Iowa Respiratory Virus Surveillance Report

MMWR Week 50
December 8, 2024 - December 14, 2024

Date and time of issue: 12/20/2024 12:17:58 PM

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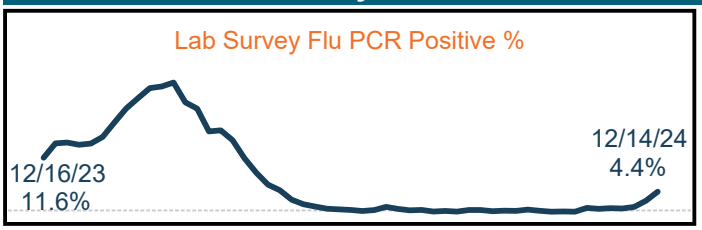
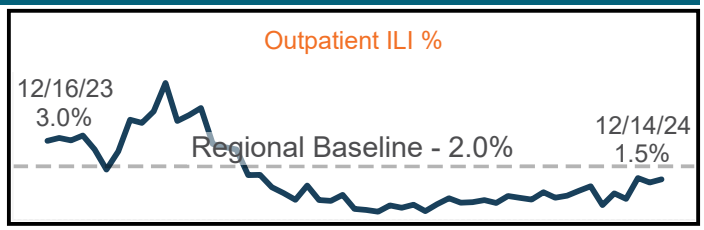
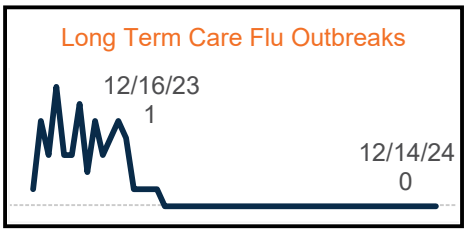
Quick Stats for Week 50 (12/8/24 - 12/14/24)

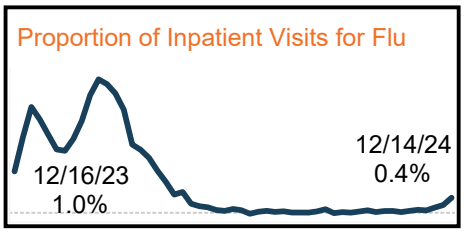
Influenza

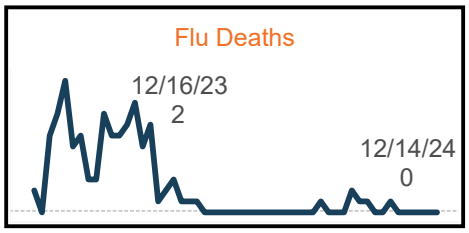
Overall Influenza Activity: VERY LOW







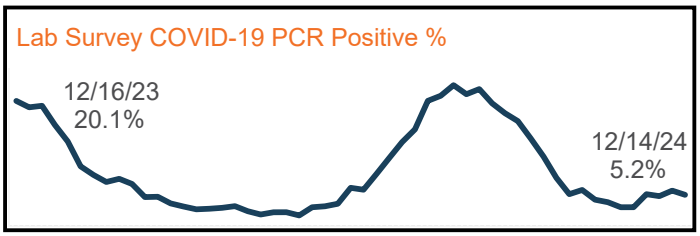


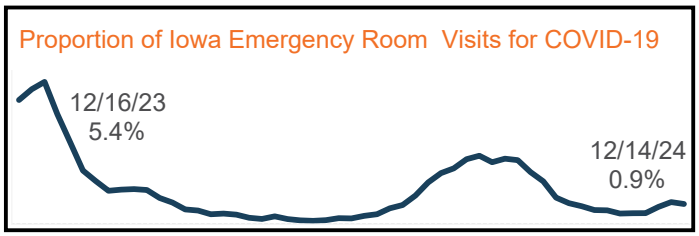


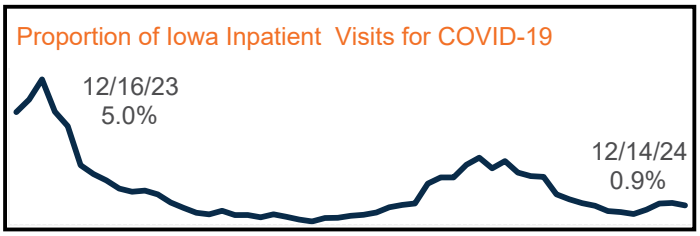
NOTE: Line graphs display current week, or most recent available week, and previous 52 weeks

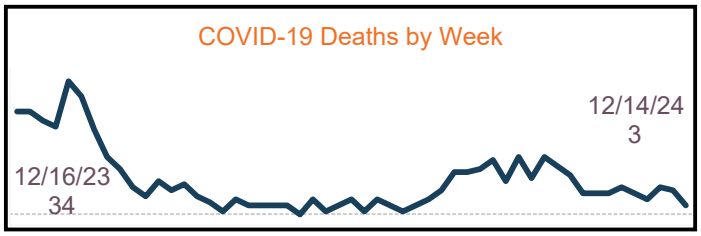
COVID-19

Overall COVID-19 Activity: LOW









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

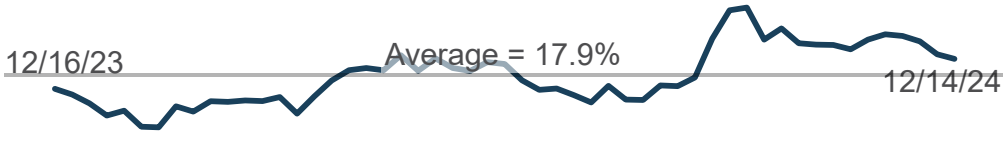
Other Respiratory Viruses

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

Percent Positive for Current Week

Rhinovirus/Enterovirus 21.3%

Positive Percent by Week



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/center-acute-disease-epidemiology/iowa-influenza-surveillance to subscribe to weekly email reports

International Influenza Activity Summary

World Health Organization Influenza Update

Published 18 December 2024 | For reporting Week 49, ending 8 December 2024

Influenza

In the Northern hemisphere, influenza activity was elevated in Northern Europe (mostly A(H1N1)pdm09 detected), South West Europe (mostly A(H1N1)pdm09 and B), Eastern Europe (due to co-circulation of influenza viruses), Central America and the Caribbean (mostly A(H3N2)), Western Africa (mostly A(H3N2) and B), Middle Africa (mostly A(H1N1)pdm09 and A(H3N2)), Northern Africa (mostly A(H3N2)), Western Asia (due to co-circulation of influenza viruses), Southern Asia (mostly A(H1N1)pdm09), and South East Asia (mostly A(H1N1)pdm09 and B). Activity increased in several countries in Europe and Asia.

