



## **Iowa Respiratory Virus Surveillance Report MMWR Weeks 23 - 26 (June 1, 2025 - June 28, 2025)**

Date and time of issue: 7/7/2025 11:03:53 AM



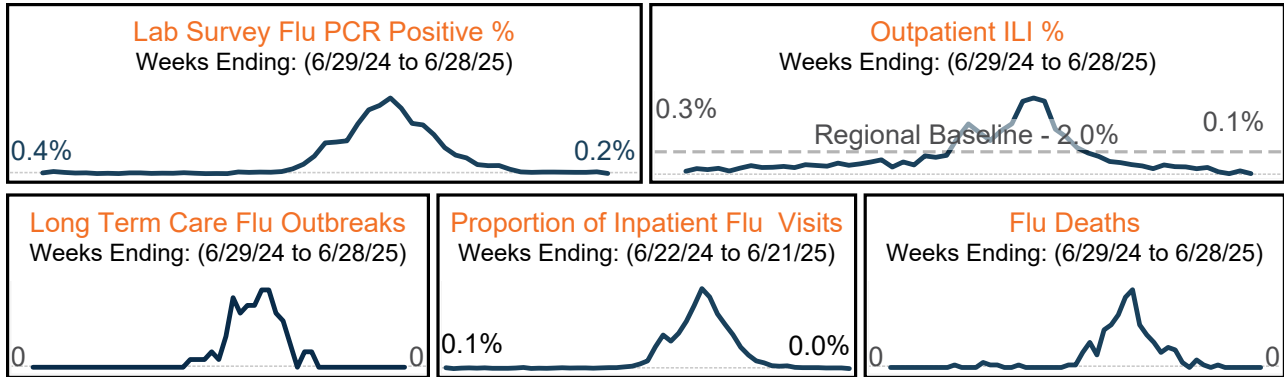
**This is the first monthly report of the 2024-25 respiratory season. During the summer months, the report cadence will be approximately once a month, depending on the timing of the MMWR weeks in that month.**

**Iowa HHS will start publishing weekly respiratory reports after the start of the 2025-26 respiratory season, with the first report due to be released on Friday, October 10, 2025.**

