



Iowa Respiratory Virus Surveillance Report MMWR Weeks 36 - 39 (August 31, 2025 - September 27, 2025)

Date and time of issue: 10/2/2025 2:10:11 PM



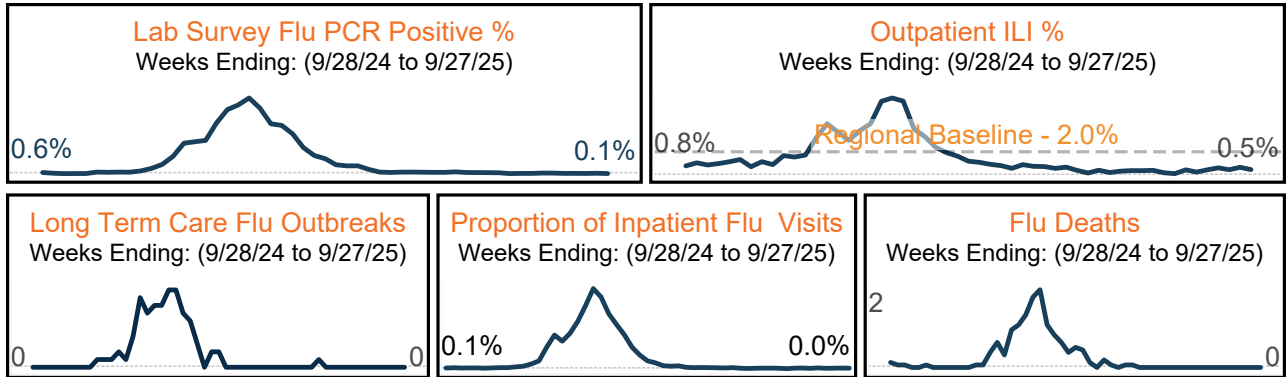
During the summer months, the report cadence will be approximately once a month, depending on the timing of the MMWR weeks in that month.

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 36 - 39 (8/31/25 - 9/27/25)

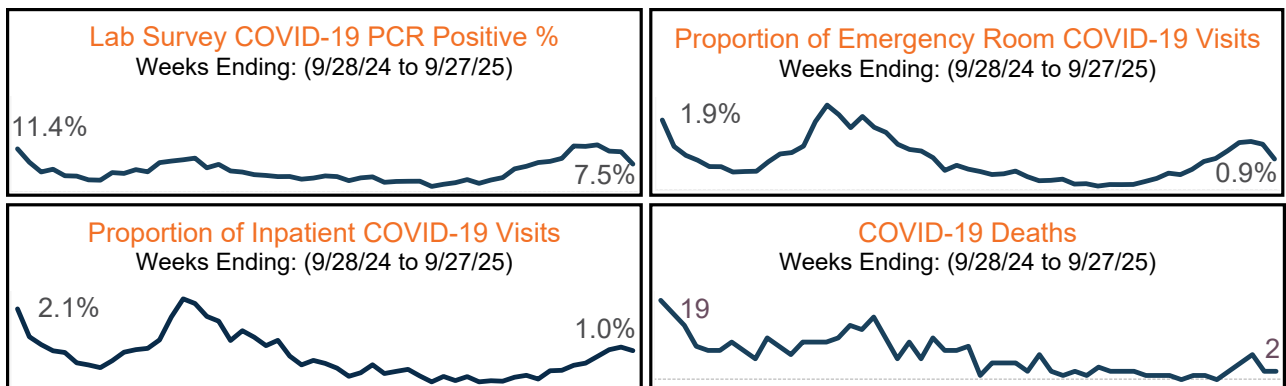
Influenza

Overall Influenza Activity: VERY LOW



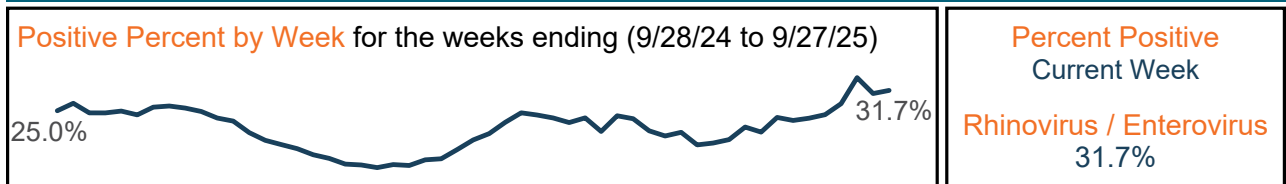
COVID-19

Overall COVID-19 Activity: 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 1 October 2025 | For reporting Week 38, ending 21 September 2025

Influenza

Globally, influenza activity remained low, with influenza A viruses continuing to predominate. Different patterns were observed across hemispheres and transmission zones.

