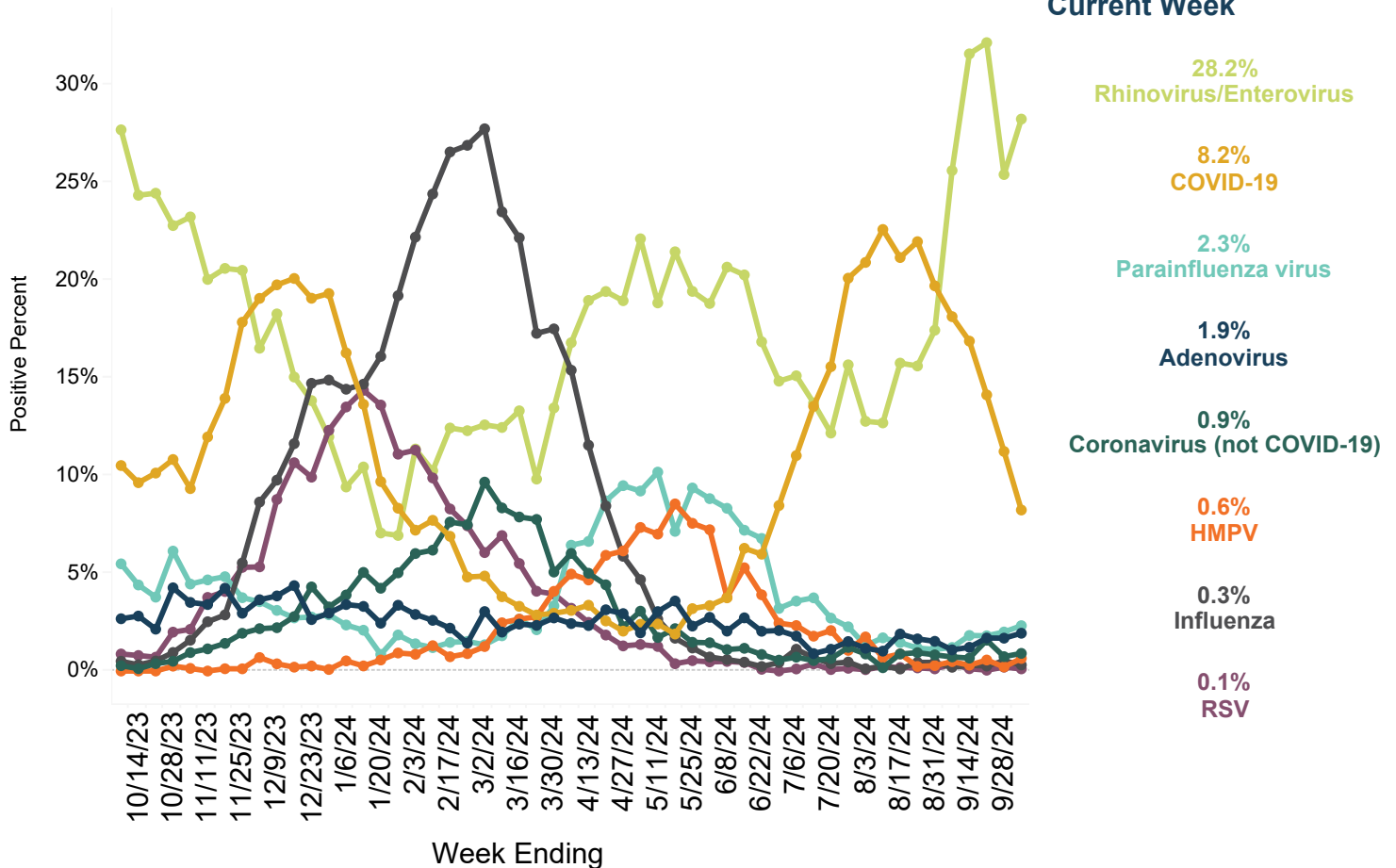
Weekly Proportion of Iowa Inpatient Visits for Respiratory Syndromes - Current and Previous 52 Weeks



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

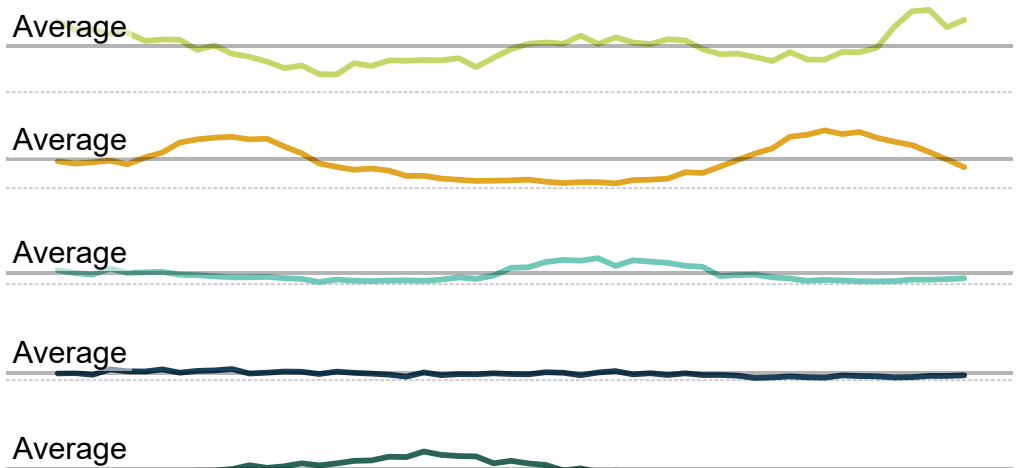


Top 5 Pathogen Groups by Positive Percent on Respiratory Virus Survey - Molecular Only (Current and Previous 52 Weeks)

Percent Positive for Current Week

- 28.2% Rhinovirus/Enterovirus
- 8.2% COVID-19
- 2.3% Parainfluenza virus
- 1.9% Adenovirus
- 0.9% 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 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 1, 2023 through the end of 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 visiting participating hospitals.