



Iowa Respiratory Virus Surveillance Report

MMWR Week 11

March 9, 2025 - March 15, 2025

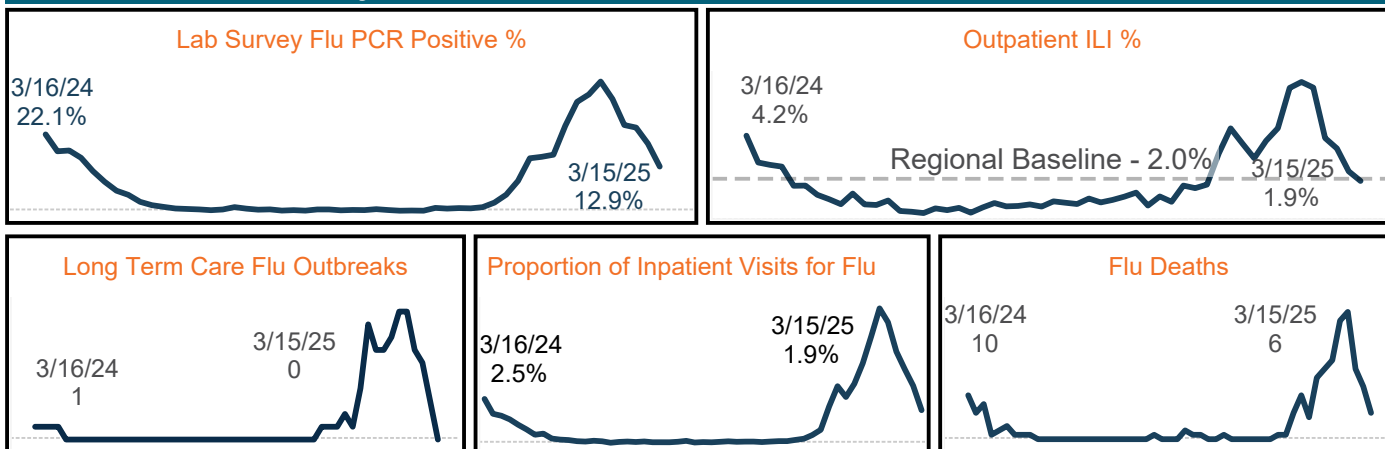
Date and time of issue: 3/21/2025 8:56:56 AM



Quick Stats for Week 11 (3/9/25 - 3/15/25)

Influenza

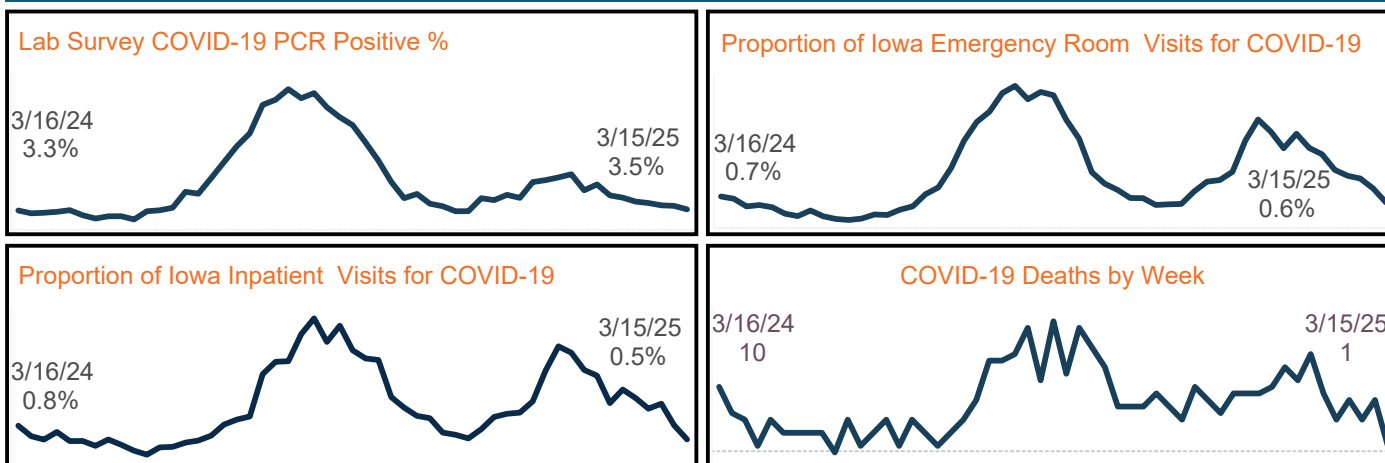
Overall Influenza Activity: MODERATE



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

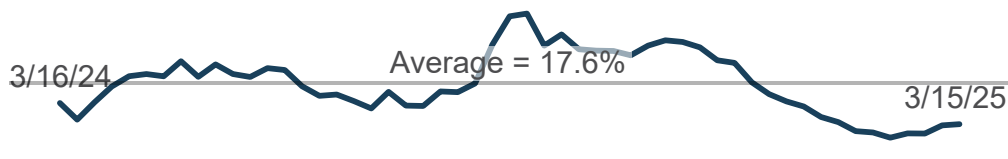
Other Respiratory Viruses

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

Percent Positive for
Current Week

Positive Percent by Week

Rhinovirus/Enterovirus
8.9%



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 20 March 2025 | For reporting Week 10, ending 9 March 2025