SARS-CoV-2

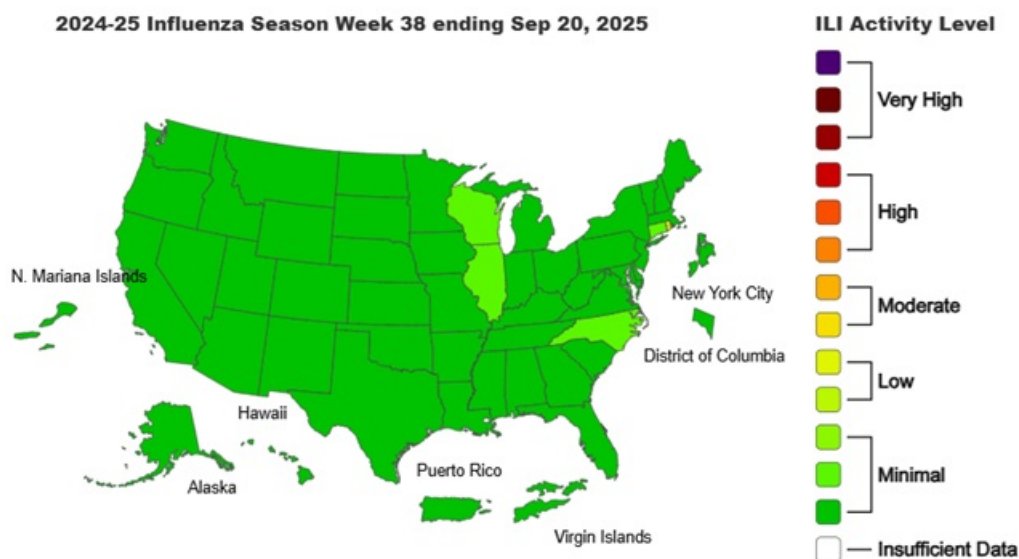
Globally, SARS-CoV-2 positivity increased but remained at low levels, with elevated positivity (>10%) observed in Central America and the Caribbean, Tropical South America, Europe, Western and Eastern Asia and percent positivity was over 30% in a few countries.

Respiratory Syncytial Virus (RSV)

RSV positivity remained elevated in some countries in Central America and the Caribbean, Tropical and Temperate South America. RSV positivity remained stable across the majority of reporting countries, with a small increase in activity reported in two countries in Central America and the Caribbean.

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

National Outpatient Respiratory Illness Activity - CDC



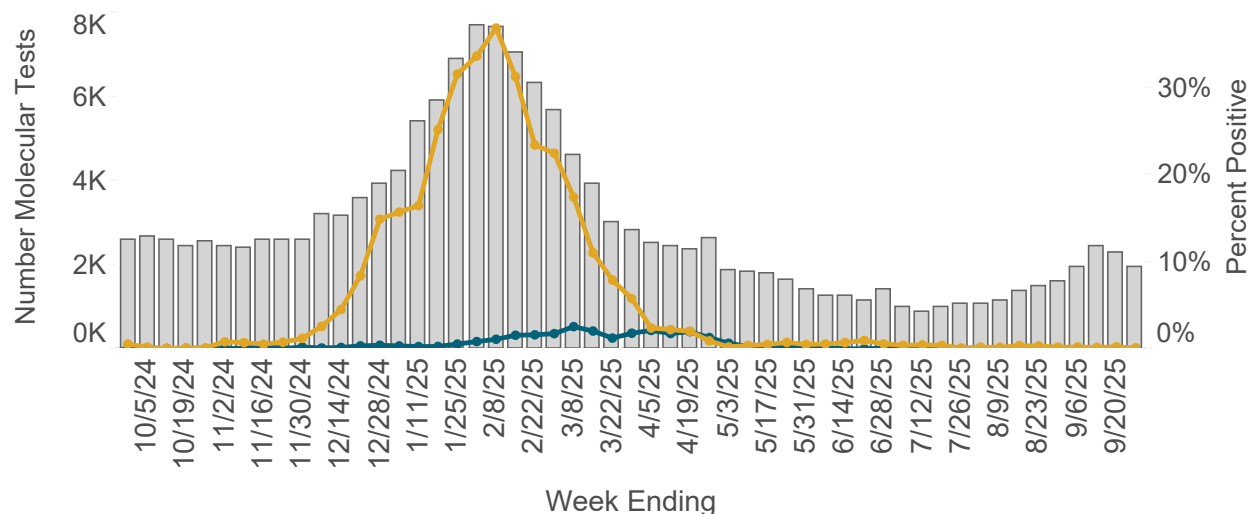
Weekly U.S. influenza surveillance report. Centers for Disease Control and Prevention.
<https://www.cdc.gov/fluview/index.html>