## Quick Stats for MMWR Weeks 23 - 26 (6/1/25 - 6/28/25)

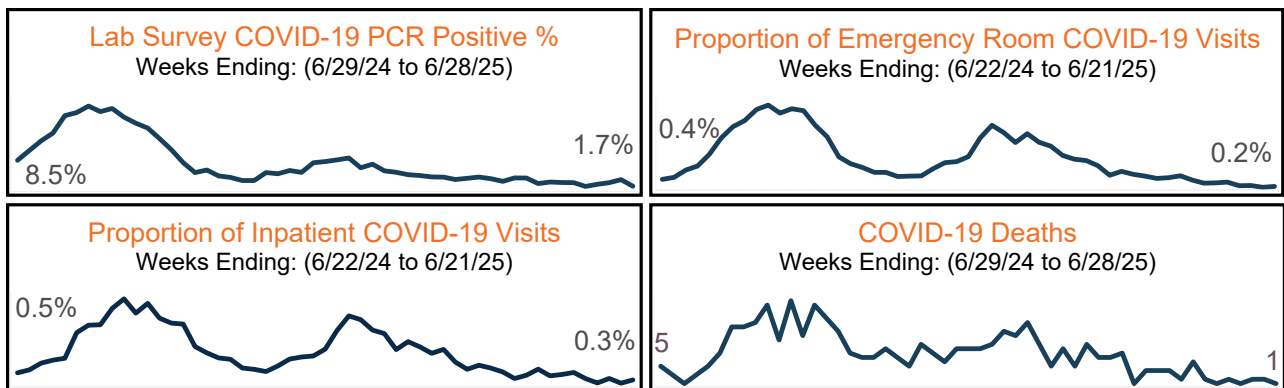
### Influenza

**Overall Influenza Activity: VERY LOW**



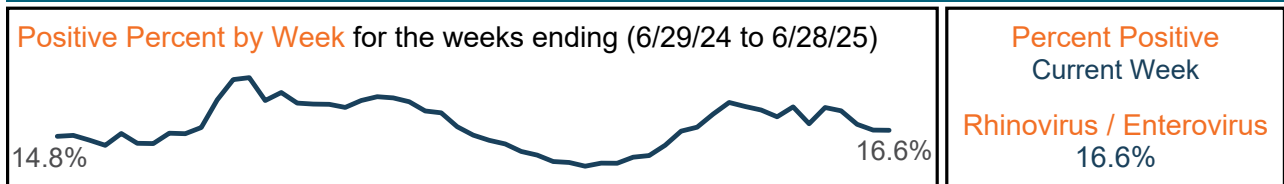
### COVID-19

**Overall COVID-19 Activity: VERY LOW**



### Other Respiratory Viruses

**Top Pathogen Group by Positive Percent on Respiratory Virus Survey - MOLECULAR ONLY**



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.

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## International Influenza Activity Summary

### World Health Organization Influenza Update

Published 3 July 2025 | For reporting Week 25, ending 22 June 2025

#### Influenza

Globally, influenza activity continued to decrease and was low with influenza A viruses predominant and A(H1N1)pdm09 viruses predominant among the subtyped influenza A viruses.

#### SARS-CoV-2

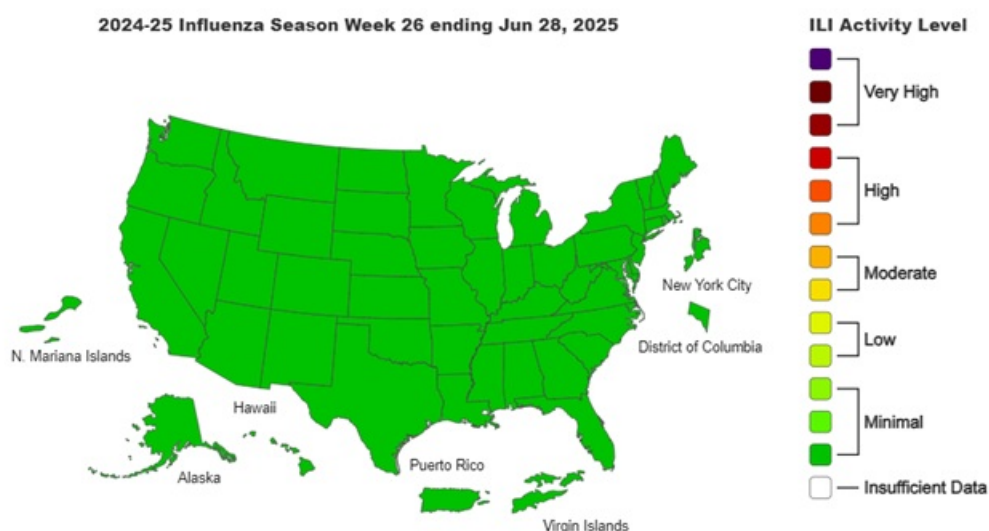
Globally, SARS-CoV-2 positivity remained stable and low across the majority of reporting countries. Positivity was elevated (>10%) in a few countries in Central America and the Caribbean, Tropical South America, Western Africa, South West Europe, Western, Southern and South-East Asia.

#### Respiratory Syncytial Virus (RSV)

Among reporting countries, RSV positivity remained low overall, with elevated activity reported in a few countries in Central America and the Caribbean, Tropical and 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