Influenza

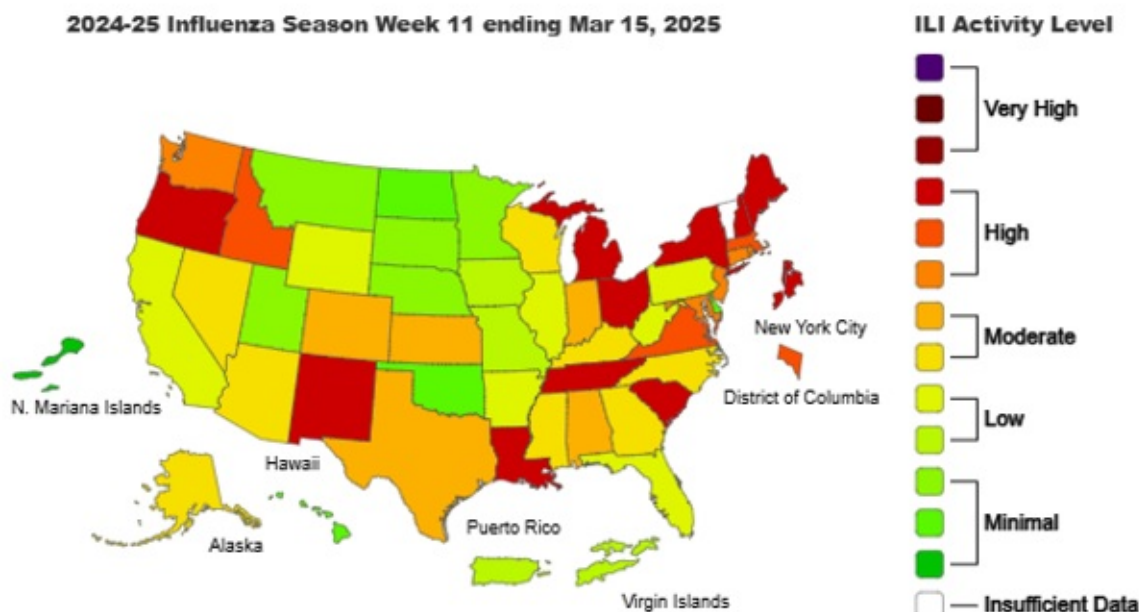
In the Northern hemisphere, activity decreased or remained the same in most countries. Increased activity was reported in a few countries in Central America and the Caribbean, Tropical South America, Northern, Western and Middle Africa, Central, South and South-East Asia, and Eastern Europe. Activity remained elevated in North America and Central America and the Caribbean with co-circulation of A(H3N2) and A(H1N1)pdm09 viruses, Tropical South America (predominantly A(H3N2)), Northern (predominantly A(H3N2)) and Western Africa (predominantly A(H1N1)pdm09), Europe (A and B viruses co-dominant), Central Asia (predominantly B viruses), Western and Southern Asia (predominantly A(H3N2)) and South-East and Eastern Asia (predominantly A(H1N1)pdm09).

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

SARS-CoV-2

Globally, SARS-CoV-2 activity continued to be low across reporting countries with the exception of elevated activity reported in a few countries in Central America and the Caribbean and Temperate South America. Activity increased in single countries in Eastern Europe and Tropical South America.

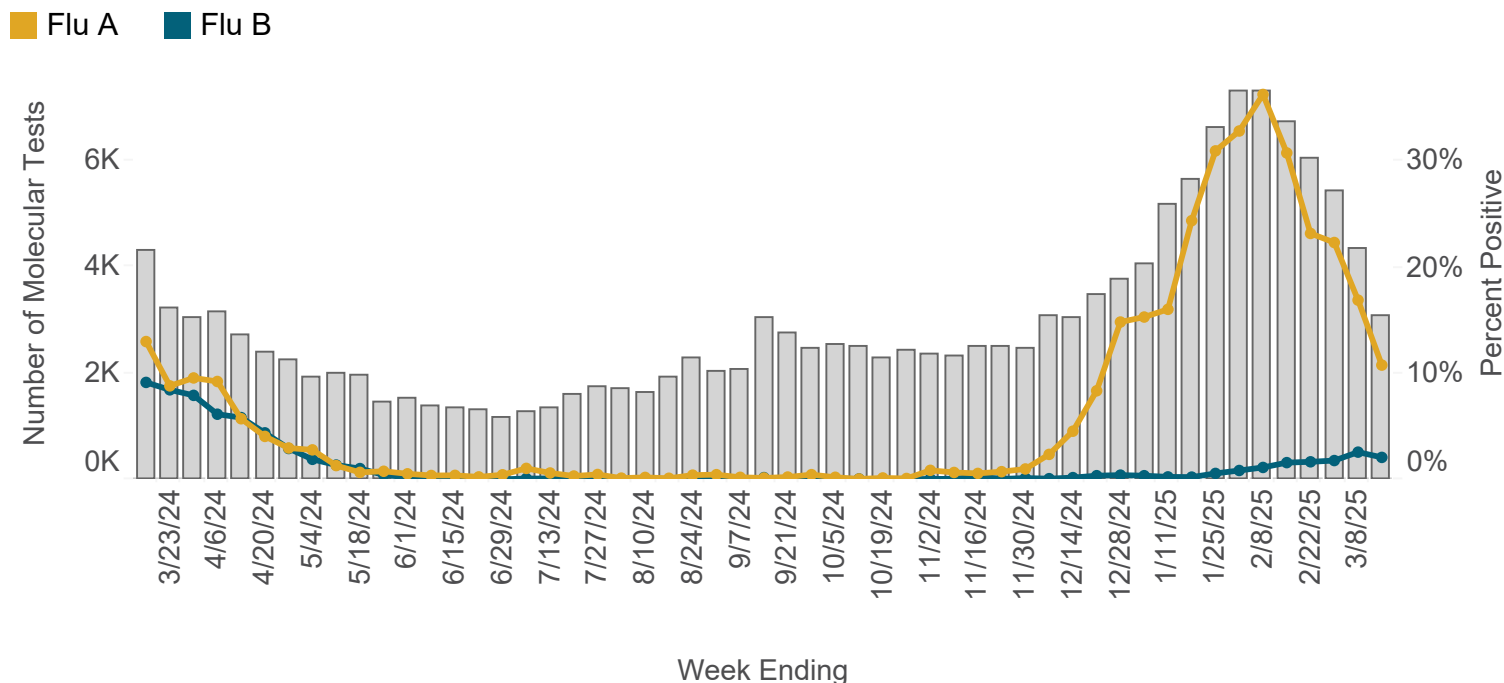
National Outpatient Respiratory Illness Activity - CDC