Iowa Respiratory Virus Surveillance Report 8/31/2025 - 9/27/2025 (MMWR Weeks 36 - 39)

Iowa Respiratory Survey - Influenza

Number and Percent of Influenza Positive Molecular Tests

■ Flu A ■ Flu B

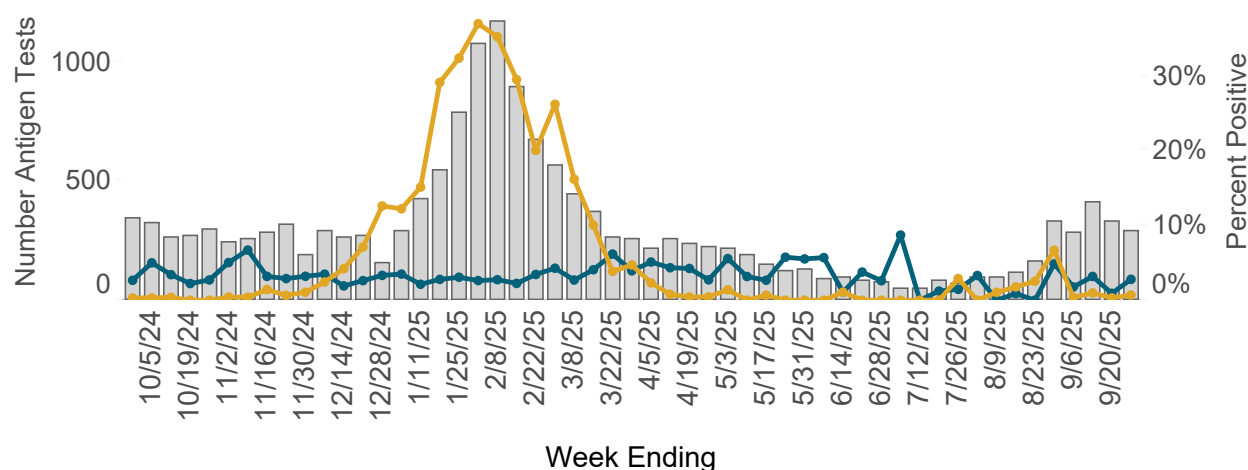


Flu Tests and Positivity by Method 8/31/2025 - 9/27/2025

Test Method	Number Positives	Number Tests	Percent Positive
Molecular	16	8,633	0.2%
Antigen	37	1,309	2.8%
Total	53	9,942	0.5%