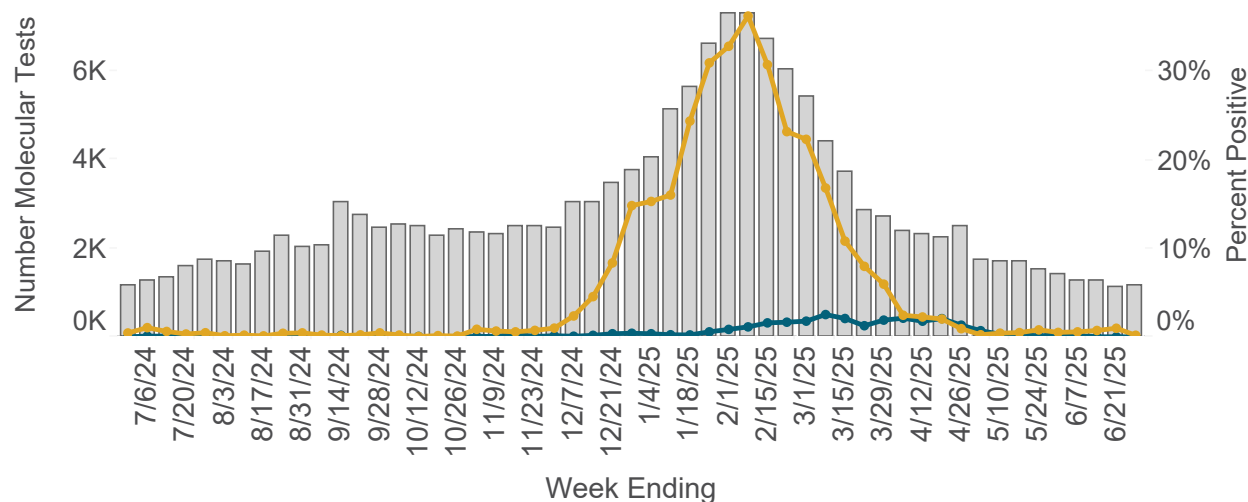


*Weekly U.S. influenza surveillance report.* Centers for Disease Control and Prevention. <https://www.cdc.gov/fluview/index.html>

## Iowa Respiratory Survey - Influenza

### Number and Percent of Influenza Positive Molecular Tests

■ Flu A ■ Flu B

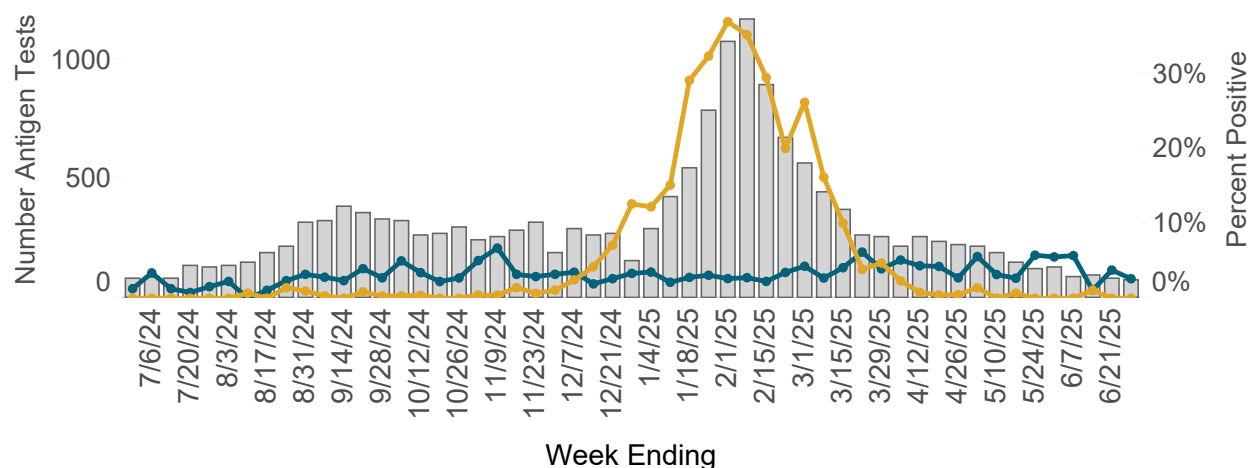


### Flu Tests and Positivity by Method 6/1/2025 - 6/28/2025

Test Method	Number Positives	Number Tests	Percent Positive
Molecular	31	4,804	0.6%
Antigen	12	338	3.6%
<b>Total</b>	<b>43</b>	<b>5,142</b>	<b>0.8%</b>