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

Iowa Respiratory Survey - Influenza

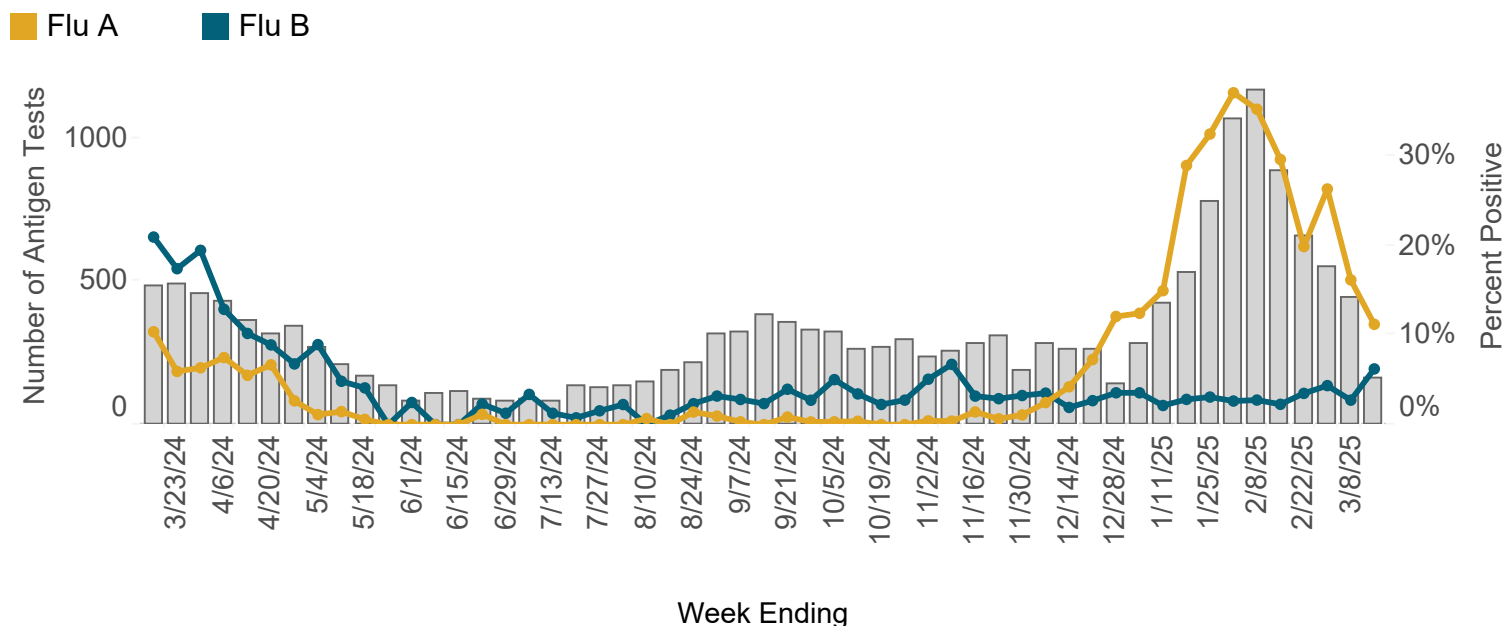
Number of Influenza Molecular Tests and Positive Percentage - Current and Previous 52 Weeks



Flu Tests and Positivity by Method - Current Week

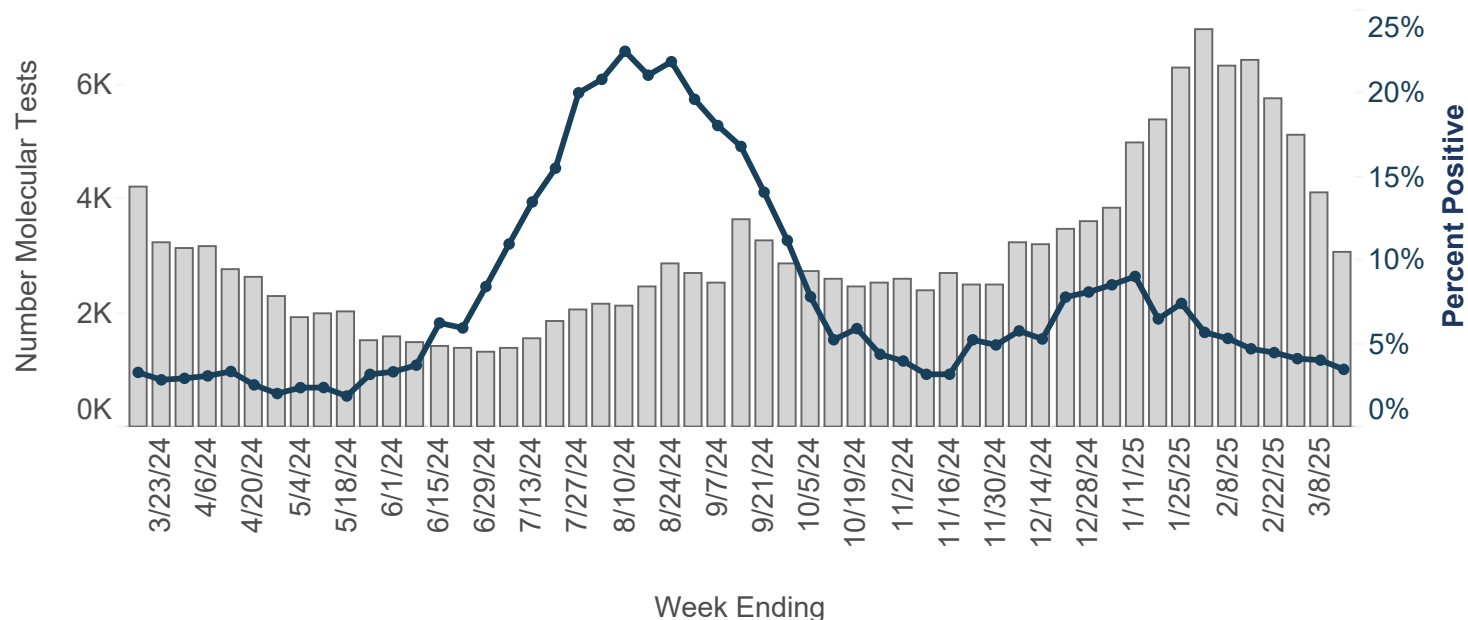
Test Method	Number Positives	Number Tests	Percent Positive
Molecular	397	3,089	12.9%
Antigen	28	161	17.4%
Total	425	3,250	13.1%

