

# **Iowa Respiratory Virus Surveillance Report**

MMWR Week 47 November 17, 2024 - November 23, 2024

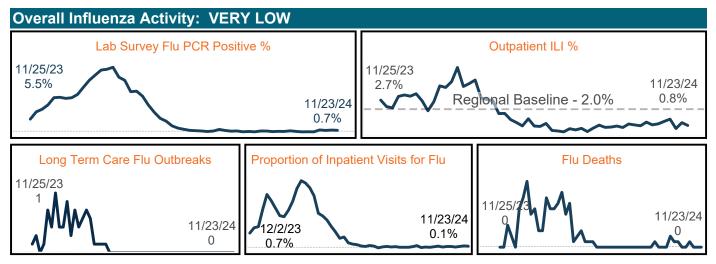
Date and time of issue: 12/3/2024 9:54:16 AM



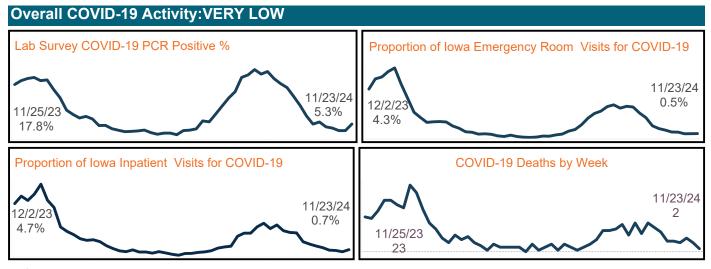


## **Quick Stats for Week 47 (11/17/24 - 11/23/24)**

#### Influenza



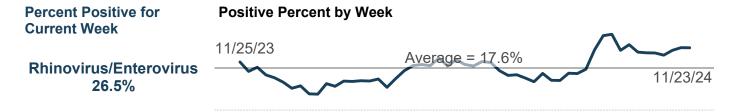
NOTE: Line graphs display current week, or most recent available week, and previous 52 weeks **COVID-19** 



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

### Other Respiratory Viruses

Top Pathogen Group 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 lowa respiratory virus surveillance system including methodology and definitions.

Visit <a href="https://hhs.iowa.gov/center-acute-disease-epidemiology/iowa-influenza-surveillance">https://hhs.iowa.gov/center-acute-disease-epidemiology/iowa-influenza-surveillance</a> to subscribe to weekly email reports

# **International Influenza Activity Summary**

### **World Health Organization Influenza Update**

Published 28 November 2024 | For reporting Week 46, ending 17 November 2024

#### Influenza

In the Northern hemisphere, influenza activity in temperate countries remained at interepidemic levels. Elevated activity was noted in a few countries in Western Africa (due to B viruses), Middle Africa (due to A(H3N2)), Western Asia (due to A(H1N1)pdm09), and in Southern and South East Asia (due to A(H1N1)pdm09 and B). Activity increased in some countries in Southern and South East Asia and was similar or declined across all other reporting countries.

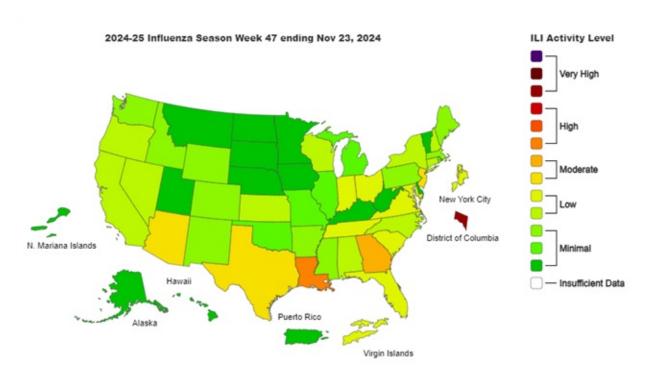
In the Southern hemisphere, influenza activity was elevated in one country in Tropical South America (due mostly to B viruses) and in Eastern Africa (due to a mix of influenza viruses). Activity increased in one country in Eastern Africa but was similar or declined in all other reporting countries.

#### SARS-CoV-2

SARS-CoV-2 activity remained elevated in many countries in Europe and in a few countries in North America, South America, Western and Eastern Africa, and South East Asia. Increased activity was reported from few countries in Europe, South East Asia, and Melanesia but was similar or declined in all other reporting countries.

