



## **Iowa Respiratory Virus Surveillance Report**

**MMWR Week 9**

**February 23, 2025 - March 1, 2025**

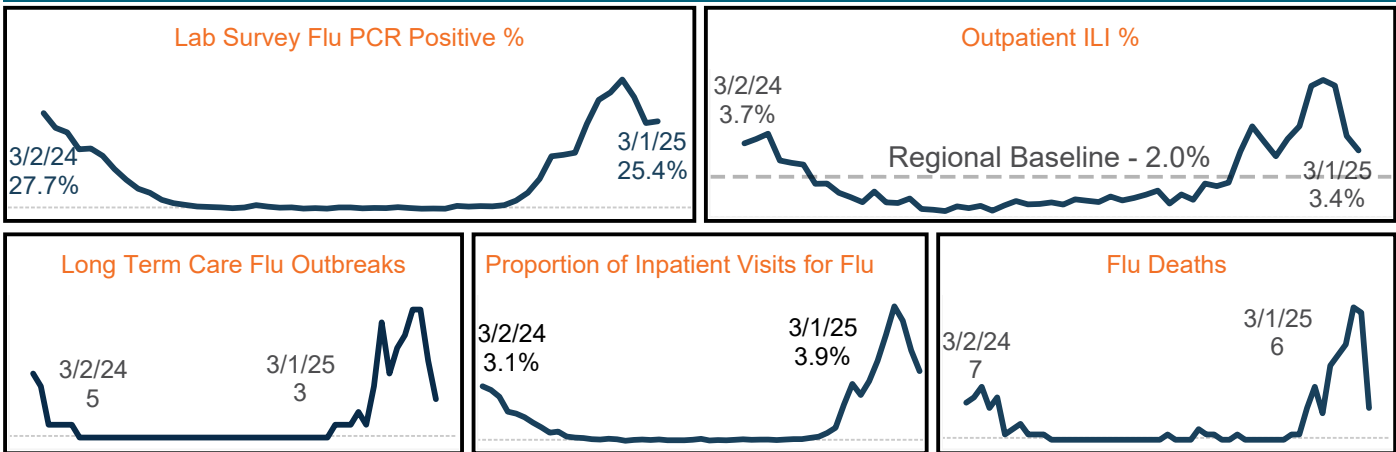
Date and time of issue: 3/7/2025 11:23:49 AM



## Quick Stats for Week 9 (2/23/25 - 3/1/25)

### Influenza

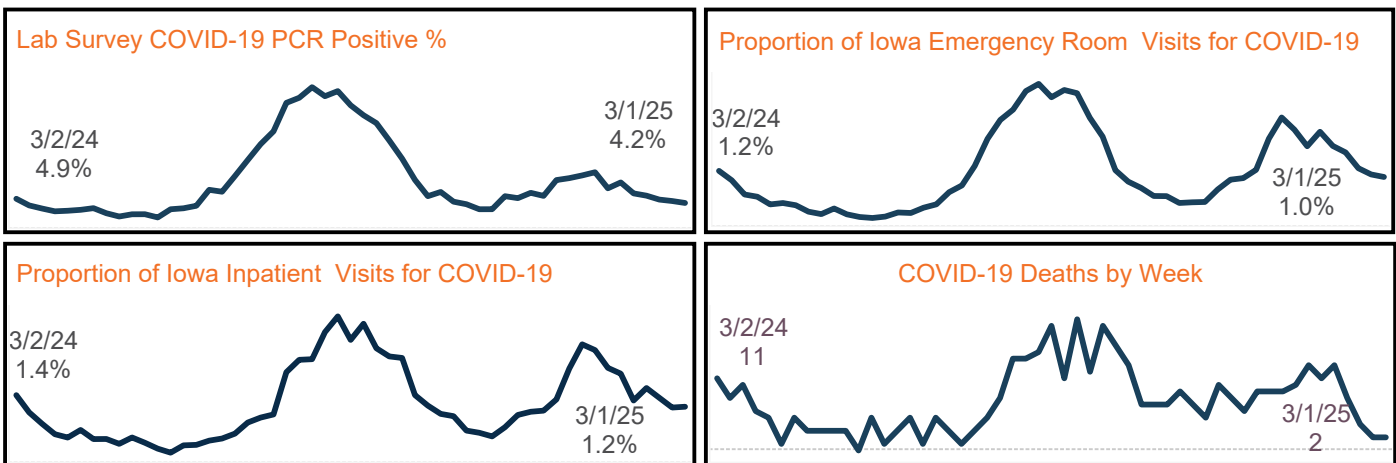
#### Overall Influenza Activity: MODERATE



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

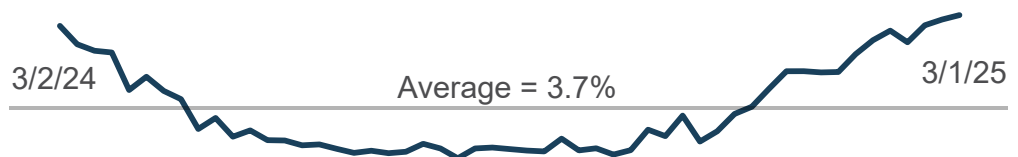
### Other Respiratory Viruses

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

Percent Positive for Current Week

Coronavirus (not COVID-19)  
10.4%

Positive Percent by Week



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.

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 6 March 2025 | For reporting Week 8, ending 23 February 2025