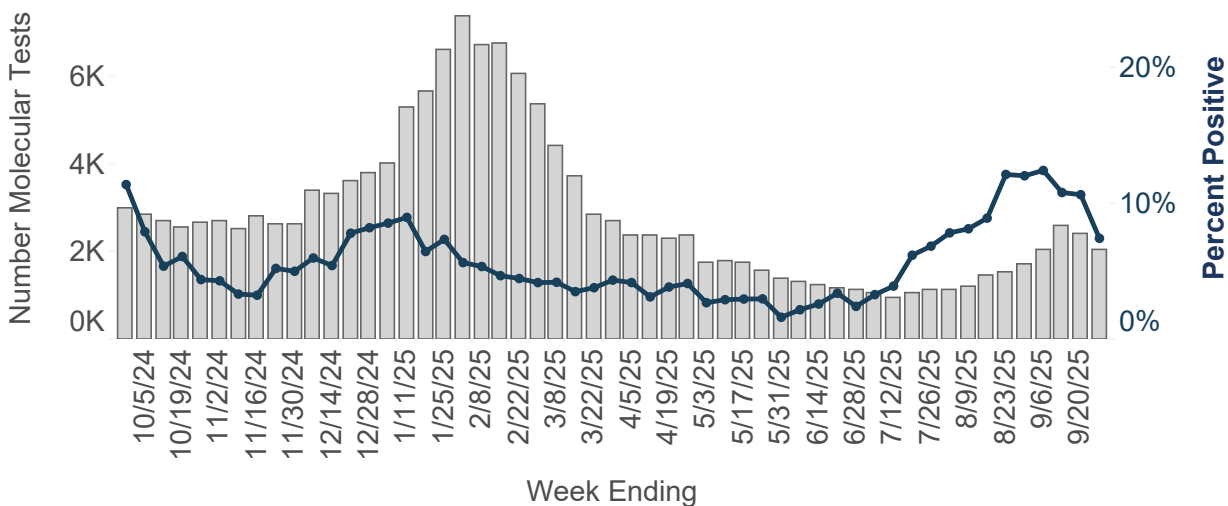
Number and Percent of Influenza Positive Antigen Tests

■ Flu A ■ Flu B



Iowa Respiratory Survey - COVID-19

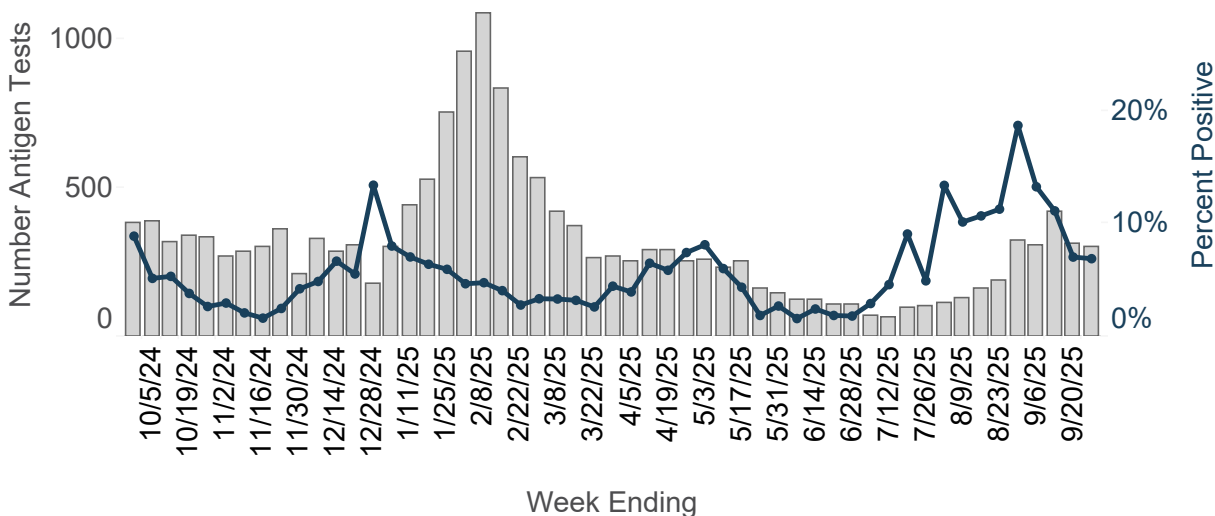
Number and Percent of COVID-19 Positive Molecular Tests



COVID-19 Tests and Positivity by Method (8/31/2025 - 9/27/2025)

Test Method	Number Positives	Number Tests	Percent Positive
Molecular	951	9,126	10.4%
Antigen	131	1,347	9.7%
Total	1,082	10,473	10.3%

Number and Percent of COVID-19 Positive Antigen Tests



Influenza Testing at the State Hygienic Laboratory (SHL)