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



Iowa Respiratory Survey - COVID-19

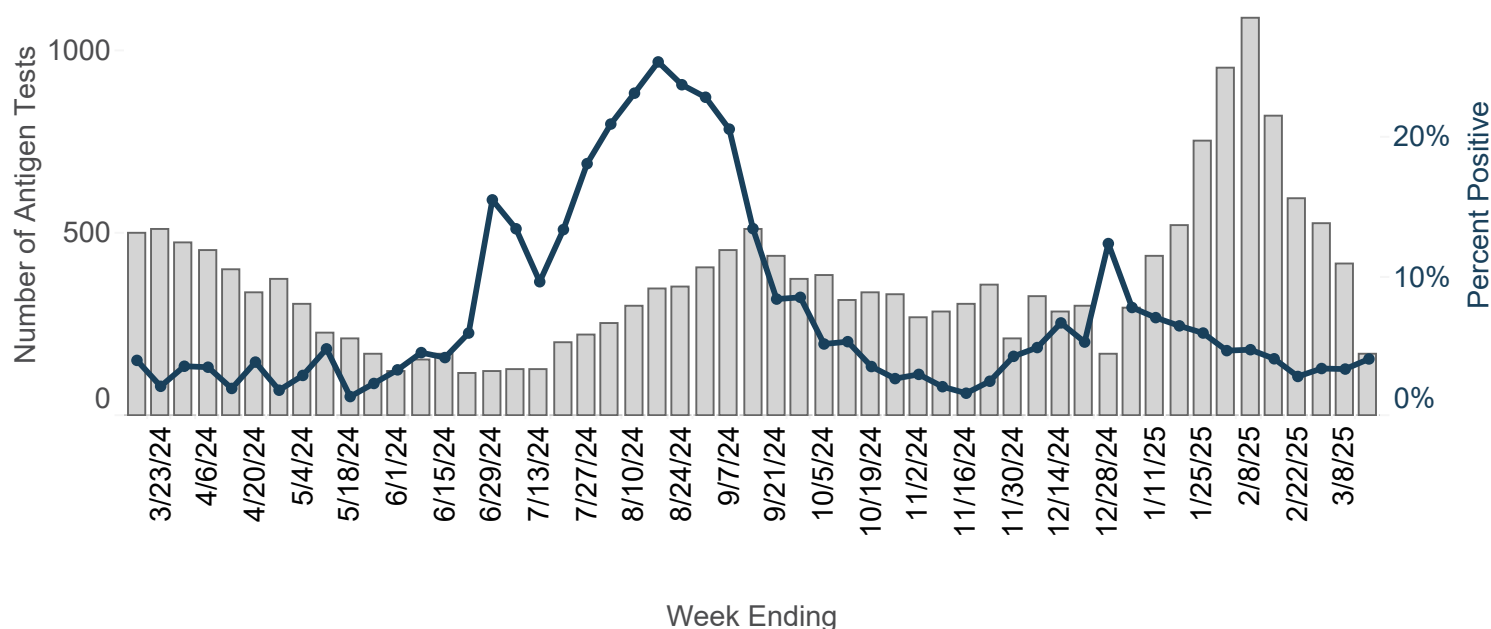
Number of COVID-19 Molecular Tests and Positive Percentage - Current and Previous 52 Weeks



COVID-19 Tests and Positivity by Method - Current Week

Test Method	Number Positives	Number Tests	Percent Positive
Molecular	107	3,066	3.5%
Antigen	7	170	4.1%
Total	114	3,236	3.5%

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)