#### Influenza

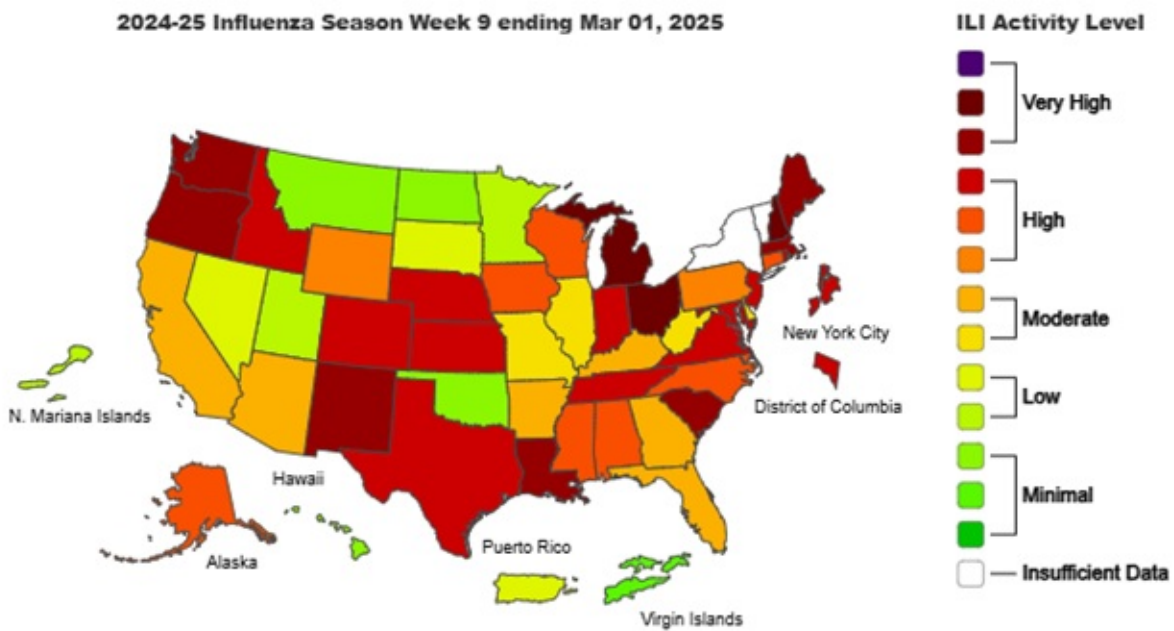
In the Northern hemisphere, activity remained elevated in North America (predominantly A(H1N1)pdm09), Central America and Caribbean (predominantly both influenza A subtypes), Tropical South America (predominantly A(H1N1)pdm09 and B), Northern (predominantly both influenza A subtypes), Western (predominantly A(H1N1)pdm09) and Eastern Africa (predominantly A(H3N2) and B), all of Europe (Northern: both influenza A subtypes, elsewhere: all seasonal subtypes); Western (predominantly A(H3N2)), Southern (all seasonal subtypes), South-East (predominantly A(H1N1)pdm09 and B) and Eastern Asia (predominantly A(H1N1)pdm09). Activity increased in a few countries in Central America and Caribbean, Northern, Western and Eastern Africa and there were mixed trends of activity in Tropical South America, Europe and Asia.

In the Southern hemisphere, elevated activity was observed in single countries in Eastern Africa (predominantly A(H3N2) and B) and South-East Asia (predominantly A(H1N1)pdm09 and B) and multiple countries in Oceania (predominantly A(H1N1)pdm09). Overall, activity remained the same or decreased.

#### SARS-CoV-2

Globally, SARS-CoV-2 activity continued to be low across reporting countries with a few exceptions of elevated activity reported in some parts of Central America and Caribbean, Tropical and Temperate South America and Oceania. Activity increased in a few countries in Tropical and Temperate South America.

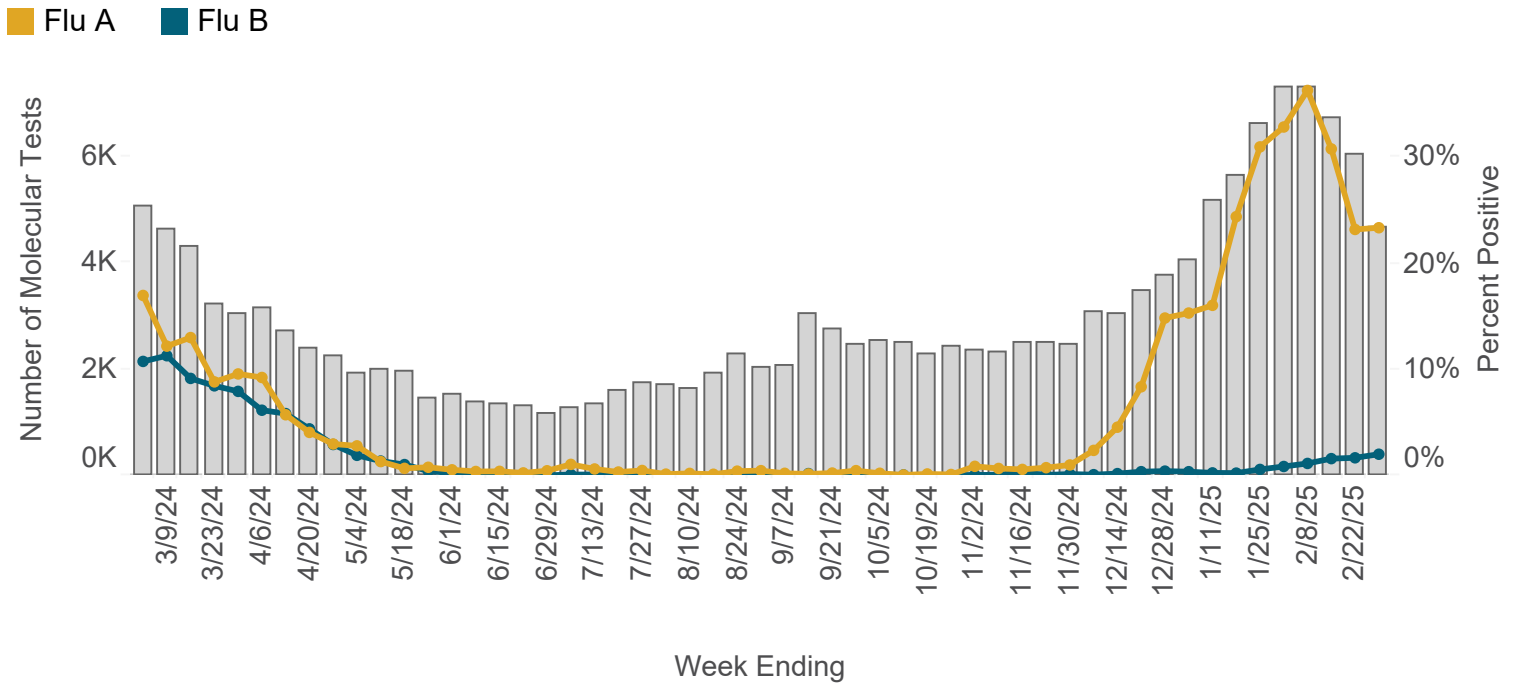
### National Outpatient Respiratory Illness Activity - CDC