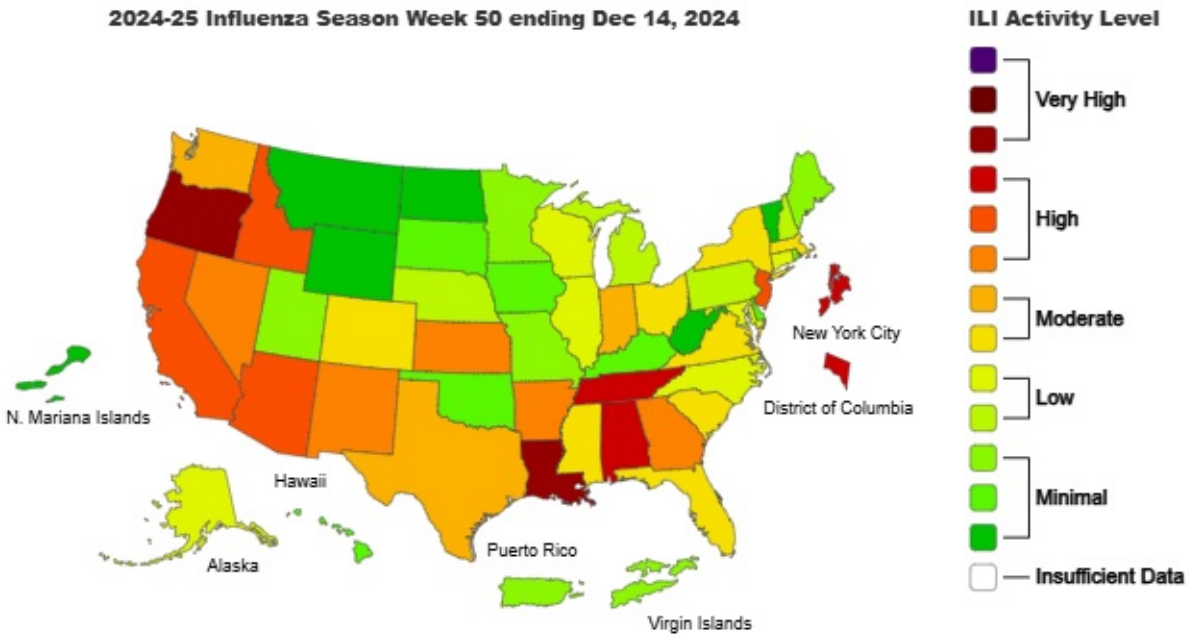
In the Southern hemisphere, influenza activity was elevated and increased in a single country in Tropical South America (due mostly to B viruses) but was similar or declined in all other reporting countries.

SARS-CoV-2

SARS-CoV-2 activity remained elevated in countries in South America and a few countries in Europe and South East Asia. Increased activity was reported from parts of Eastern Europe and South America 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

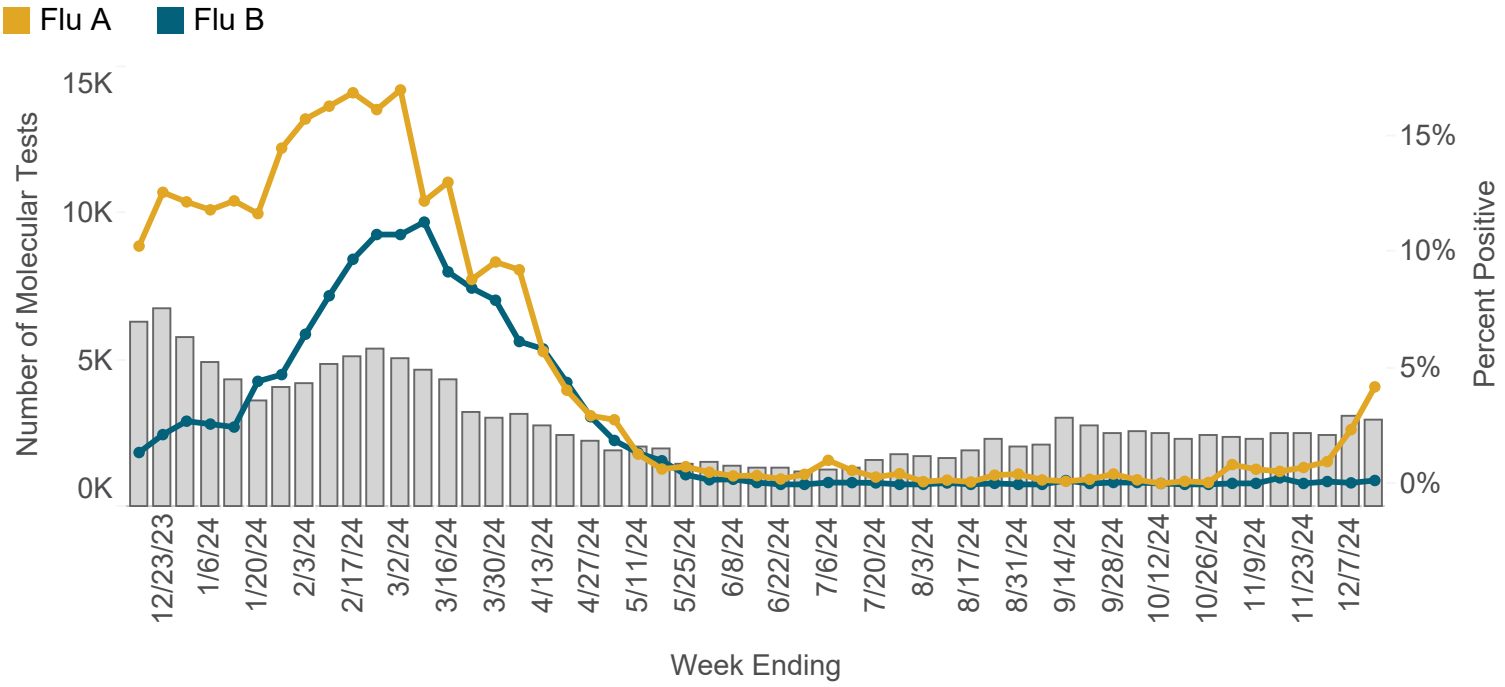
National Outpatient Respiratory Illness Activity - CDC