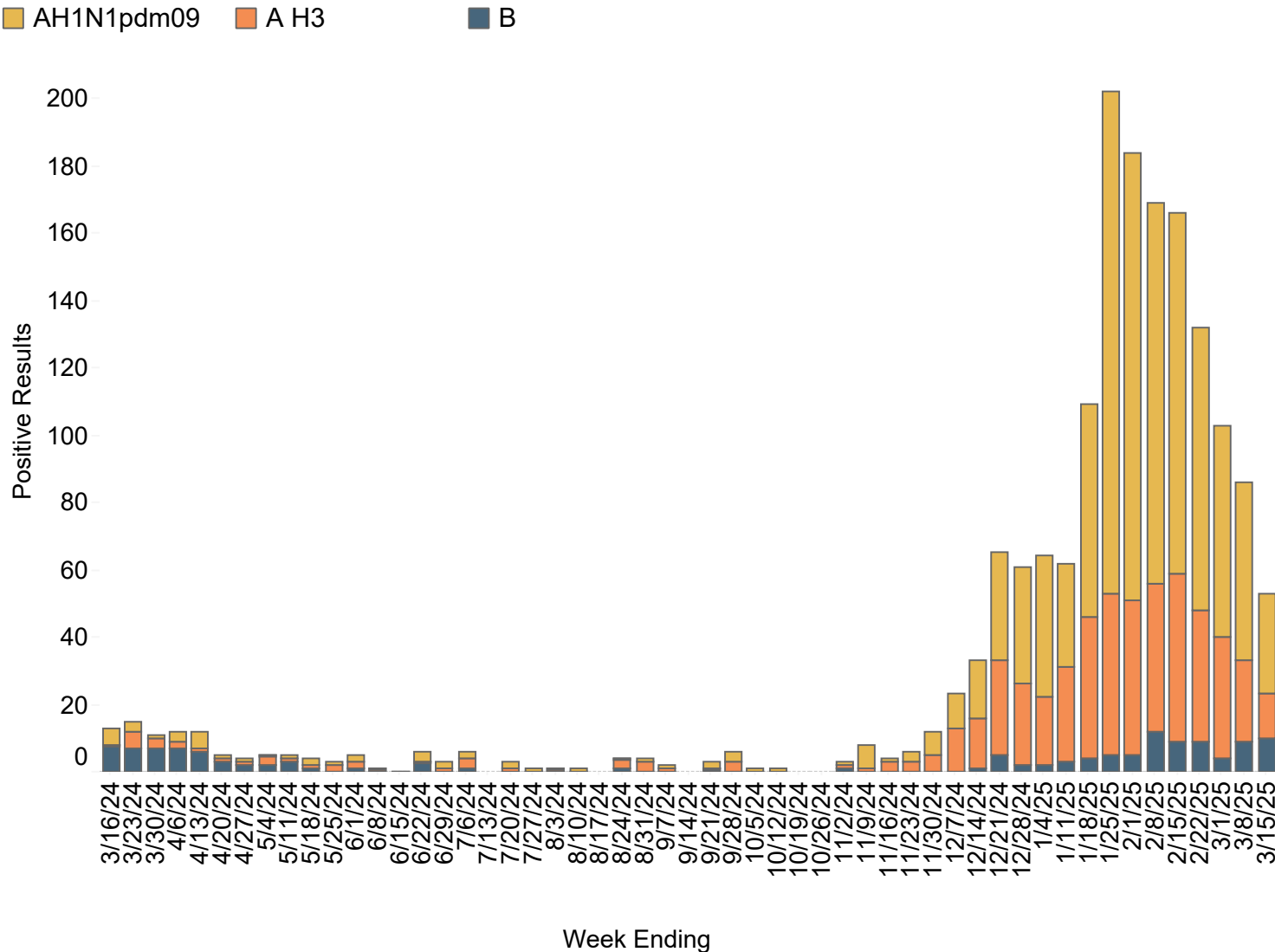
	Flu A		Flu B	Grand Total
	AH1N1pdm09	A H3	B	
Current Positives	30	13	10	53
Cumulative Positives	983	483	81	1547

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)

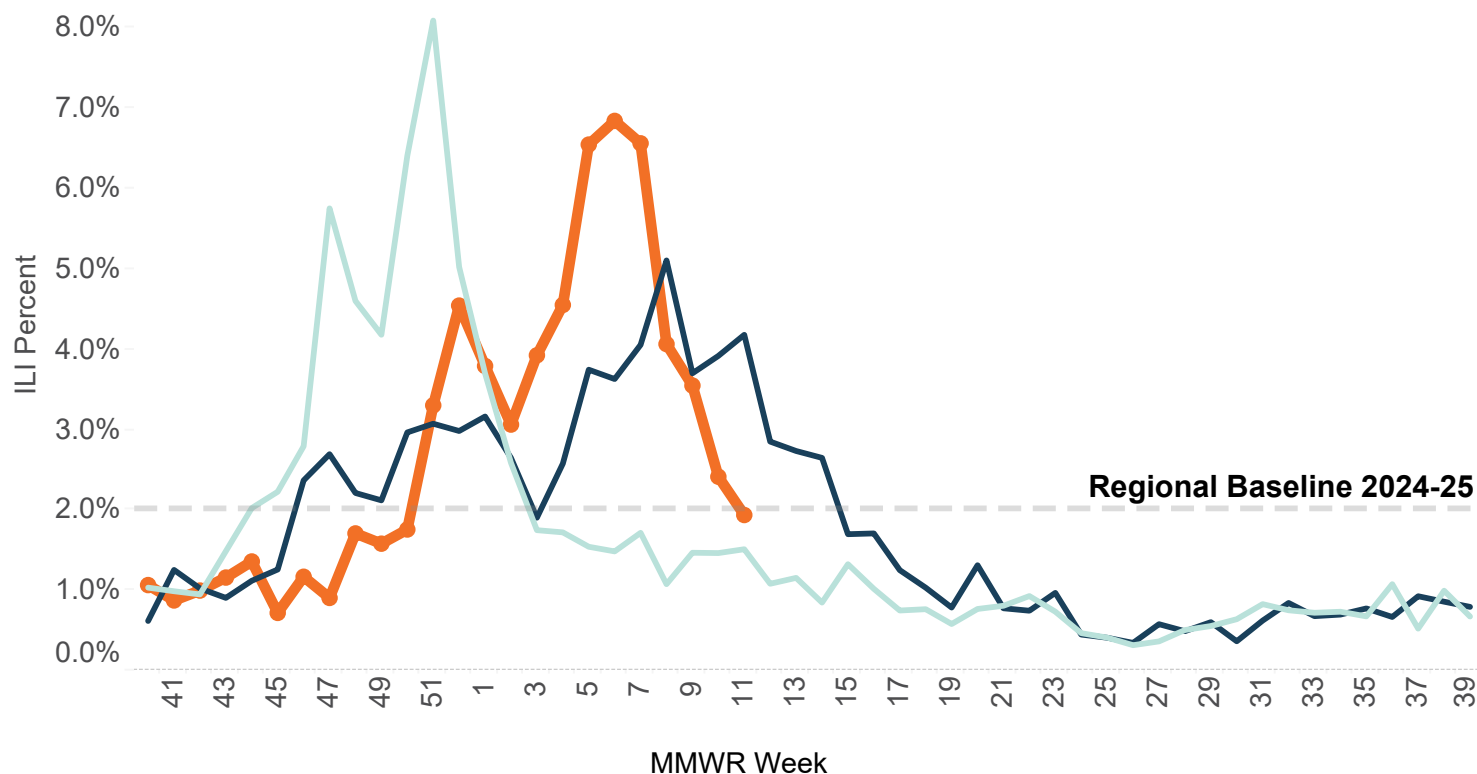


Outpatient Health Care Provider Surveillance Program (ILINET)