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

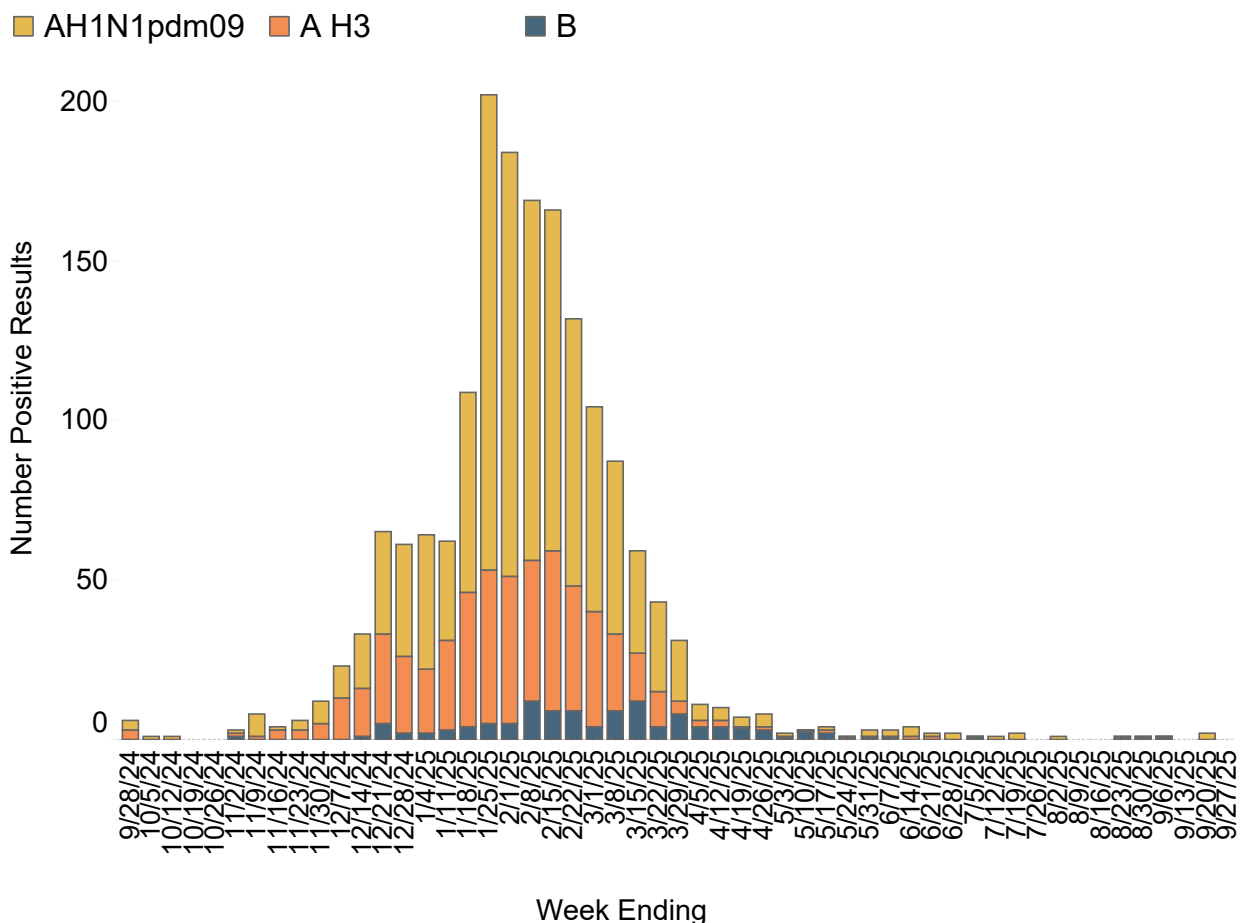
	Flu A		Flu B	Grand Total
	AH1N1pdm09	A H3	B	
Current Month	2	0	1	3
Cumulative Positives	1068	511	120	1699