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

Iowa Respiratory Survey - Influenza

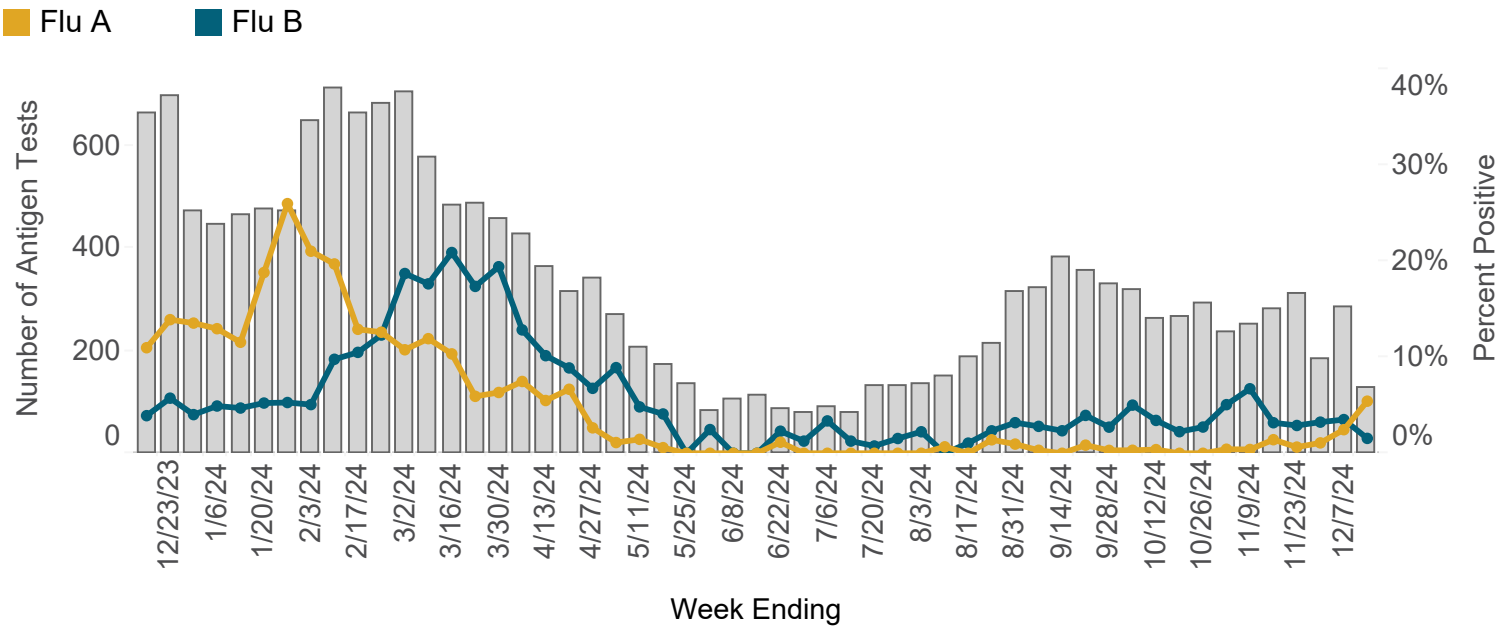
Number of Influenza Molecular Tests and Positive Percentage - Current and Previous 52 Weeks



Flu Tests and Positivity by Method - Current Week

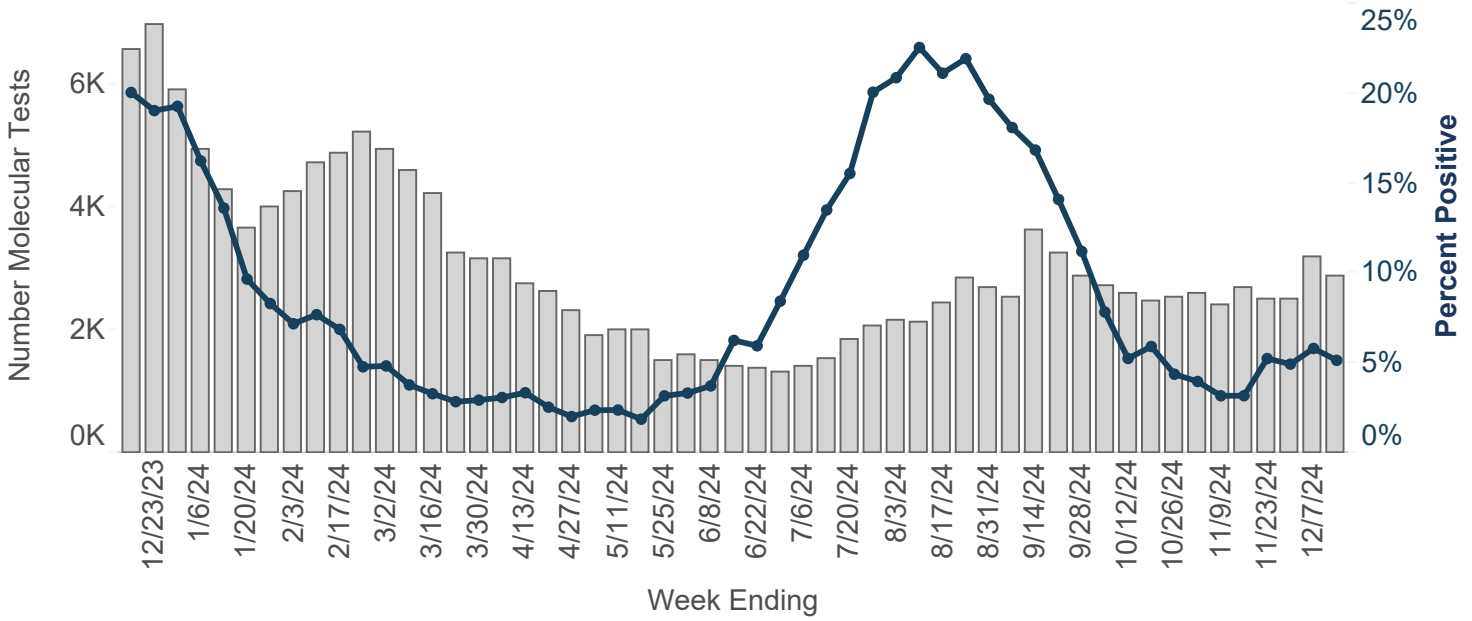
Test Method	Number Positives	Number Tests by Group and Method	Percent Positive across Methods
Molecular	130	2,978	4.4%
Antigen	9	129	7.0%
Total	**139**	**3,107**	**4.5%**

