



Iowa Influenza Surveillance Network (IISN)

Influenza-like Illness (ILI) and Other Respiratory Viruses
Weekly Activity Report



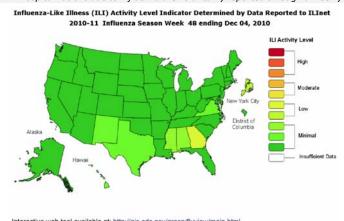


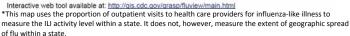
Quick Stats for this reporting week

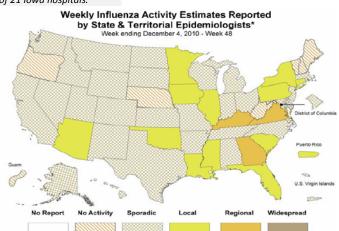
lowa activity level ¹	Local
Percent of outpatient visits for ILI ²	0.7% (threshold 2.1%)
Percent of influenza rapid test positive*	3.7%
Percent of RSV rapid tests positive*	7.3%
Percent school absence due to illness	3.1%
Number of schools with ≥10% absence due to illness	1
Influenza-associated hospitalizations**	2 of 5190 inpatients surveyed

^{*} Percent is based on three-week moving average

^{**} Hospitalizations due to influenza are voluntarily reported through a weekly survey of 21 Iowa hospitals.







*This map indicates geographic spread & does not measure the severity of influenza activity.

Iowa Statewide Activity Summary

Influenza activity is increasing in Iowa. Two cases of influenza B and one case of influenza A were identified this reporting week. As of the reporting week, the State Hygienic Laboratory (SHL) identified all three strains of influenza - influenza A (H3N2), 2009 H1N1, and influenza B, occurring in Iowa. All three strains are covered by this year's influenza vaccine.

The proportion of outpatient visits for influenza-like illness (ILI) was 0.7%, which is below the threshold of 2.1%. The number of positive influenza rapid antigen tests has slightly increased. Adenovirus activity is also increasing. Other respiratory viruses recently identified in Iowa include respiratory syncytial virus (RSV), parainfluenza 2, parainfluenza 3, adenovirus, and rhinovirus.

National Activity Summary - www.cdc.gov

Synopsis: During week 48 (November 28-December 4, 2010), influenza activity in the United States remained relatively low overall, and decreased slightly in the Southeast.

• Of the 3,572 specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories and reported to CDC/Influenza Division, 386 (10.8%) were positive for influenza.

^{1 *}No Activity: No laboratory-confirmed cases of influenza and no reported increase in the number of cases of influenza-like illness (ILI²).
Sporadic: Small numbers of laboratory-confirmed influenza cases or a single influenza outbreak has been reported, but there is no increase in cases of ILI².
Local: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of the state.
Regional: Outbreaks of influenza or increases in ILI and recent laboratory-confirmed influenza in at least two but less than half the regions of the state.
Widespread: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state.

² ILI: Influenza-like Illness is defined as a fever of ≥100° F as well as cough and/or sore throat.

- The proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold.
- No influenza-associated pediatric deaths were reported.
- The proportion of outpatient visits for influenza-like illness (ILI) was 1.5%, which is below the national baseline of 2.5%. All 10 regions reported ILI below region-specific baseline levels; one state (Georgia) and New York City experienced low ILI activity and the District of Columbia and 49 states experienced minimal ILI activity.
- The geographic spread of influenza in three states (Georgia, Kentucky, and Virginia) was reported as regional, Puerto Rico and 12 states reported local activity; the District of Columbia, the U.S. Virgin Islands, and 29 states reported sporadic activity; Guam and six states reported no influenza activity.

International Activity Summary - www.who.int - not available

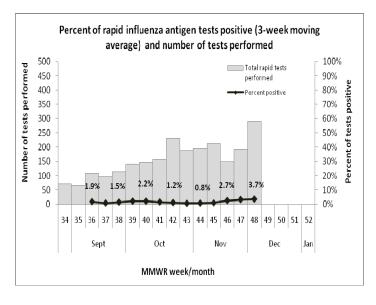
Laboratory surveillance program - Influenza and Other Respiratory Viruses

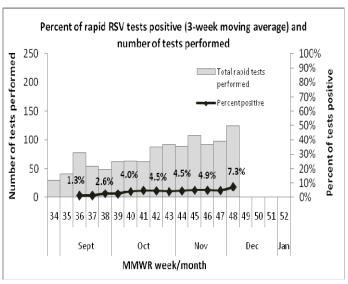
The State Hygienic Laboratory (SHL) is the primary lab testing and reporting influenza tests in Iowa. SHL reports the number of tests performed and the type and strain of positive tests to the influenza surveillance network several times every week. In addition, SHL surveys clinical and reference labs for the number of rapid-antigen tests performed and number positive weekly.

Specimens tested by the State Hygienic Laboratory (includes surveillance sites, rapid antigen confirmation, hospitalizations, and mortality surveillance)

Influenza viruses isolated 9/1/10 to present week			
	Current week	Cumulative	
Flu A	1	4	
Flu A (2009 H1N1)	1	1	
Flu A (H3)	0	2	
Subtyping not reported	0	1	
Flu B	2	4	
Indeterminate/Equivocal	2	16	
Negative	77	706	
Total	82	730	

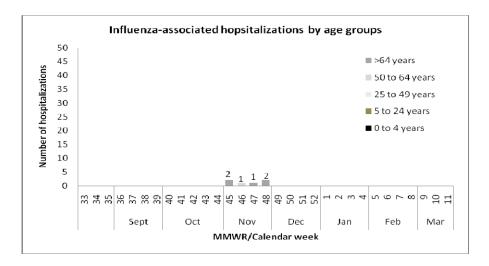
Number of positive results for non-influenza respiratory virus isolated since 9/1/10			
	Current week	Cumulative	
Adenovirus Isolated	0	9	
Enteroviruses (presumptive)	0	4	
Coxsackievirus A9 Isolated	0	2	
Coxsackievirus B4 Isolated	0	1	
Echovirus 9 Isolated	0	2	
Parainfluenza Virus Type 1 Isolated	0	0	
Parainfluenza Virus Type 2 Isolated	0	12	
Parainfluenza Virus Type 3 Isolated	0	4	
Rhinovirus Isolated	0	13	
Respiratory syncytial virus (RSV)	0	1	





Influenza-associated hospitalizations

Twenty-one lowa hospitals participate in the IISN. They track and report the number of influenza-associated hospitalizations. In the graph below, "Number of hospitalizations" relates to those that are considered influenza-associated with laboratory confirmation (rapid antigen results included) of influenza infection. They also include influenza illness diagnosed by a health care provider.



School surveillance program

Forty-two lowa schools participate in the IISN system for tracking and reporting absence due to illness. They also track total enrollment, and log the number of days school was in session each week.