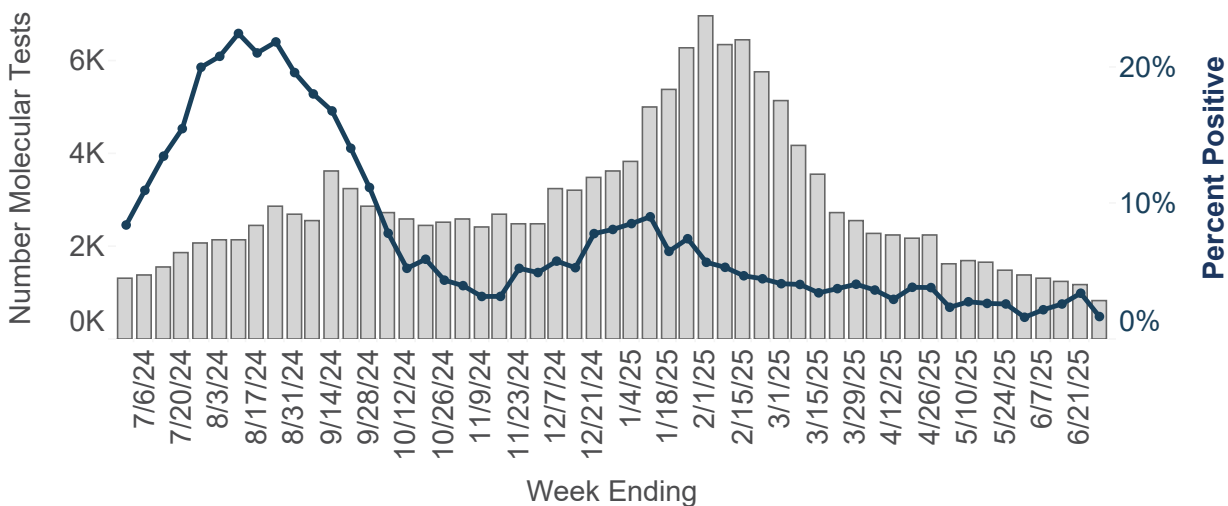
### Number and Percent of Influenza Positive Antigen Tests

■ Flu A ■ Flu B



## Iowa Respiratory Survey - COVID-19

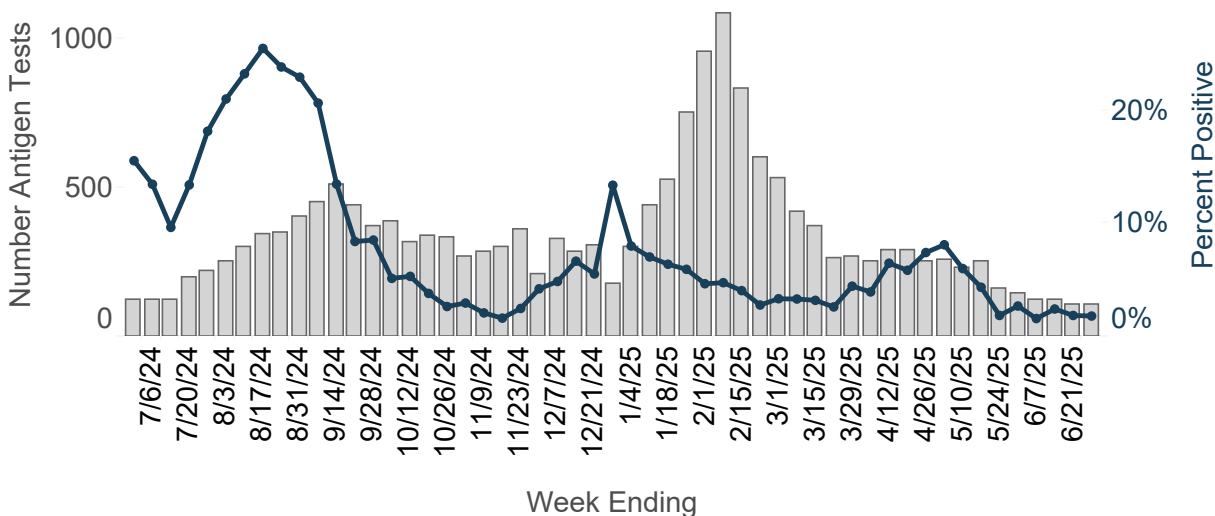
### Number and Percent of COVID-19 Positive Molecular Tests



### COVID-19 Tests and Positivity by Method (6/1/2025 - 6/28/2025)

Test Method	Number Positives	Number Tests	Percent Positive
Molecular	116	4,542	2.6%
Antigen	9	461	2.0%
<b>Total</b>	<b>125</b>	<b>5,003</b>	<b>2.5%</b>