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



Iowa Respiratory Survey - COVID-19

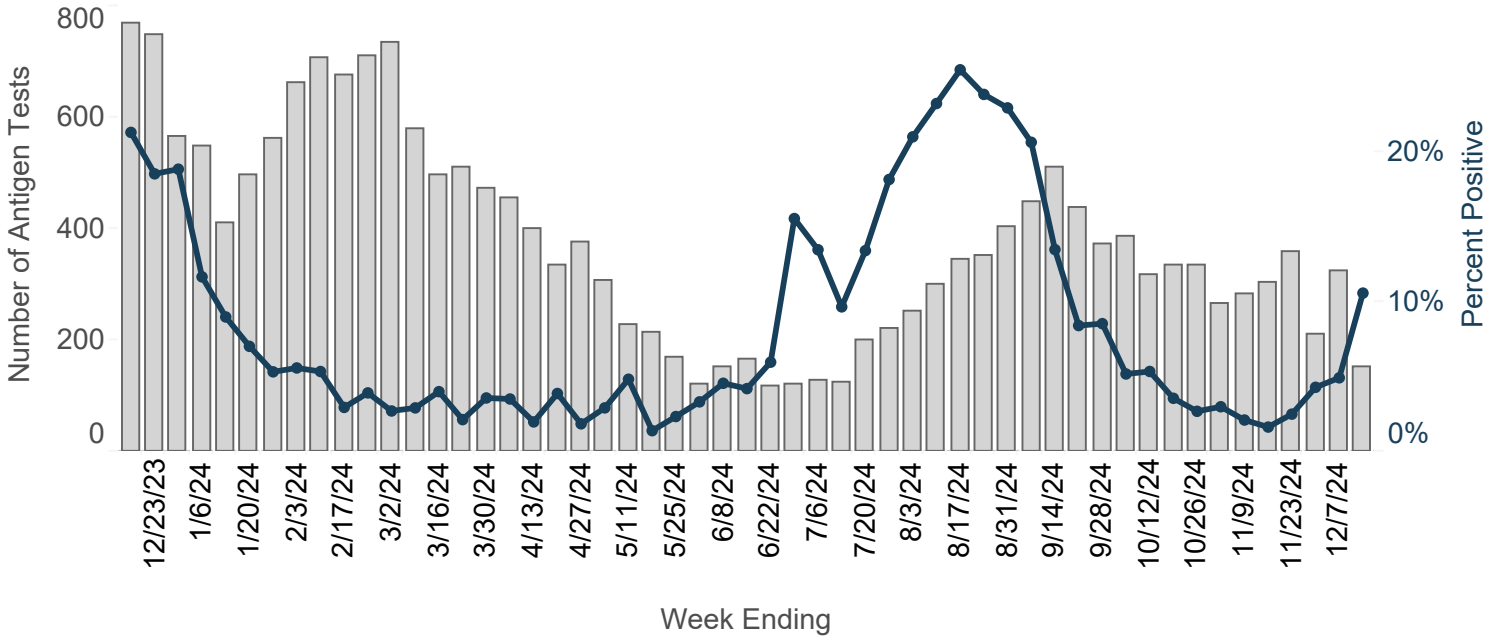
Number of COVID-19 Molecular Tests and Positive Percentage - Current and Previous 52 Weeks



COVID-19 Tests and Positivity by Method - Current Week

Test Method	Percent Positive
Molecular	5.2%
Antigen	10.6%
Total	**5.4%**

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



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Influenza Testing at the State Hygienic Laboratory (SHL)

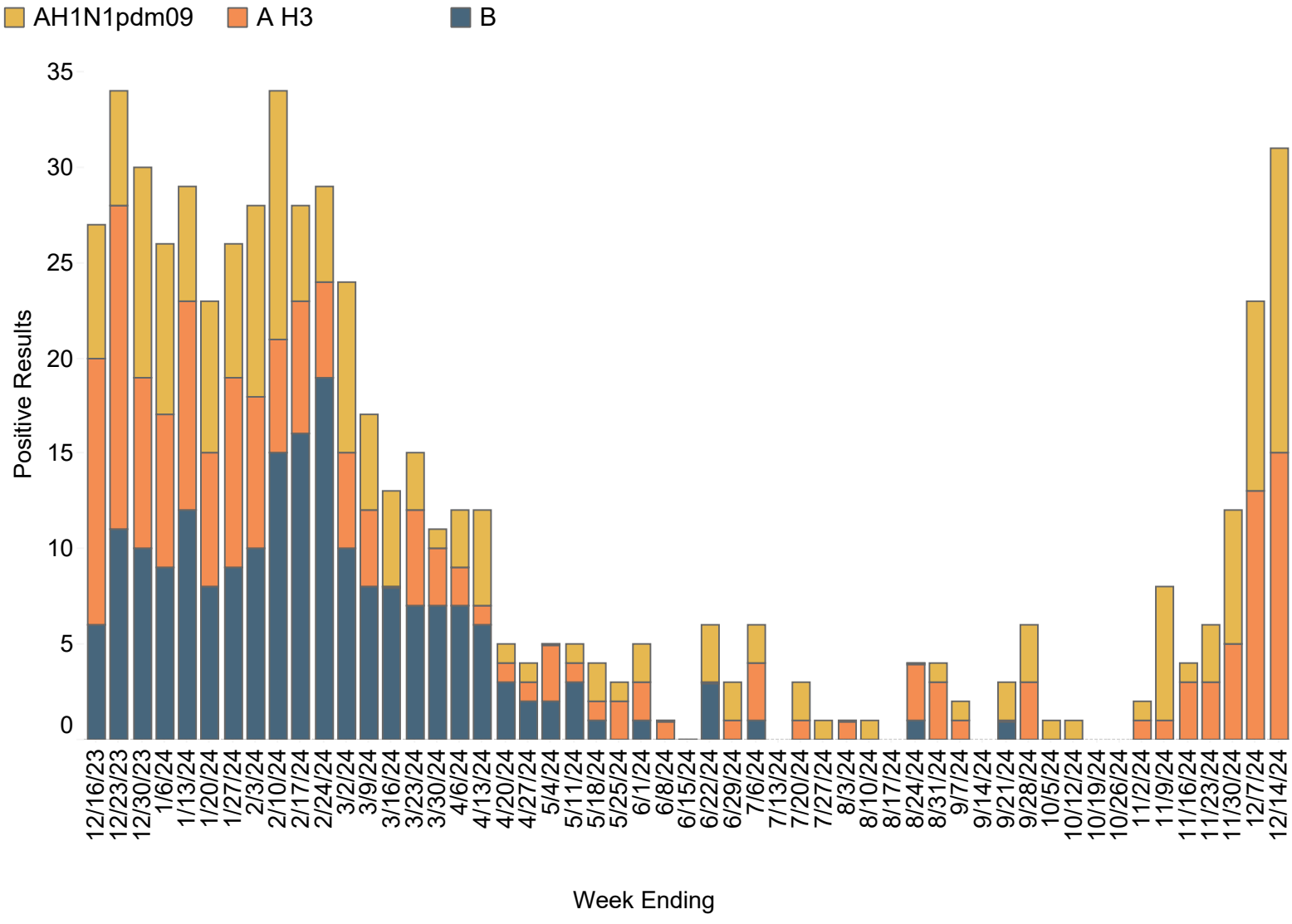
Cumulative Influenza Viruses Detected by SHL (9/29/2024 - Current Week)