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

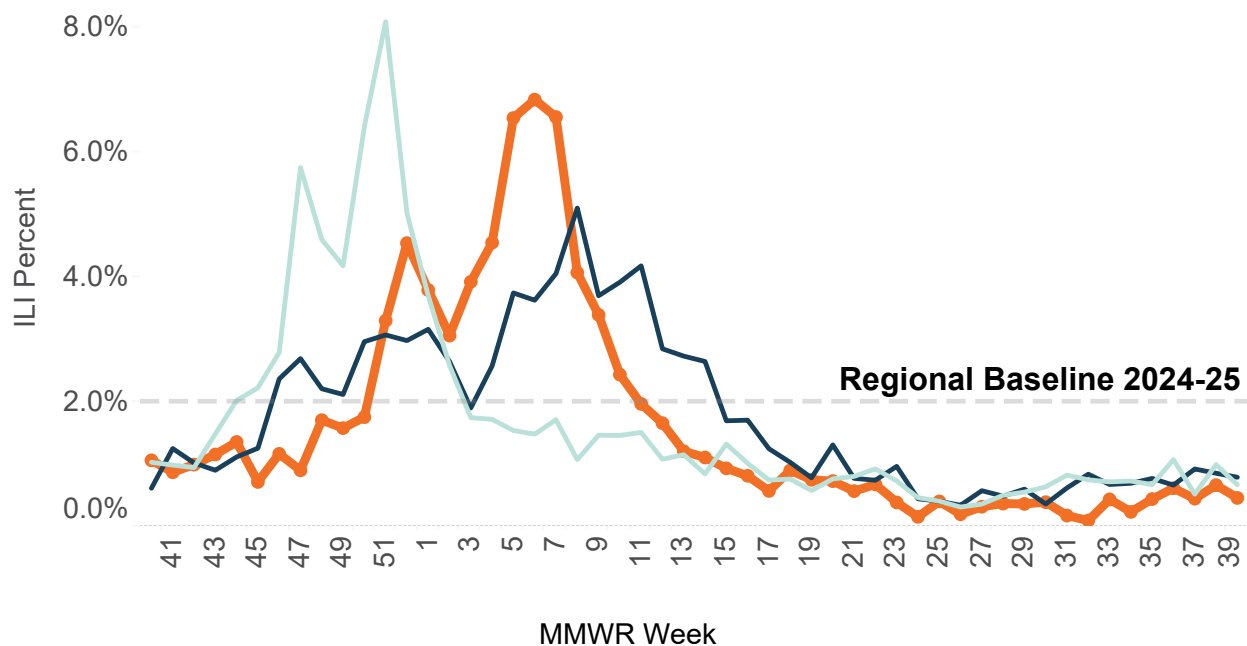


Outpatient Health Care Provider Surveillance (ILINET)