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

## Iowa Respiratory Survey - Influenza

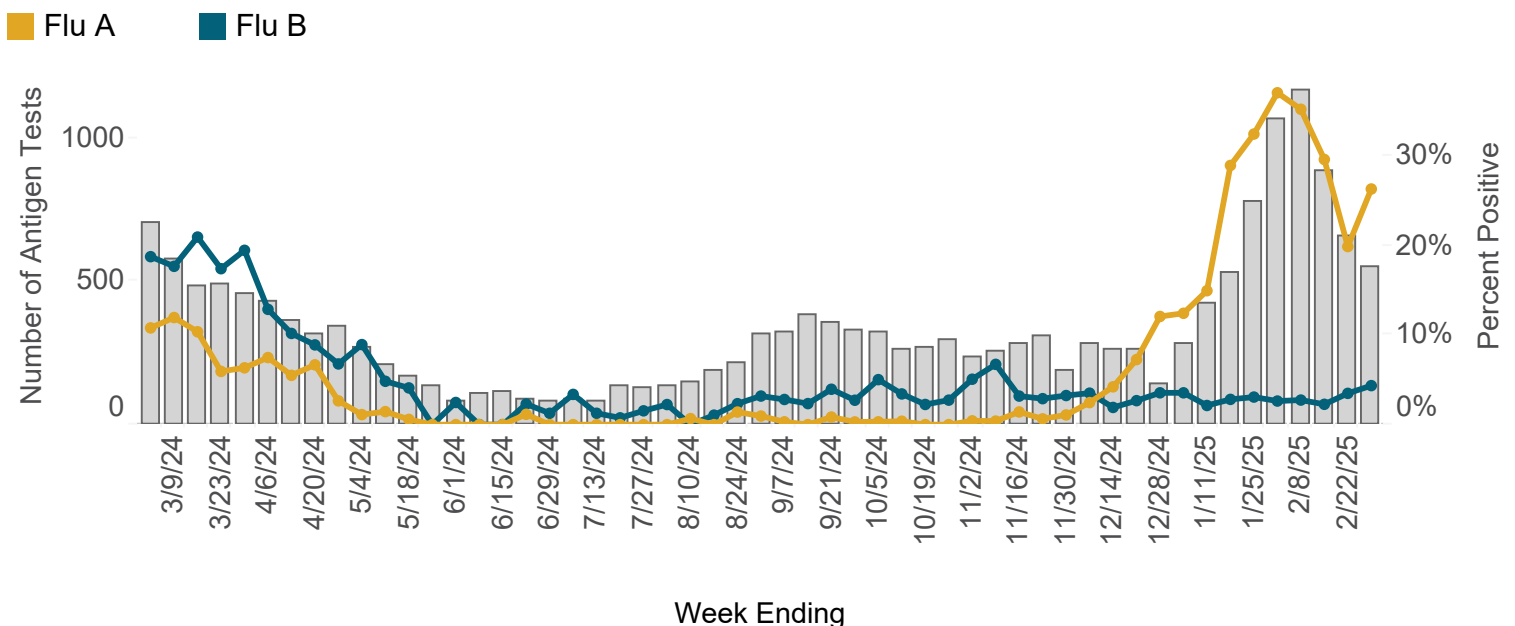
### Number of Influenza Molecular Tests and Positive Percentage - Current and Previous 52 Weeks



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

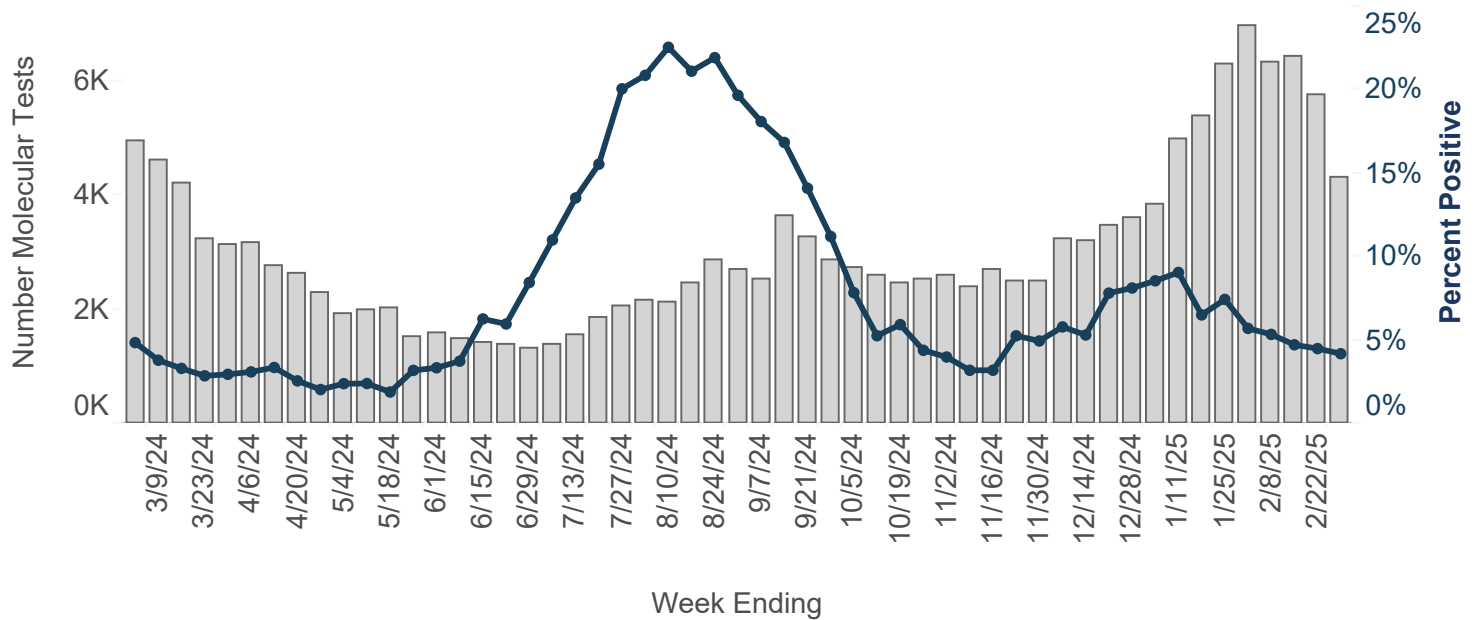
Test Method	Number Positives	Number Tests	Percent Positive
Molecular	1,183	4,665	25.4%
Antigen	169	552	30.6%
<b>Total</b>	<b>1,352</b>	<b>5,217</b>	<b>25.9%</b>