	Flu A		Flu B	Grand Total
	AH1N1pdm09	A H3	B	
Current Positives	16	15	0	31
Cumulative Positives	47	41	0	88

Table Note: Only Iowa residents are included.

Influenza B Note: CDC no longer supplies the public health laboratories with the testing kits to genotype influenza B after not detecting any influenza B Yamagata for over 3 years. SHL will still send a subsample of influenza B positive specimens to CDC for further characterization.

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



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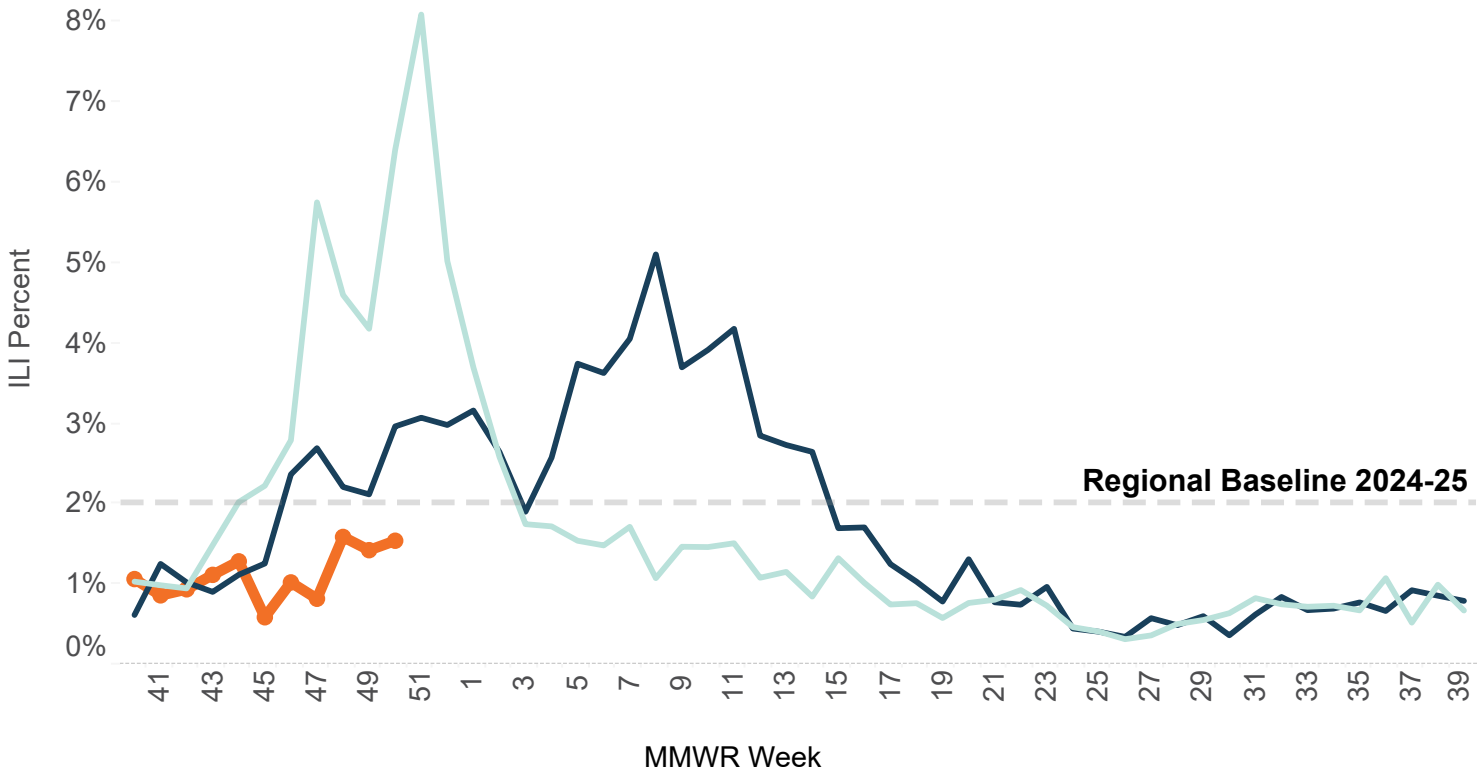
Outpatient Health Care Provider Surveillance Program (ILINET)

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
47	11/23/2024	8	26	3	3	3	43	0.82%
48	11/30/2024	12	17	8	5	6	48	1.59%
49	12/7/2024	13	33	17	5	8	76	1.43%
50	12/14/2024	6	43	10	8	10	77	1.54%

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).