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

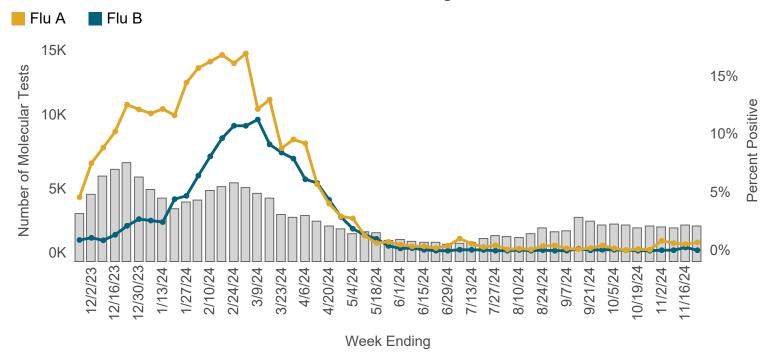
## **National Outpatient Respiratory Illness Activity - CDC**



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

# Iowa Respiratory Survey - Influenza

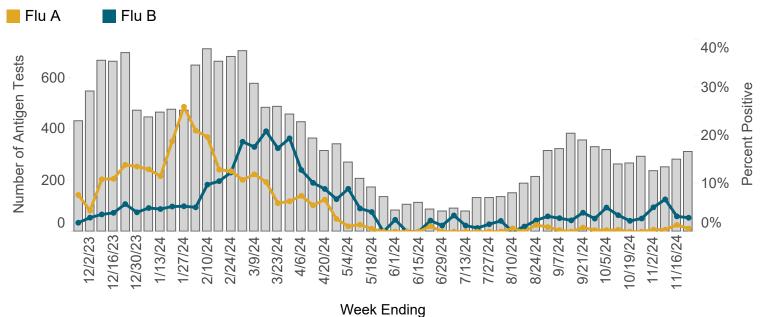
### Number of Influenza Molecular Tests and Positive Percentage - Current and Previous 52 Weeks



### Flu Tests and Positivity by Method - Current Week

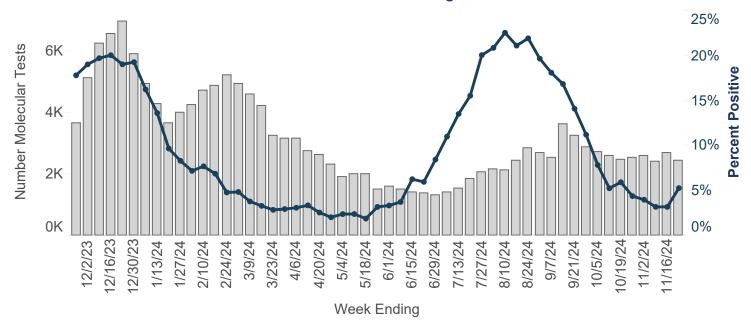
Test Method	Number Positives	Number Tests by Group and Method	Percent Positive across Methods
Molecular	18	2,417	0.7%
Antigen	11	311	3.5%
Total	29	2,728	1.1%

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



## **Iowa Respiratory Survey - COVID-19**

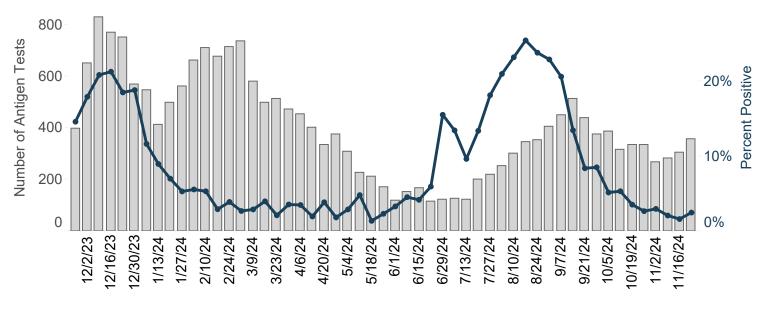
### Number of COVID-19 Molecular Tests and Positive Percentage - Current and Previous 52 Weeks



### **COVID-19 Tests and Positivity by Method - Current Week**

Test Method	Percent Positive
Molecular	5.3%
Antigen	2.5%
Total	4.9%

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



Week Ending

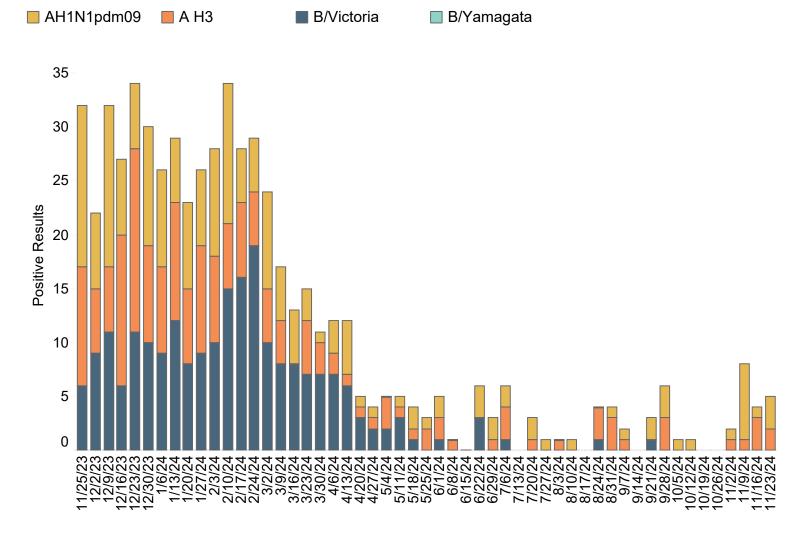
## Influenza Testing at the State Hygienic Laboratory (SHL)