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



## Iowa Respiratory Survey - COVID-19

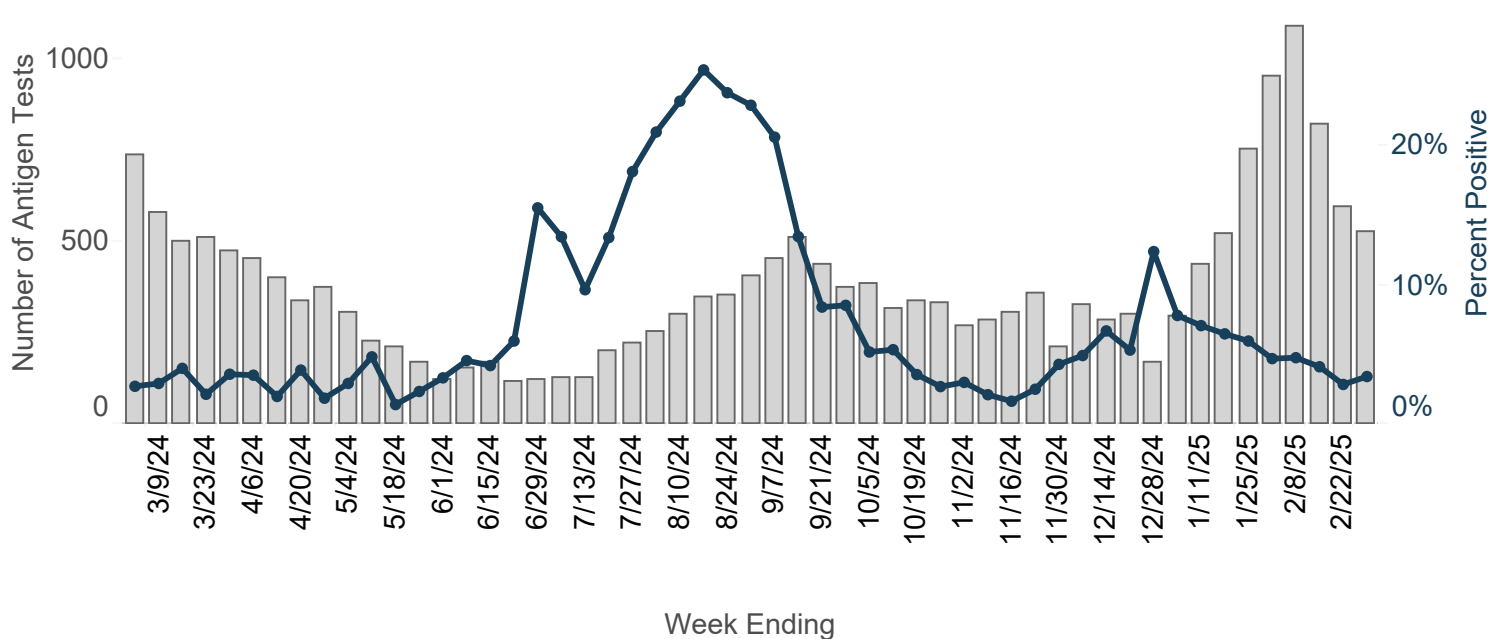
Number of COVID-19 Molecular Tests and Positive Percentage - Current and Previous 52 Weeks



COVID-19 Tests and Positivity by Method - Current Week

Test Method	Number Positives	Number Tests	Percent Positive
Molecular	181	4,319	4.2%
Antigen	18	525	3.4%
<b>Total</b>	<b>199</b>	<b>4,844</b>	<b>4.1%</b>

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 (9/29/2024 - Current Week)

	Flu A		Flu B	Grand Total
	AH1N1pdm09	A H3	B	
Current Positives	61	36	4	101
Cumulative Positives	898	446	62	1406

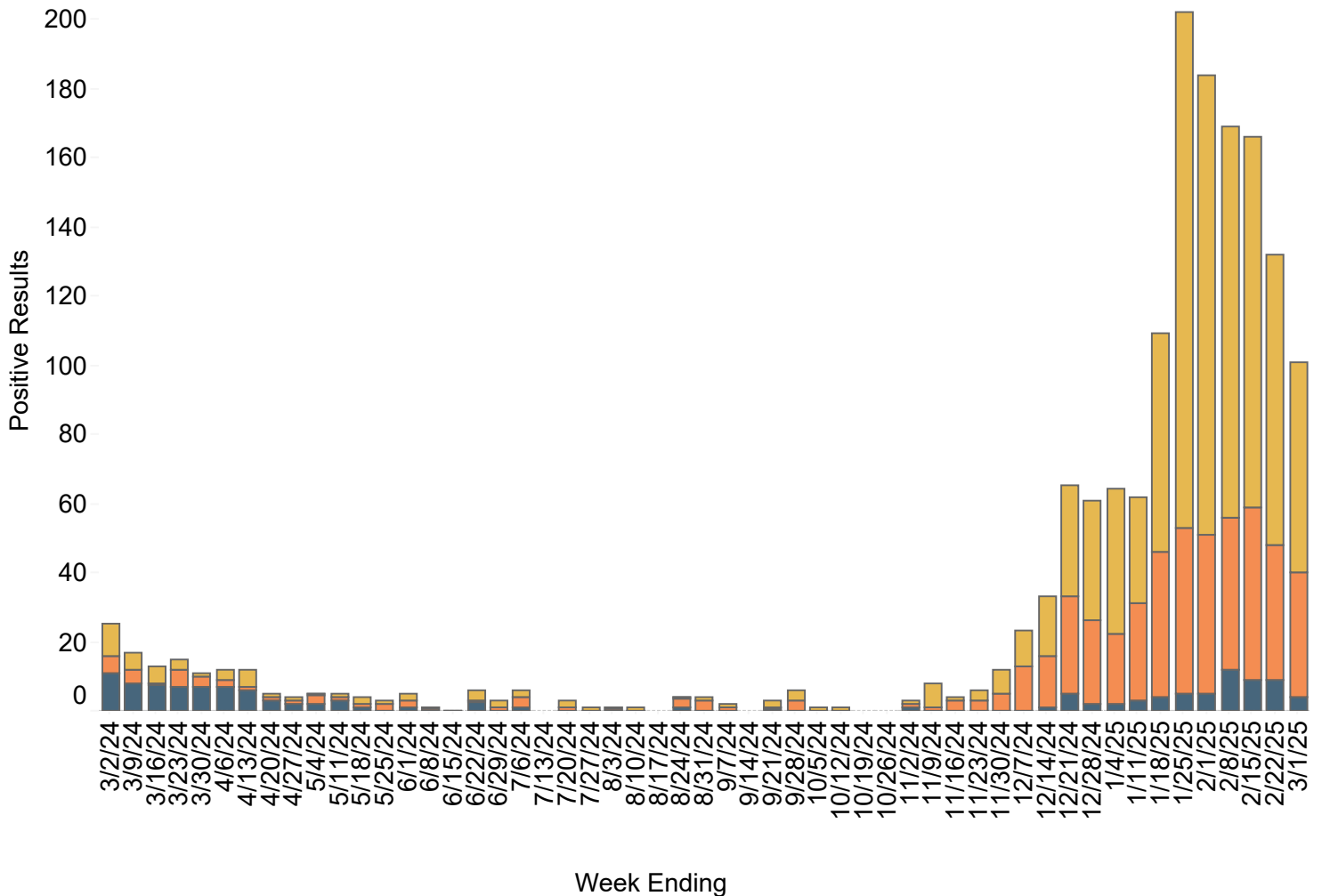
**Table Note:** Only Iowa residents are included.