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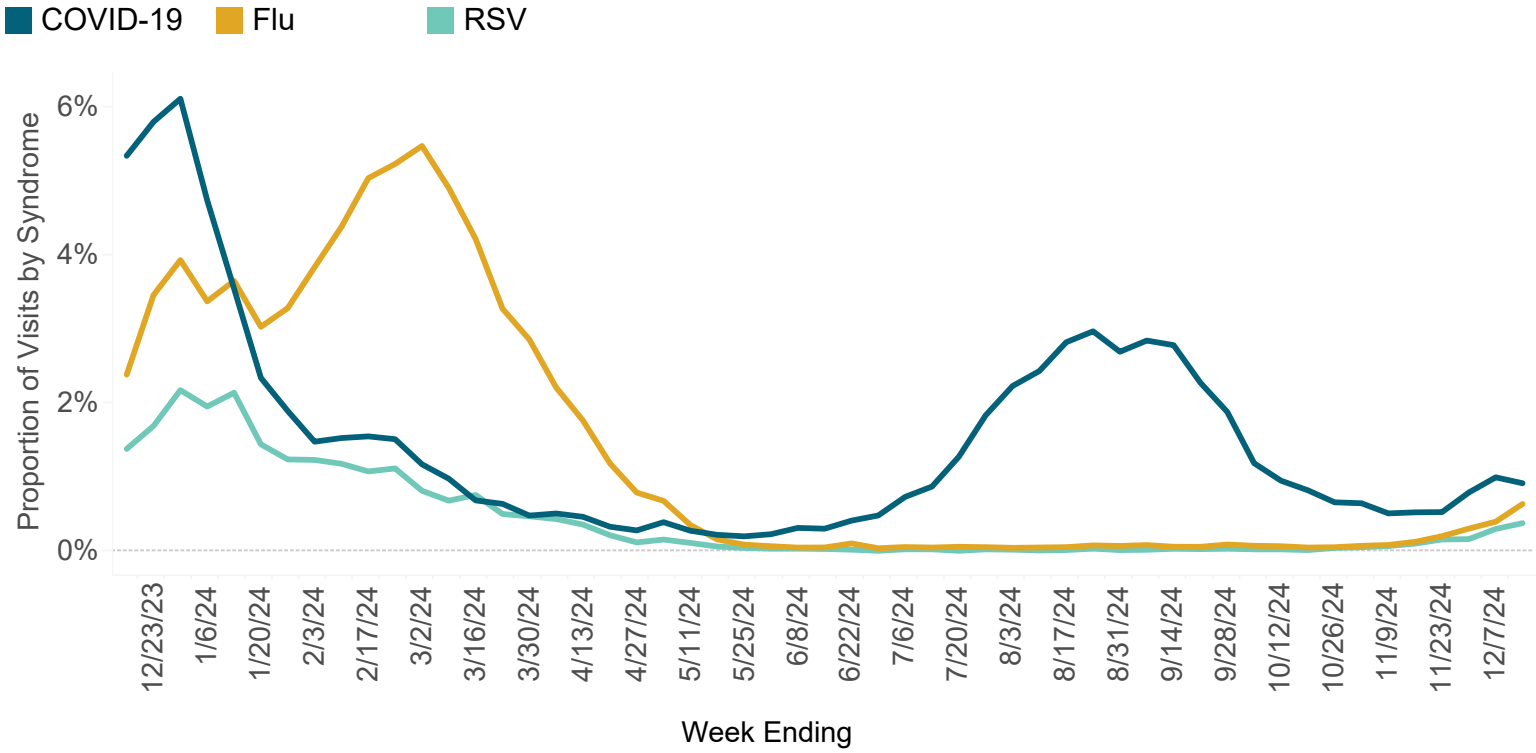
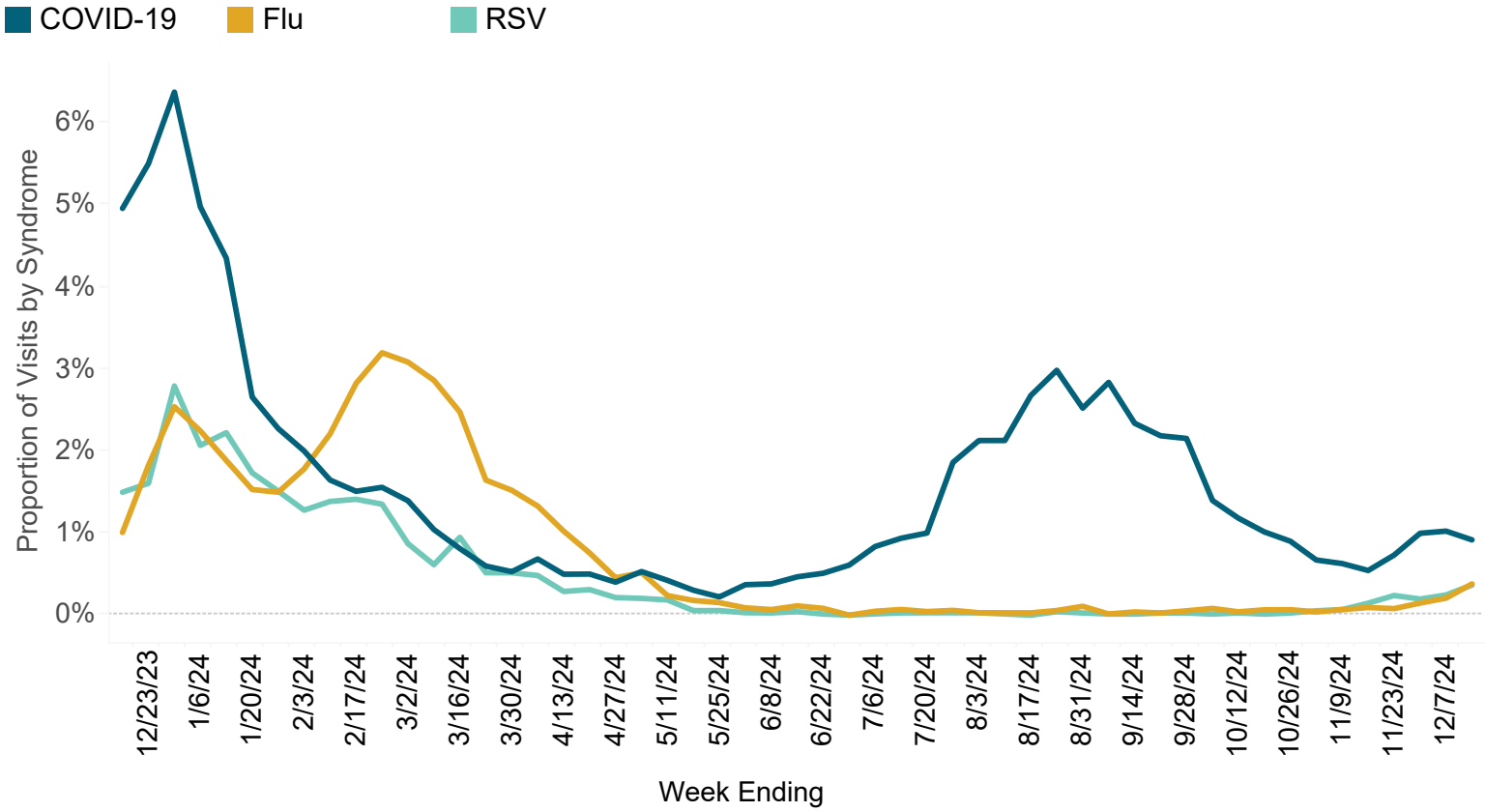
Iowa Syndromic Surveillance Program