### Number and Percent of COVID-19 Positive Antigen Tests

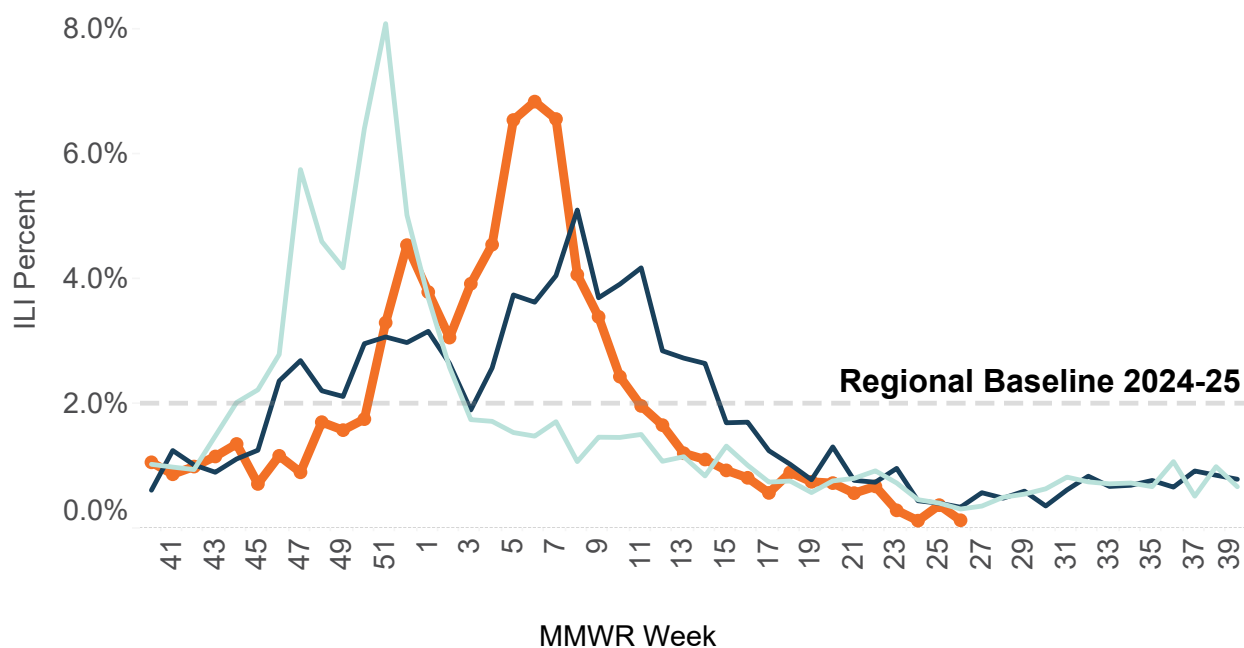


## Outpatient Health Care Provider Surveillance (ILINET)

### Percent Of Outpatient Visits with Influenza-like Illness (ILI)

■ 2022-23 ■ 2023-24 ■ 2024-25

### ILI Percent by Season and Week



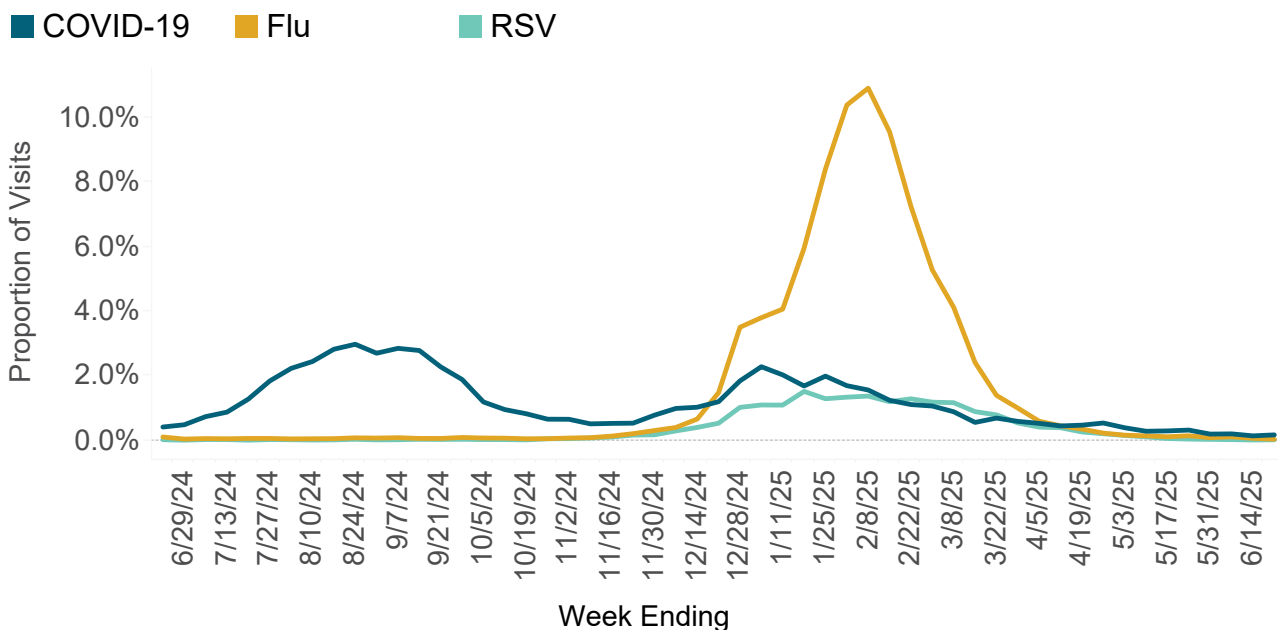
### ILI by Age Group Past 4 Weeks

MMWR Week	End Date	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65 and older	Total ILI	ILI Pct