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



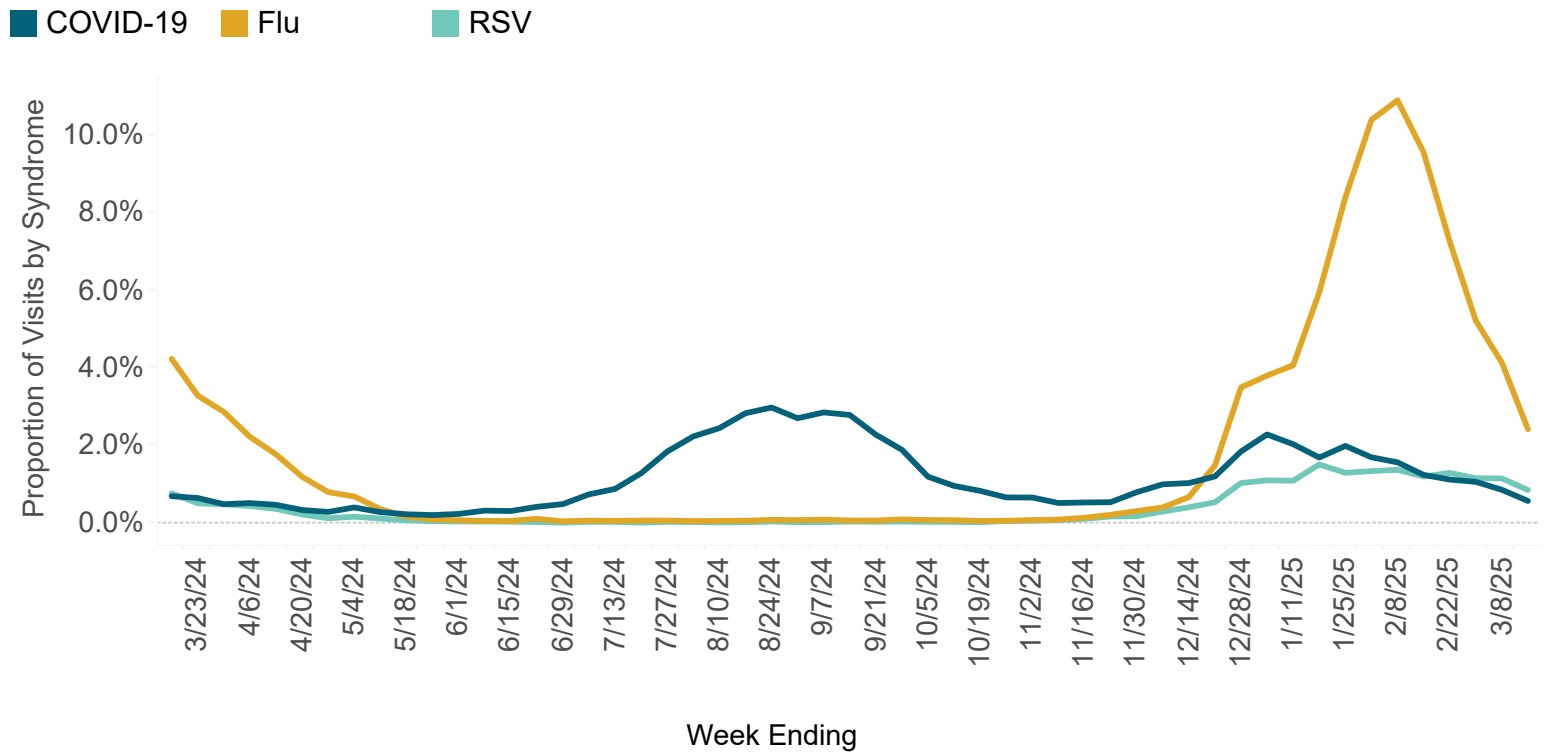
ILI by Age Group Past 4 Weeks

MMWR Week	End Date	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65 and older	Total ILI	ILI Pct
8	2/22/2025	37	93	26	23	10	189	4.07%
9	3/1/2025	37	73	18	6	7	141	3.55%
10	3/8/2025	17	43	22	12	10	104	2.41%
11	3/15/2025	14	26	19	9	16	84	1.94%