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



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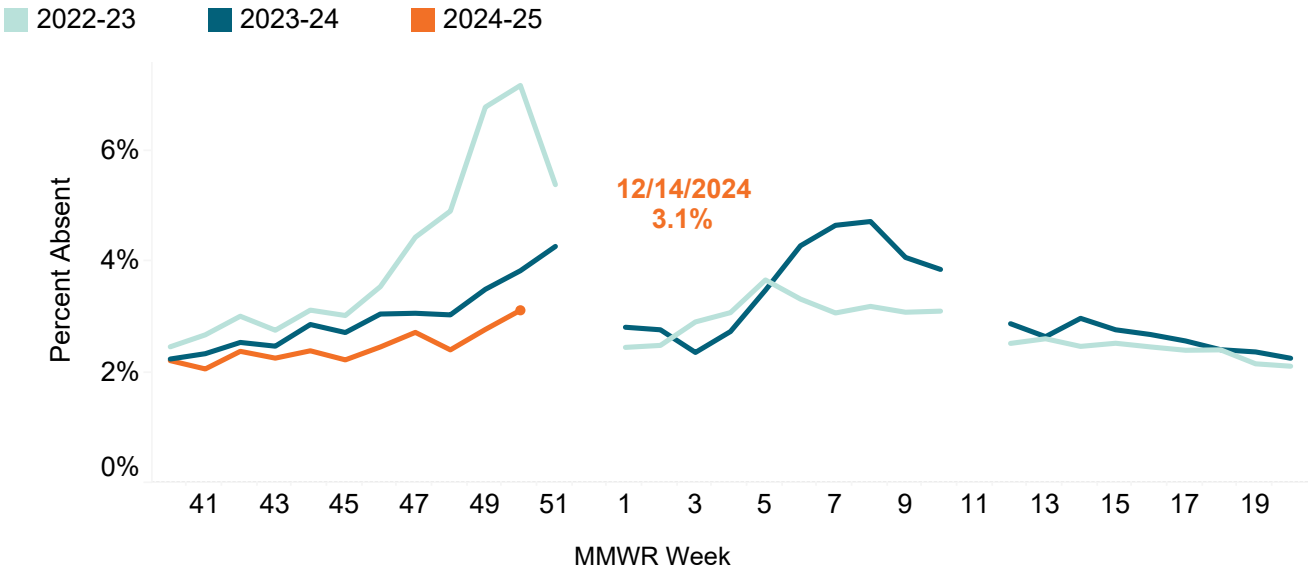
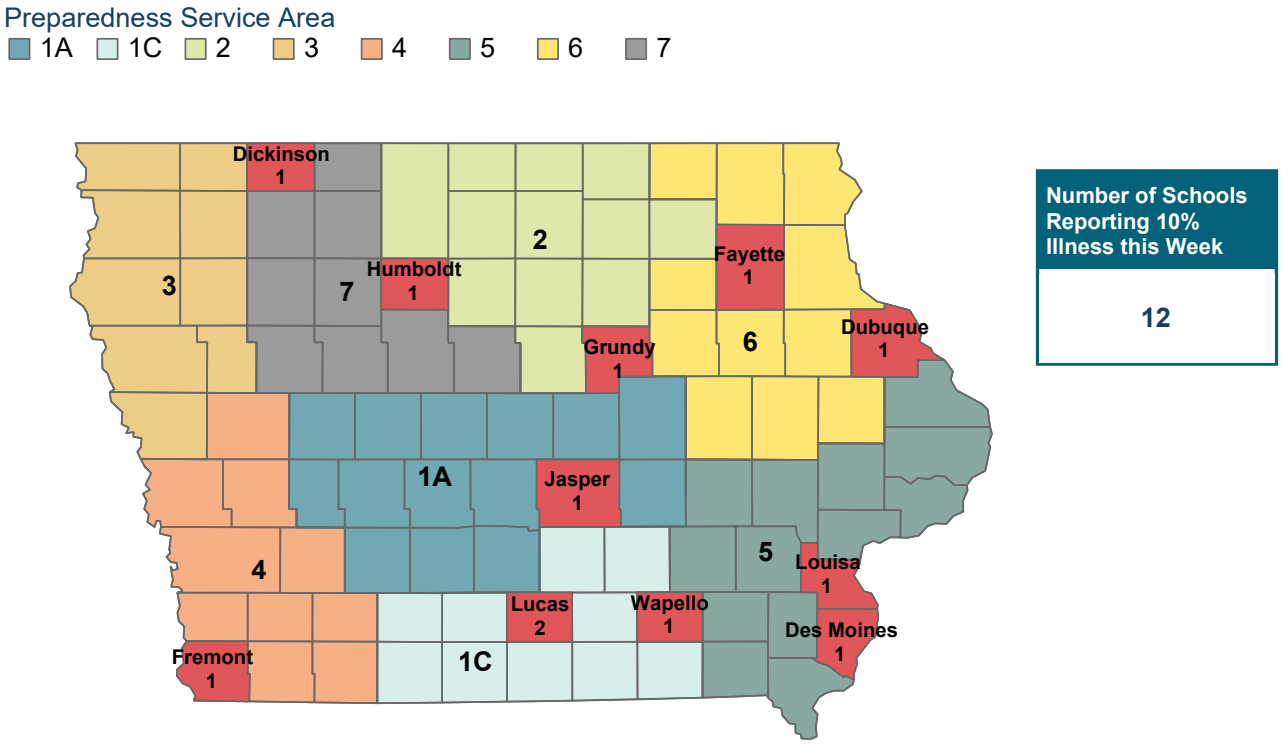
School Illness