**Novel Influenza A Note:** SHL detected one human case of avian influenza A(H5) which is not included in the table above or the graph below.

**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)

■ AH1N1pdm09   
 ■ A H3   
 ■ B

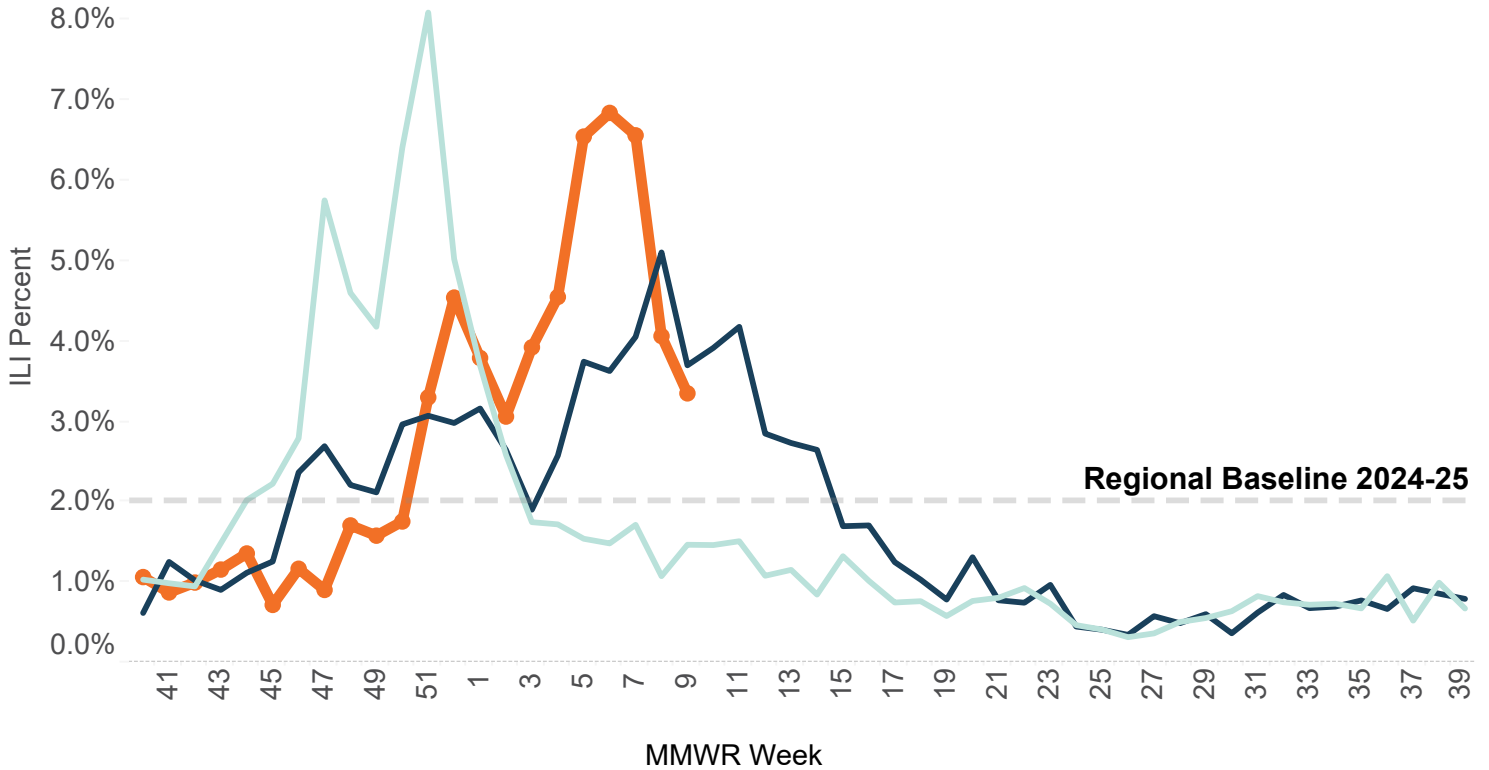


## Outpatient Health Care Provider Surveillance Program (ILINET)

### 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

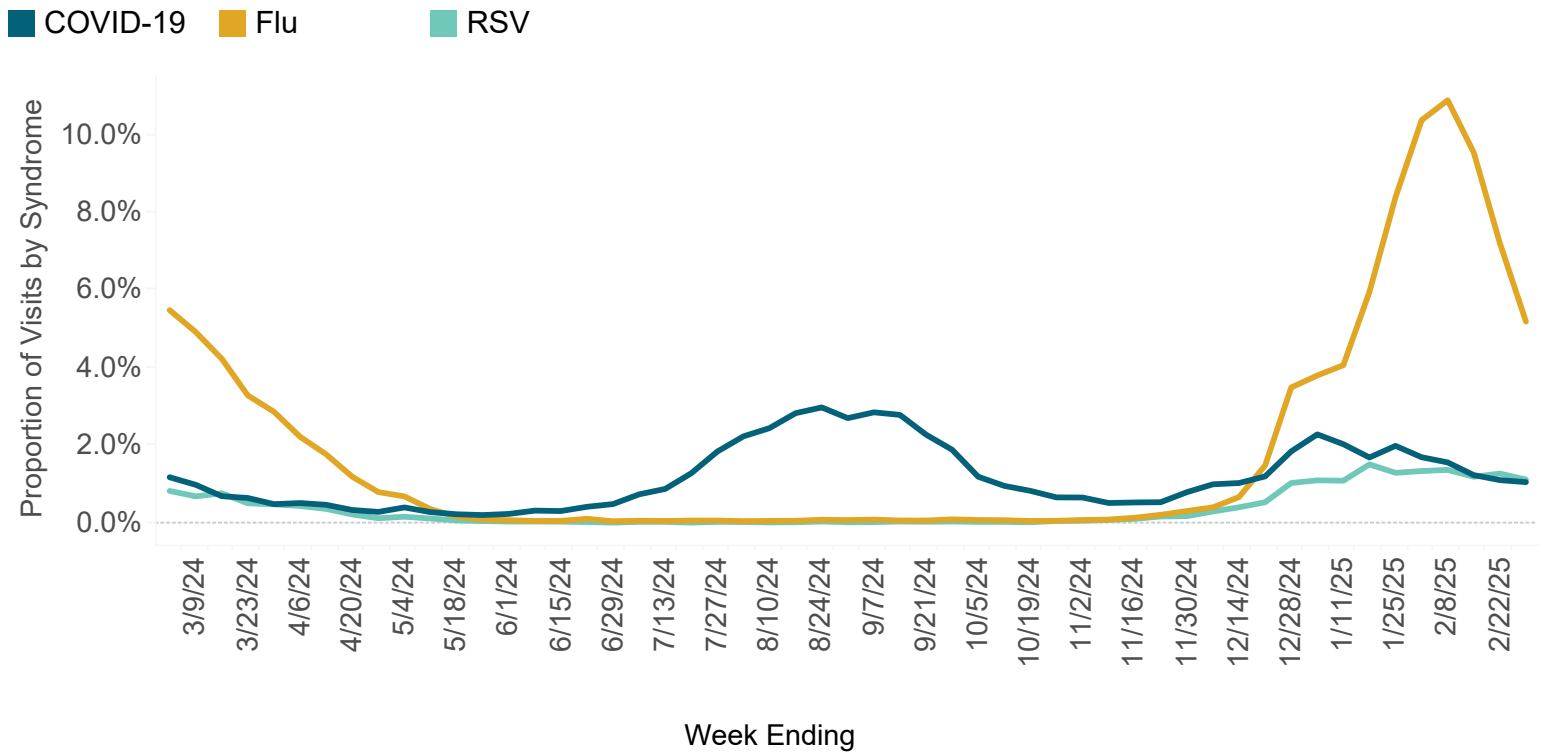
MMWR Week	End Date	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65 and older	Total ILI	ILI Pct
6	2/8/2025	67	180	56	26	26	355	6.85%
7	2/15/2025	66	155	52	20	20	313	6.57%
8	2/22/2025	37	93	26	23	10	189	4.07%
9	3/1/2025	35	71	15	6	4	131	3.35%