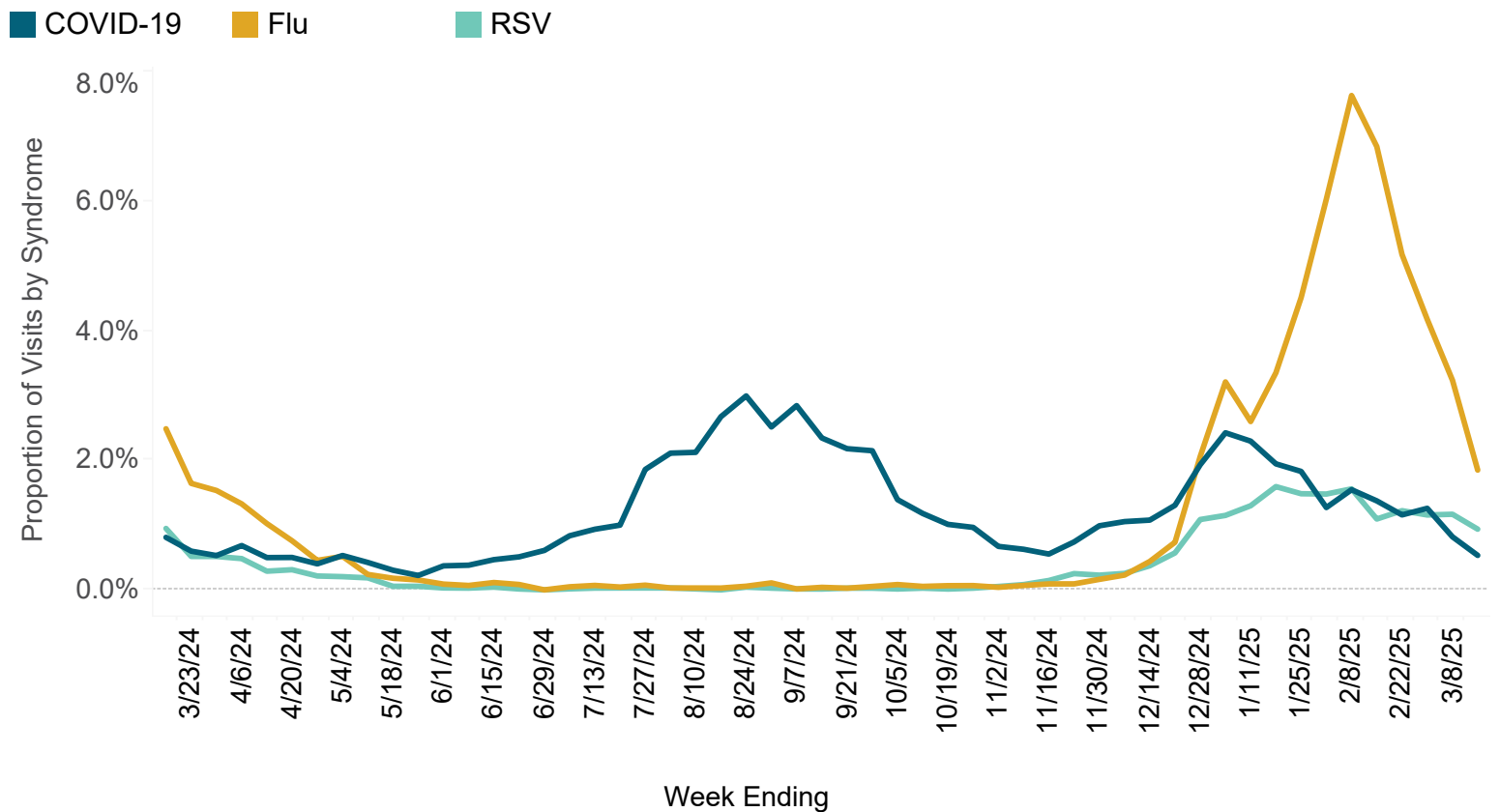
Outpatient ILI Note: Outpatient health care providers who participate in the ILINet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week. The ILI Definition changed in 2021-22 so that persons with ILI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

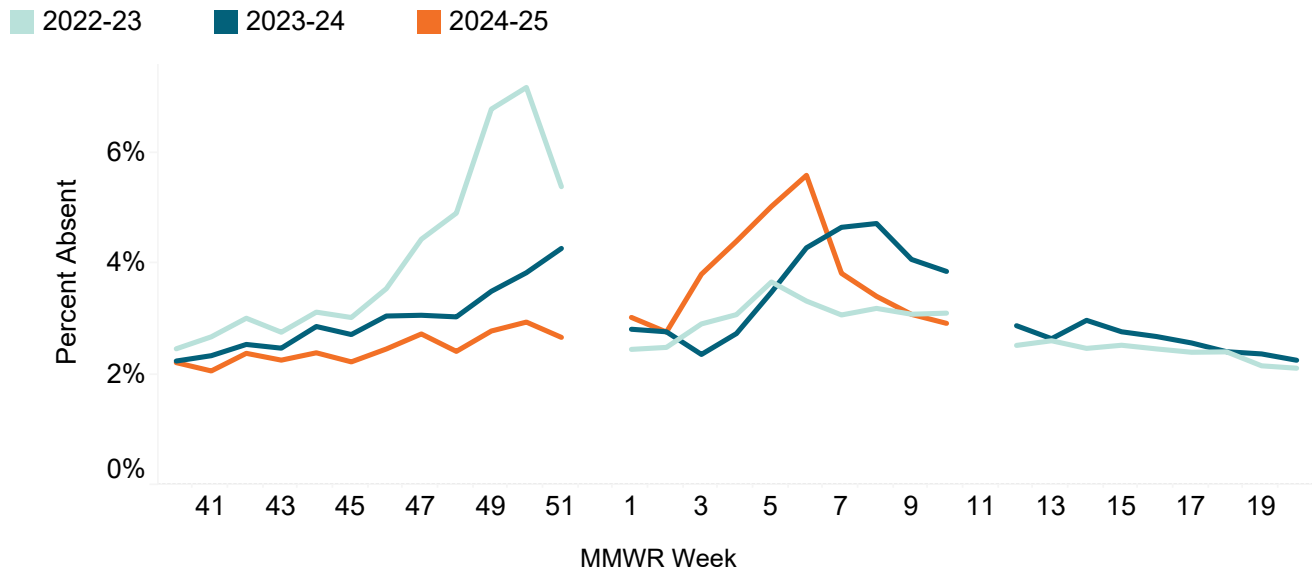


Proportion of Iowa Inpatient Visits for Respiratory Syndromes - Current and Previous 52 Weeks