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

■ 2022-23 ■ 2023-24 ■ 2024-25

ILI Percent by Season and Week



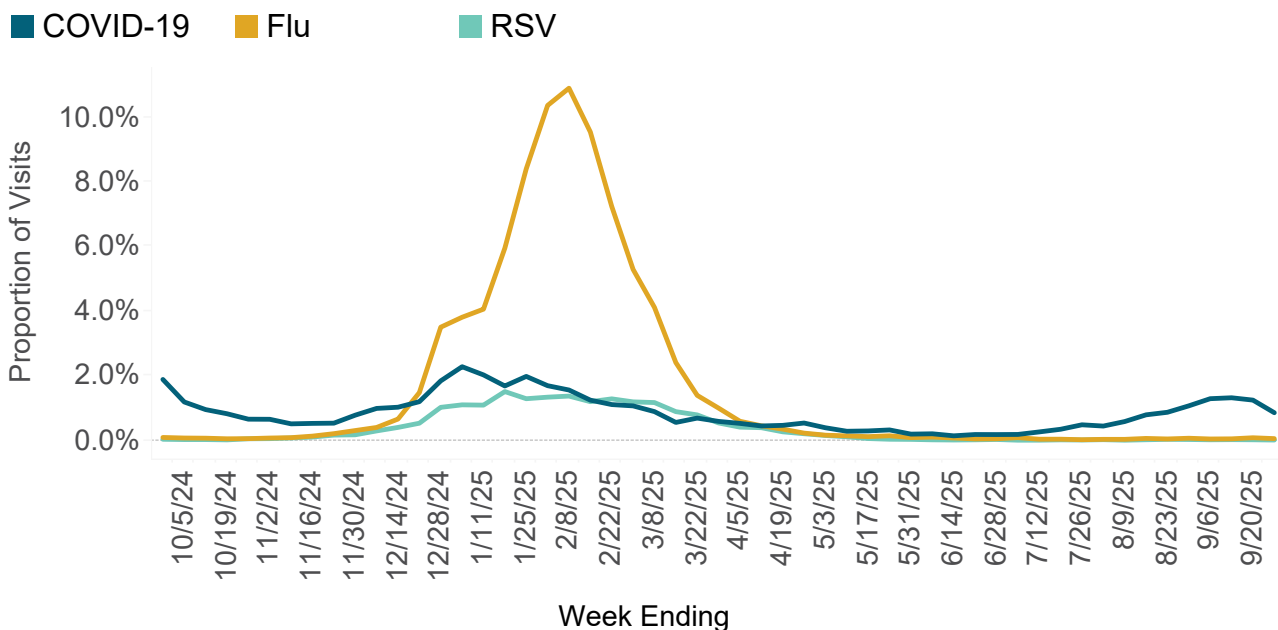
ILI by Age Group Past 4 Weeks

MMWR Week	End Date	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65 and older	Total ILI	ILI Pct
36	9/6/2025	9	6	2	1	2	20	0.62%
37	9/13/2025	2	13	3	0	0	18	0.45%
38	9/20/2025	2	16	2	3	4	27	0.67%
39	9/27/2025	1	14	3	0	1	19	0.46%

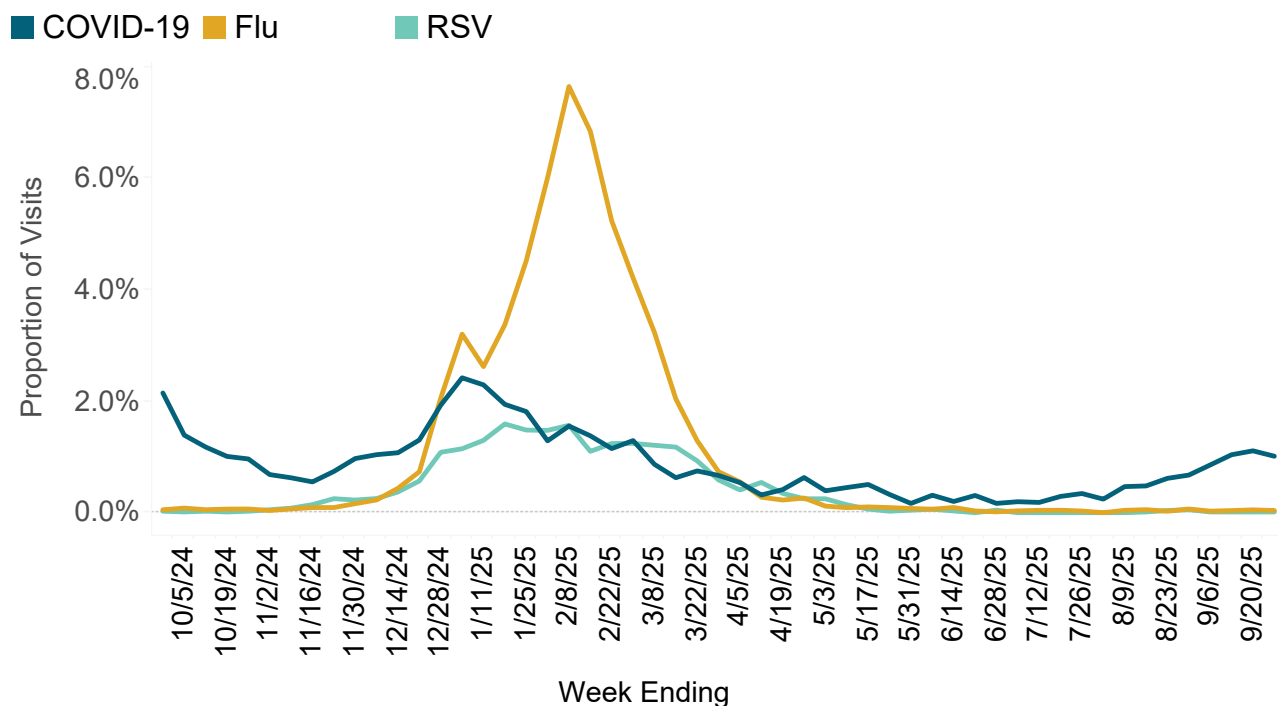
Outpatient ILI Note: Outpatient health care providers who participate in the ILINet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week. The ILI Definition changed in 2021-22 so that persons with ILI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