**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).

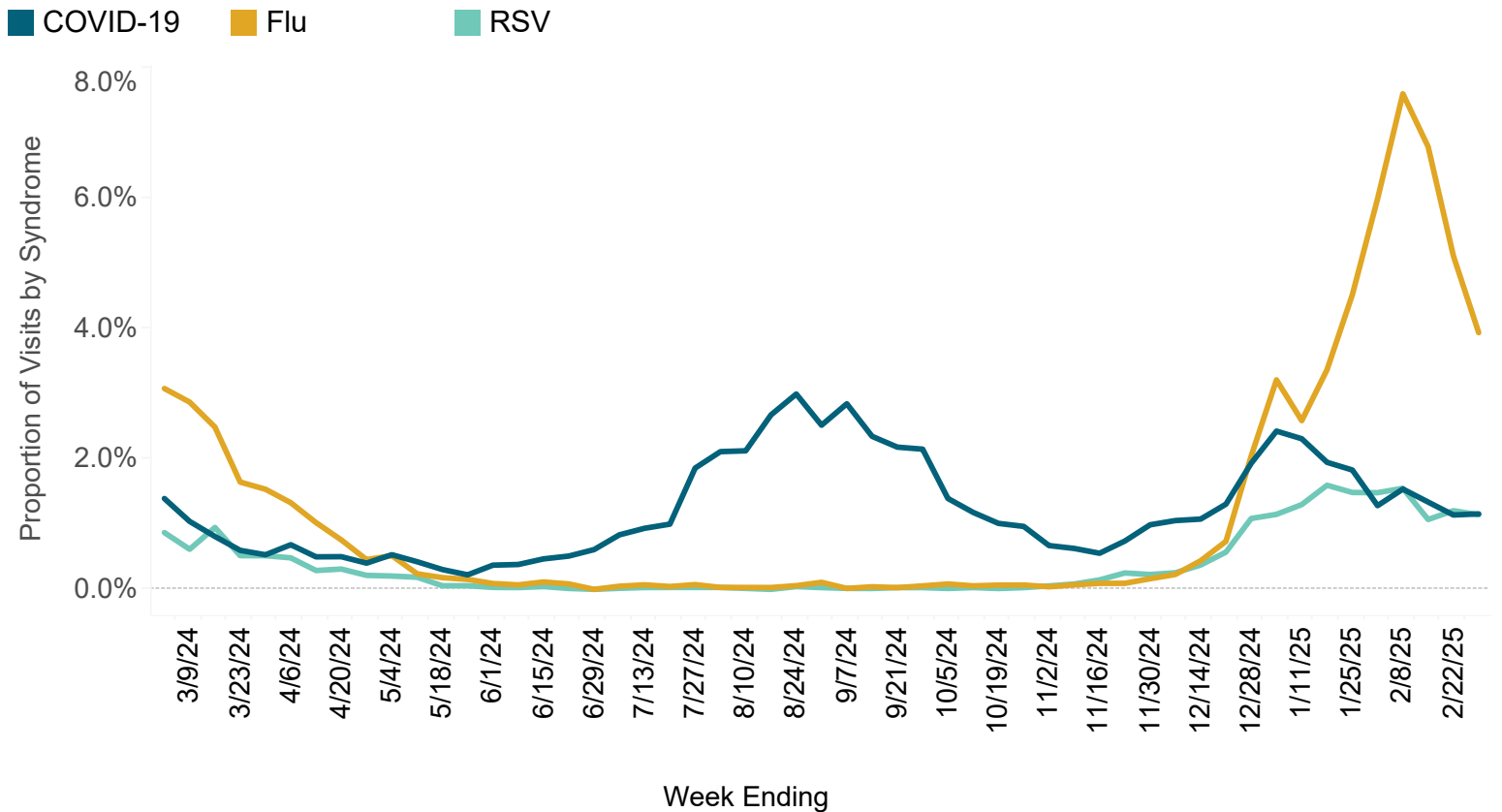


## Iowa Syndromic Surveillance Program

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



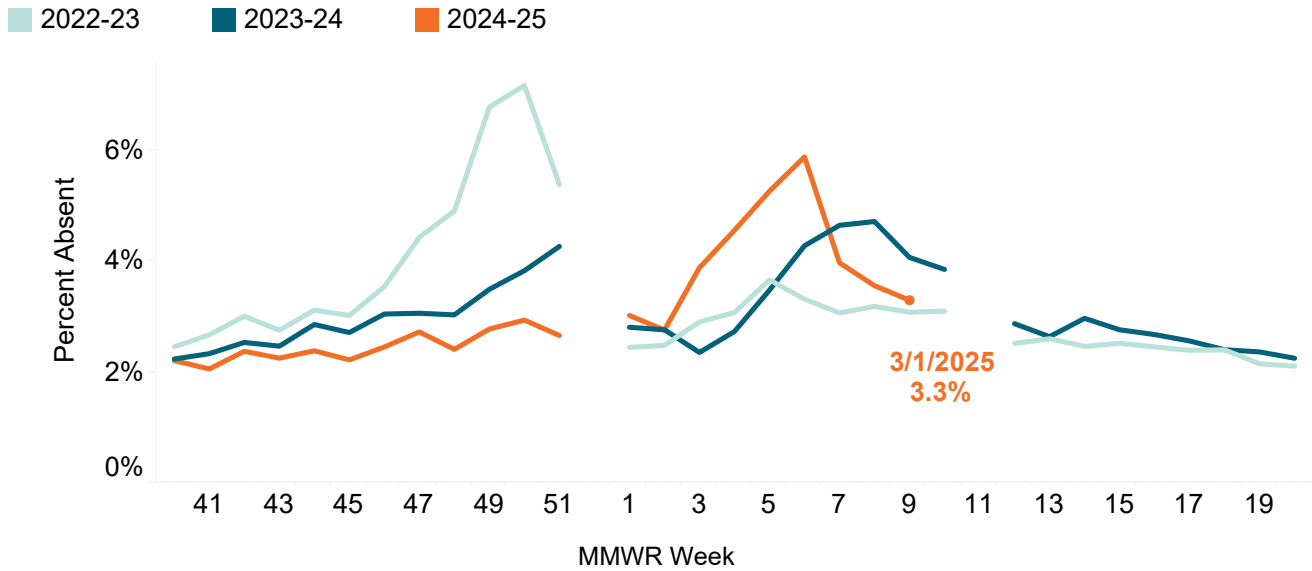