School Illness

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

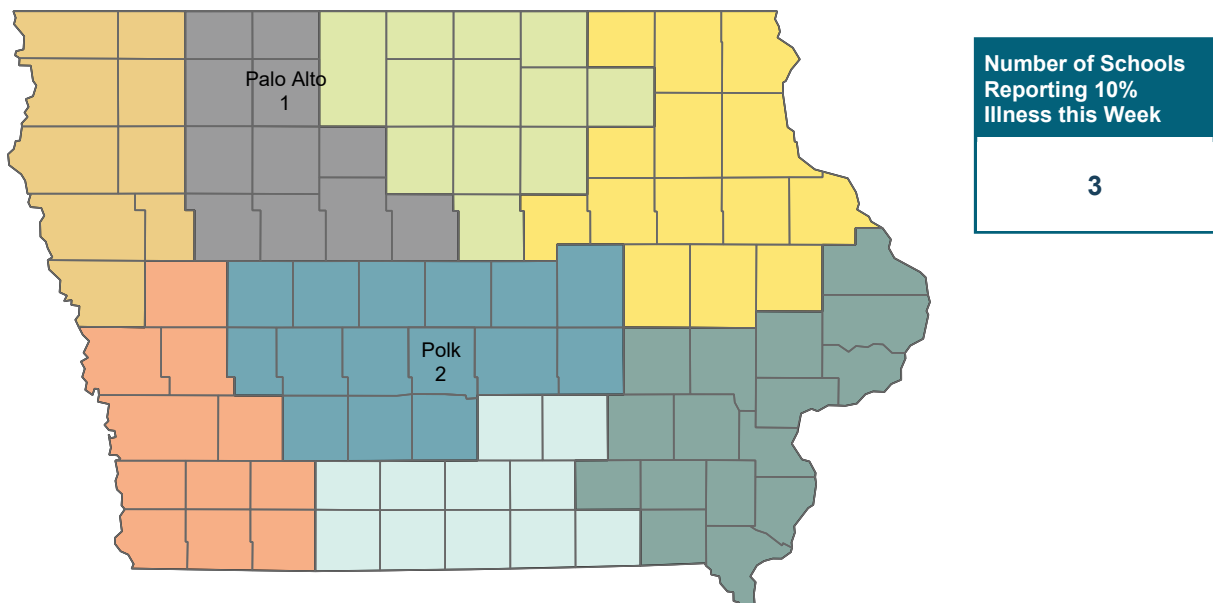


Some weeks are not shown due to large numbers of missing data (e.g., winter and spring breaks)

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

Preparedness Service Area

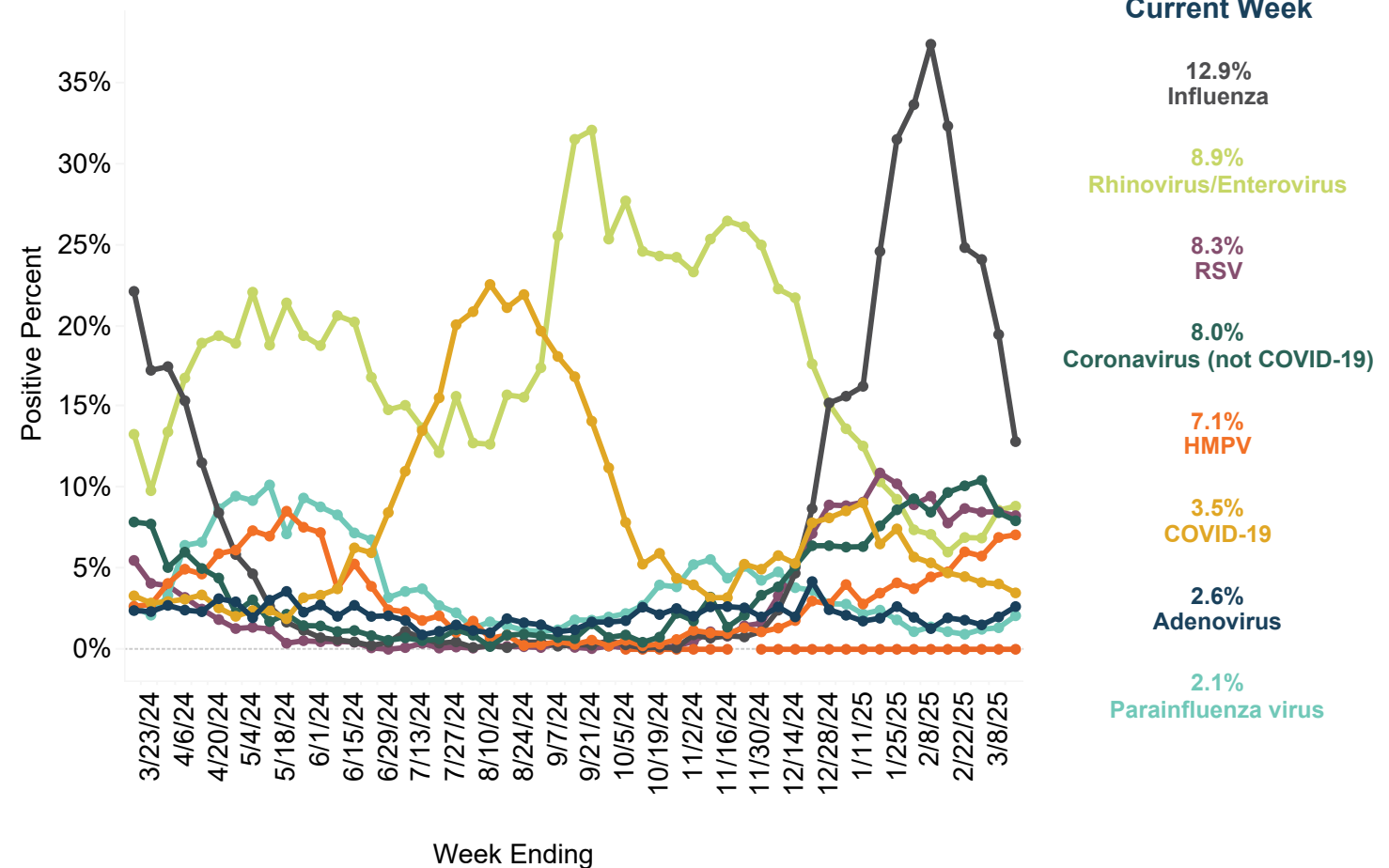
1A 1C 2 3 4 5 6 7



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)

Percent Positive for Current Week

Percent Positive by Week

12.9%
Influenza

Average

8.9%
Rhinovirus/Enterovirus

Average

8.3%
RSV

Average

8.0%
Coronavirus (not COVID-19)

Average

7.1%
HMPV

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 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.