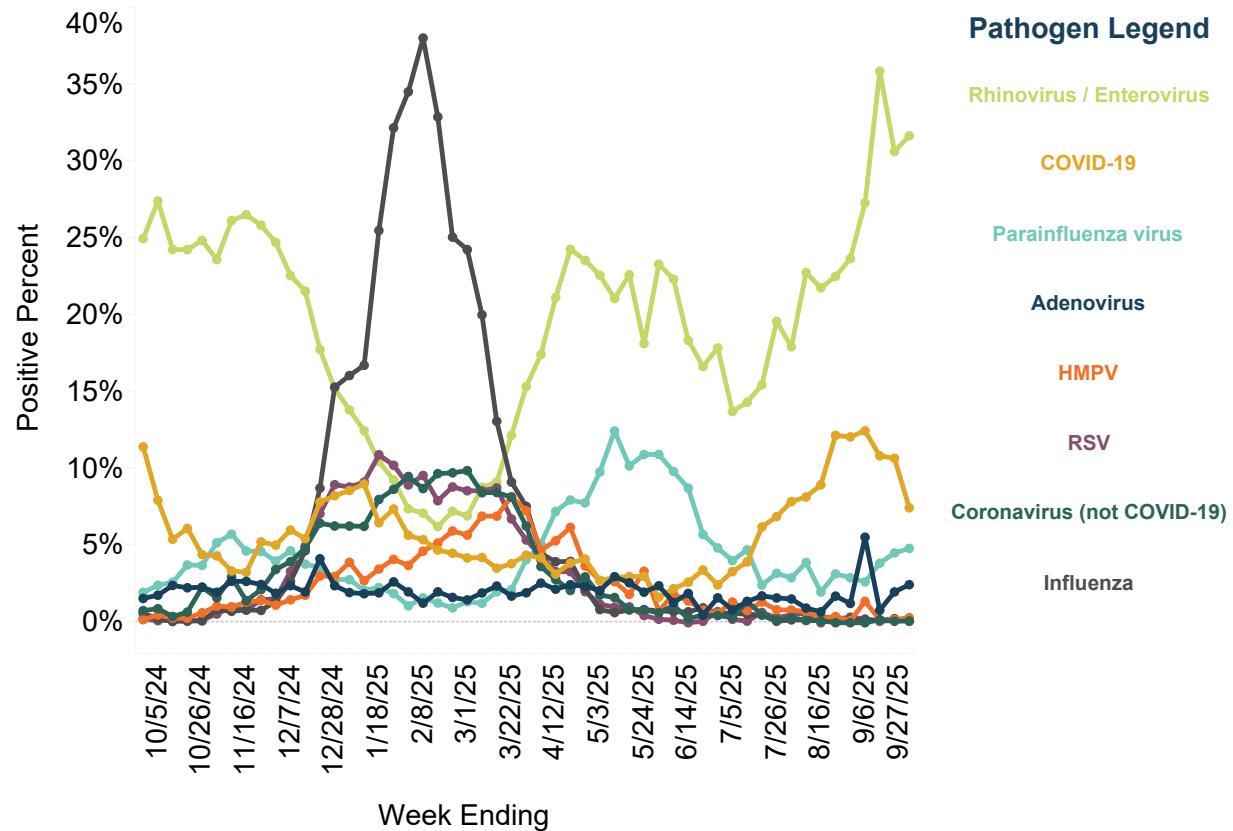


Proportion of Iowa Inpatient Visits for Respiratory Syndromes



Iowa Respiratory Virus Survey

Percent of Positive Respiratory Virus Group - Molecular Only



Molecular Tests and Positivity by Method (8/31/2025 - 9/27/2025)

Pathogen group	Number Positives	Number Tests	Percent Positive by Group
Rhinovirus / Enterovirus	1,164	3,689	31.6%
COVID-19	951	9,126	10.4%
Parainfluenza virus	146	3,644	4.0%
Adenovirus	95	3,644	2.6%
HMPV	19	3,790	0.5%
Influenza	16	8,633	0.2%
RSV	12	7,364	0.2%
Coronavirus (not COVID-19)	4	3,770	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/.

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.