Proportion of Iowa Inpatient Visits for Respiratory Syndromes - Current and Previous 52 Weeks





## School Illness

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

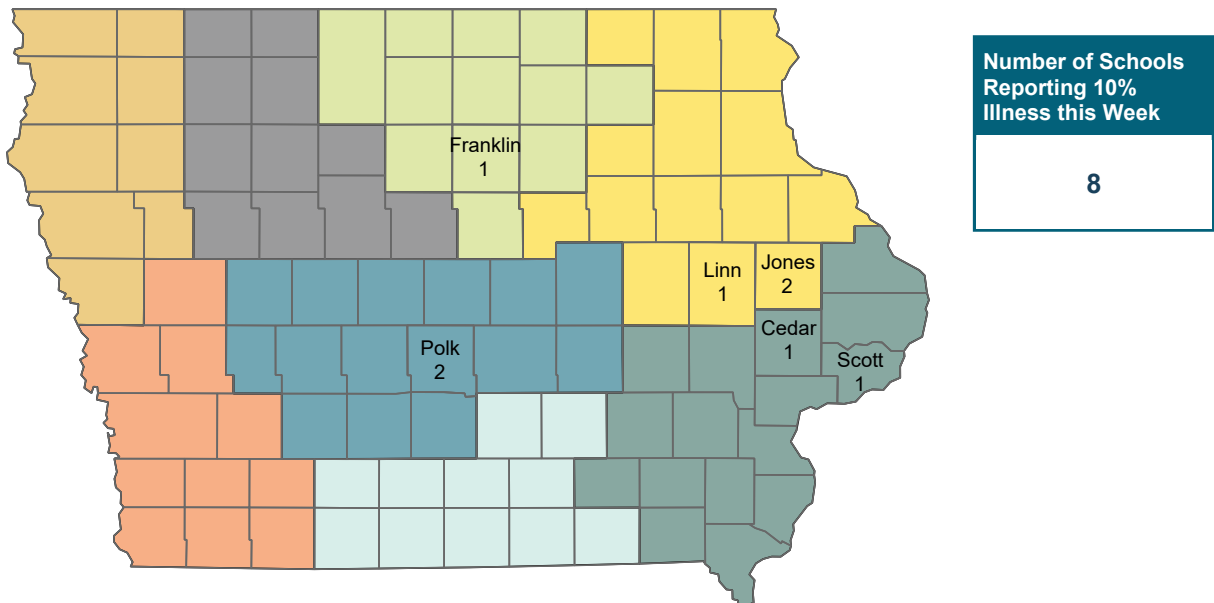


Some weeks are not shown due to large numbers of missing data (e.g., winter and spring breaks)