### **Cumulative Influenza Viruses Detected by SHL (9/29/2024 - Current Week)**

	Flu A		Flu	Grand Total		
	AH1N1pdm09	A H3	B/Victoria	B/Yamagata	Grand Total	
Current Positives	3	2	0	0	5	
Cumulative Positives	14	7	0	0	21	

**Table Note:** Only lowa residents are included.

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



### Week Ending

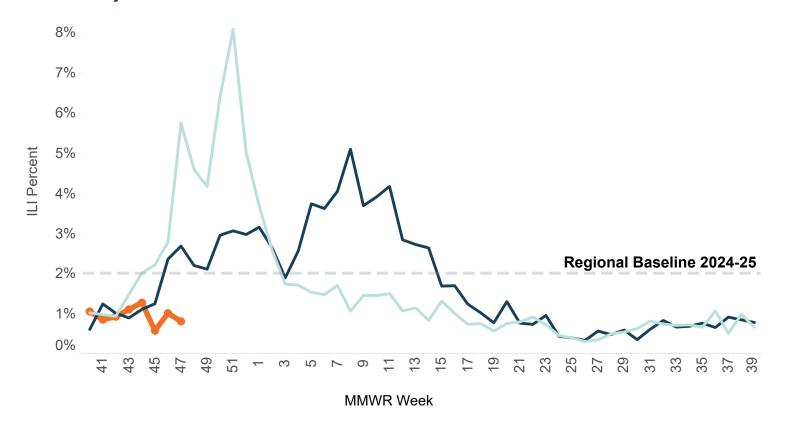
**SHL Flu Testing Note:** The State Hygienic Laboratory (SHL) is the primary laboratory in Iowa characterizing specimens for influenza surveillance. SHL reports the number of tests performed and the type and subtype/lineage of positive tests to the influenza surveillance network daily. SHL also sends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

## **Outpatient Health Care Provider Surveillance Program (ILINET)**

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

2022-23 2023-24 2024-25

### **ILI Percent by Season and Week**



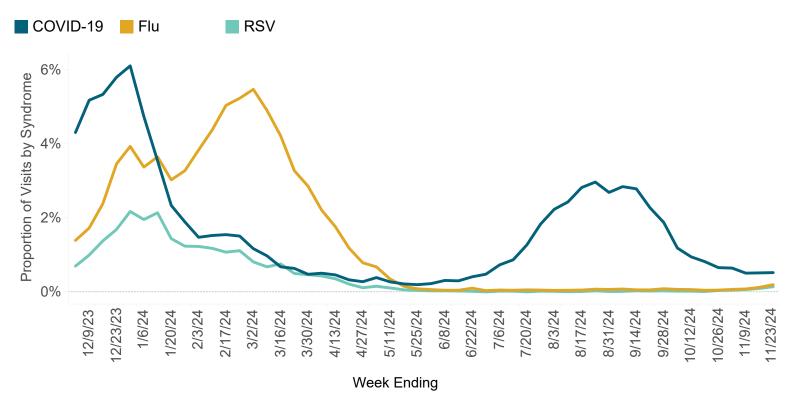
## **ILI by Age Group Past 4 Weeks**

MMWR Week	End Date	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65 and older	Total ILI	ILI Pct
44	11/2/2024	8	19	7	5	27	66	1.29%
45	11/9/2024	4	15	3	3	6	31	0.59%
46	11/16/2024	7	25	11	3	7	53	1.02%
47	11/23/2024	8	26	3	3	3	43	0.82%