23	6/7/2025	3	4	2	0	0	9	0.30%
24	6/14/2025	1	2	1	0	0	4	0.13%
25	6/21/2025	2	6	2	1	0	11	0.38%
26	6/28/2025	0	2	0	2	0	4	0.14%

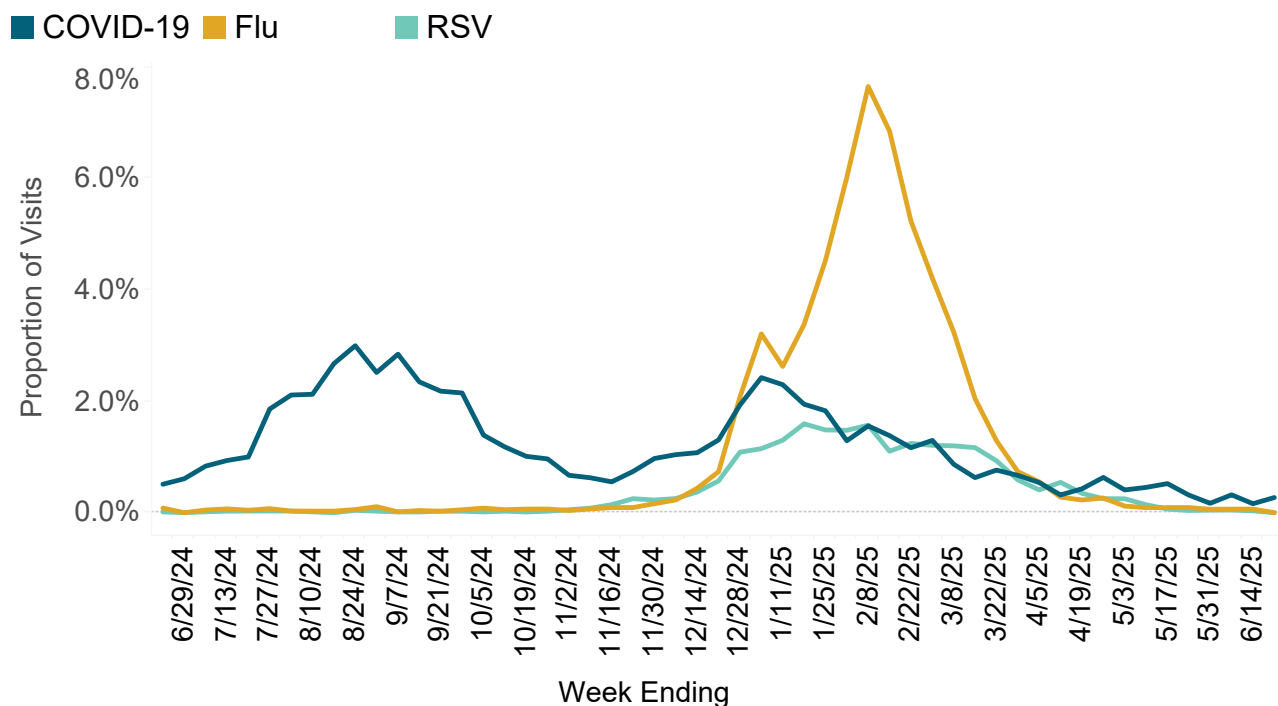
**Outpatient ILI Note:** Outpatient health care providers who participate in the ILINet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week. The ILI Definition changed in 2021-22 so that persons with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