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



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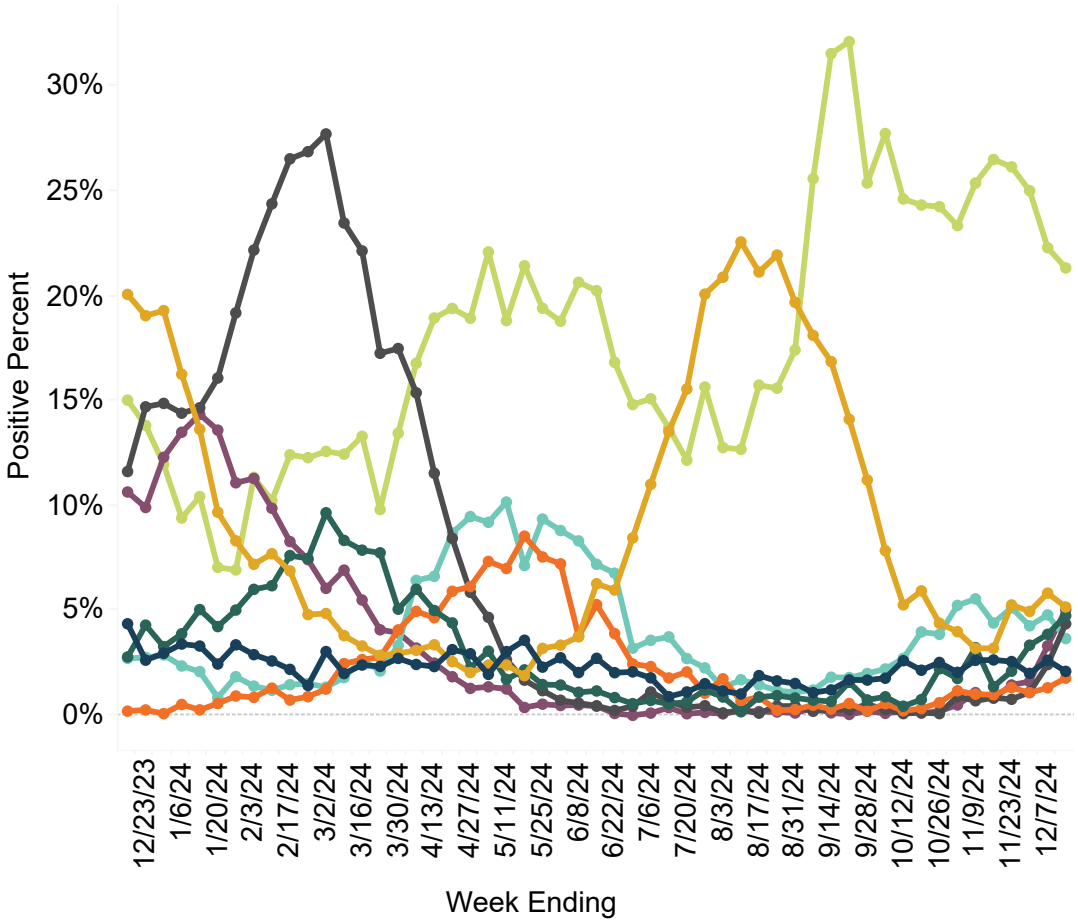
Iowa Respiratory Virus Survey

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

21.3%
Rhinovirus/Enterovirus

5.2%
COVID-19

5.0%
RSV

4.8%
Coronavirus (not COVID-19)

4.4%
Influenza

3.7%
Parainfluenza virus

2.1%
Adenovirus

1.8%
HMPV

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

Percent Positive for Current Week

21.3%
Rhinovirus/Enterovirus

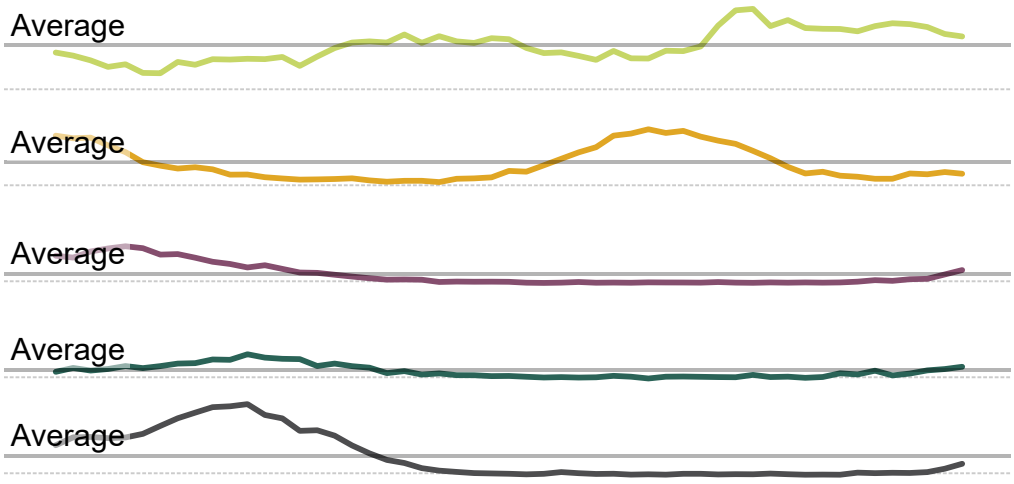
5.2%
COVID-19

5.0%
RSV

4.8%
Coronavirus (not COVID-19)

4.4%
Influenza

Percent Positive by Week



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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 (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

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.

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.