Number of Schools Reporting 10% Illness by County - Current Week

Preparedness Service Area

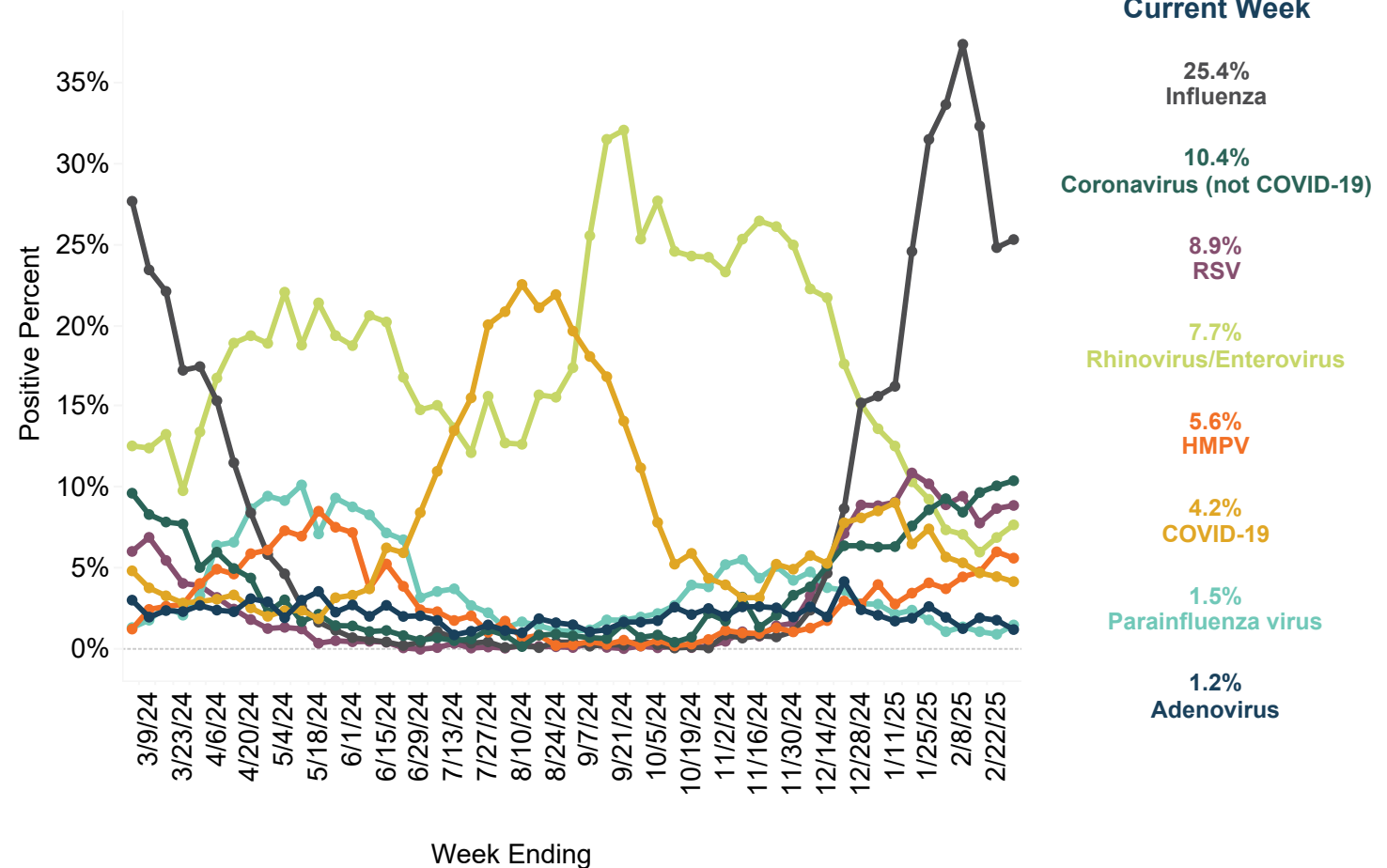
- 1A
- 1C
- 2
- 3
- 4
- 5
- 6
- 7



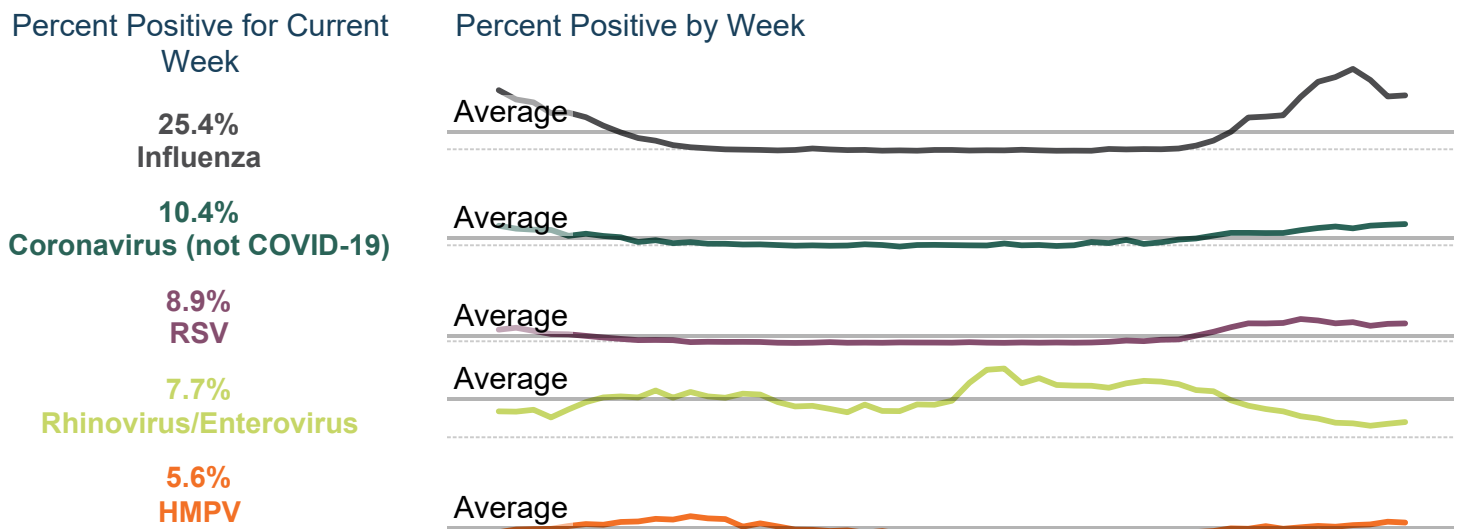
## Iowa Respiratory Virus Survey

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)



## 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/](http://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 (approximately October 1 each year 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.

### **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.