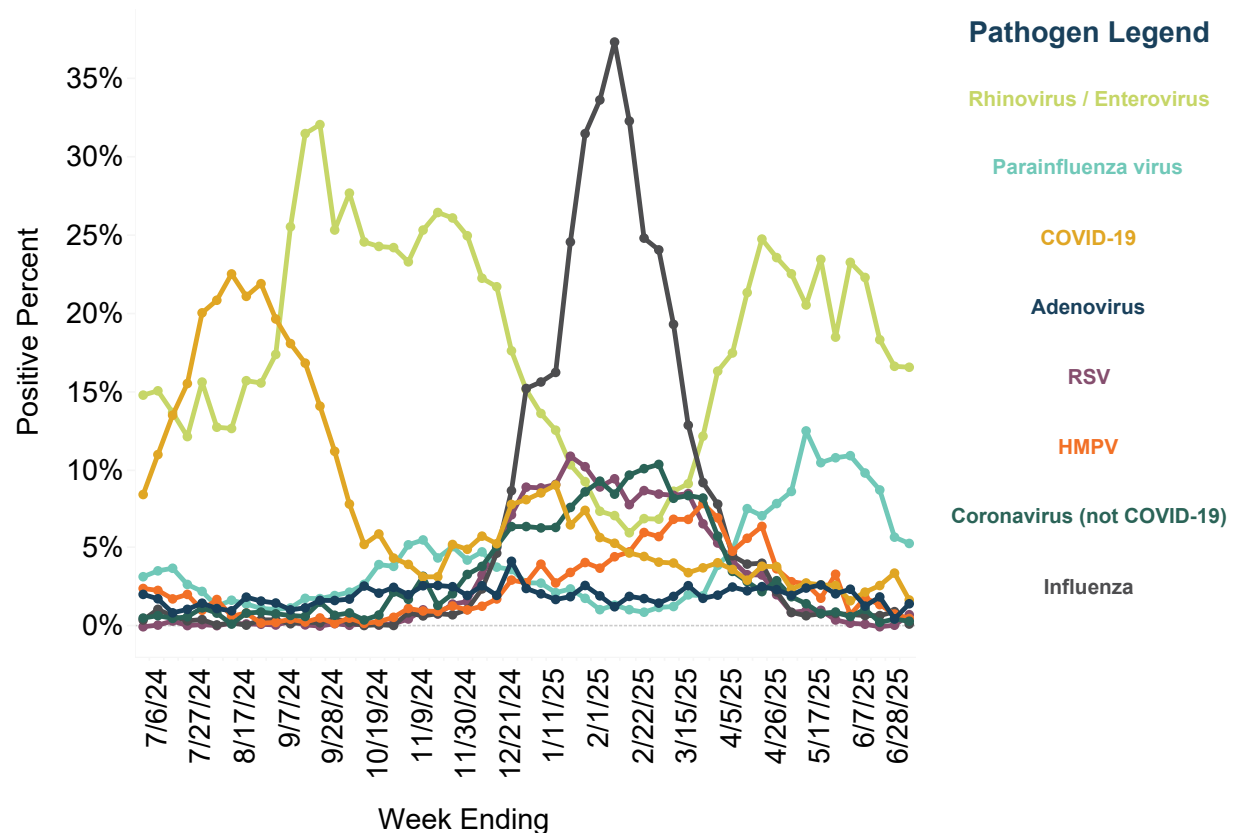


### Proportion of Iowa Inpatient Visits for Respiratory Syndromes



## Iowa Respiratory Virus Survey

### Percent of Positive Respiratory Virus Group - Molecular Only



### Molecular Tests and Positivity by Method (6/1/2025 - 6/28/2025)

Pathogen group	Number Positives	Number Tests	Percent Positive
Rhinovirus / Enterovirus	471	2,523	18.7%
COVID-19	116	4,542	2.6%
Parainfluenza virus	194	2,549	1.5%
Adenovirus	33	2,499	1.3%
HMPV	31	2,588	1.2%
Influenza	31	4,804	0.2%
Coronavirus (not COVID-19)	15	2,600	0.1%
RSV	9	4,165	0.1%





## 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.