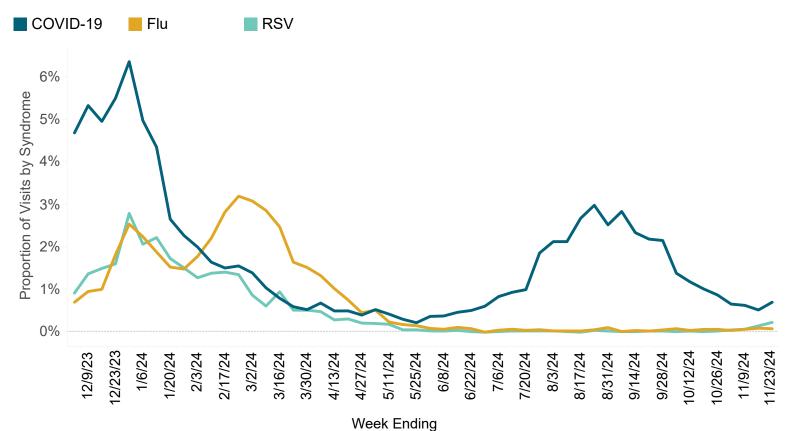
**Outpatient ILI Note:** Outpatient health care providers who participate in the ILINet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week. The ILI Definition changed in 2021-22 so that persons with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

# **Iowa Syndromic Surveillance Program**

Proportion of Iowa Emergency Room Visits for Respiratory Syndromes - Current and Previous 52 Weeks



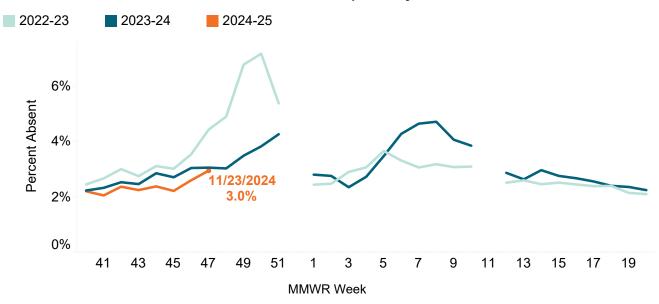
## Proportion of Iowa Inpatient Visits for Respiratory Syndromes - Current and Previous 52 Weeks





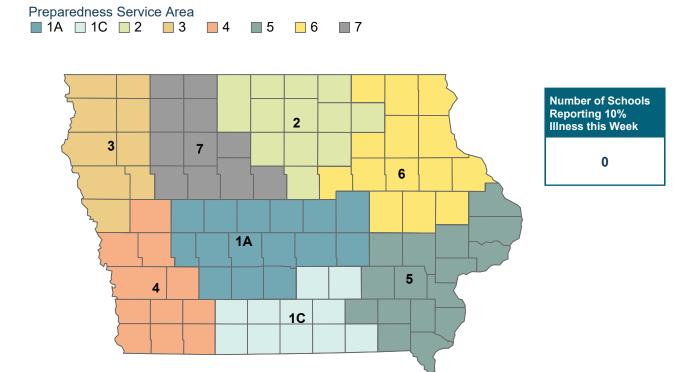
## **School Illness**

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



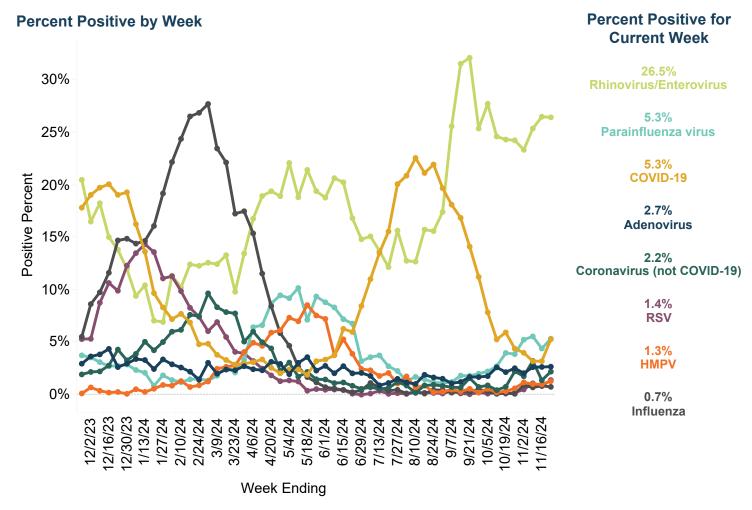
Some weeks are not shown due to large numbers of missing data (e.g., winter and spring breaks)

### Number of Schools Reporting 10% Illness by County - 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)

Percent Positive for Current	Percent Positive by Week
Week	Average
26.5% Rhinovirus/Enterovirus	
5.3%	Average
Parainfluenza virus	Titologo
5.3%	Average
COVID-19	
2.7% Adenovirus	Average
2.2% Coronavirus (not COVID-19)	Average
` '	



## **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 <a href="https://www.cdc.gov/flu/weekly/">www.cdc.gov/flu/weekly/</a>.

#### **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 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 (approximately October 1 each year 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. 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.

#### SCHOOL ILLNESS REPORTING

lowa HHS works with lowa schools, local public health and the lowa 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.