



Iowa Influenza Surveillance Network (IISN)

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

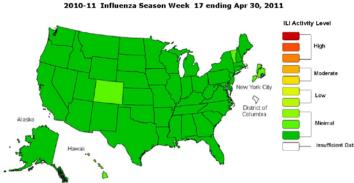




Quick Stats for this reporting week

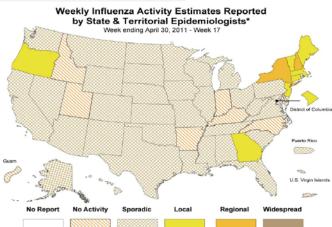
lowa activity level ¹	Sporadic			
Percent of outpatient visits for ILI ²	0.6% (threshold 2.1%)			
Percent of influenza rapid test positive	5.6% (16/287)			
Percent of RSV rapid tests positive	30.1% (55/183)			
Percent school absence due to illness	2.3%			
Number of schools with ≥10% absence due to illness	0			
Influenza-associated hospitalizations**	0 of 621 inpatients surveyed			
** Hospitalizations due to influenza are voluntarily reported through a weekly survey of 21 love beenitals				

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



Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILInet





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

Interactive web tool available at: http://gis.cdc.gov/grasp/fluview/main.html *This map uses the proportion of outpatient visits to health care providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of

lowa statewide activity summary

Overall influenza activity in lowa remains low. For this reporting week, the State Hygienic Laboratory (SHL) confirmed two new case of influenza and Mercy Dunes in Sioux City reported one case. For the 2010-2011 influenza seasons, the State Hygienic Laboratory has isolated three different strains of influenza in Iowans - influenza A (H3N2), 2009 H1N1, and influenza B. All three strains are well matched with this year's influenza vaccine.

The proportion of visits due to influenza-like illness (ILI) was 0.6 percent, which is below the baseline of 2.1 percent. There was no new influenza-associated hospitalization reported from sentinel hospitals this reporting week. The percentage of influenza rapid tests that tested positive increased slightly from last week, while the percentage of RSV tests that tested positive decreased slightly. Other respiratory viruses have also been identified in lowa this season, including respiratory syncytial virus (RSV), parainfluenza 1, parainfluenza 2, parainfluenza 3, adenovirus, and rhinovirus.

National activity summary - www.cdc.gov

Synopsis: During week 17 (April 24-30, 2011), influenza activity in the United States continued to decrease.

• Of the 1,901 specimens tested by the U.S. World Health Organization and National Respiratory and the Enteric Virus Surveillance System collaborating laboratories and reported to CDC/Influenza Division, 69 (3.6%) 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 illnss (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.

Division of Acute Disease Prevention and Emergency Response Center for Acute Disease Epidemiology

- The proportion of deaths attributed to pneumonia and influenza was below the epidemic threshold.
- Three influenza-associated pediatric deaths were reported, bringing the season total to 100. One of these deaths was associated with a 2009 influenza A (H1N1) virus, one was associated with an influenza A virus for which the subtype was not determined, and one was associated with an influenza B virus.
- The proportion of outpatient visits for influenza-like illness (ILI) was 1.3%, which is below the national baseline of 2.5%. All 10 regions reported ILI below region-specific baselines. All 50 states and New York City experienced minimal ILI activity, and the District of Columbia had insufficient data to calculate an ILI activity level.
- The geographic spread of influenza in two states was reported as regional; the District of Columbia and seven states reported local influenza activity; Puerto Rico and 33 states reported sporadic influenza activity, and the U.S. Virgin Islands, Guam, and eight states reported no influenza activity.

International activity summary - www.who.int

Worldwide influenza activity is currently low. Influenza activity across the entire temperate Northern Hemisphere is generally back to baseline or pre-seasonal levels. As levels of influenza activity decrease, influenza type B has become more commonly detected compared to influenza A viruses across the Northern Hemisphere temperate areas and in much of the tropics. Transmission in tropical areas of the world is also generally low with some transmission reported in countries of Sub-Saharan Africa with a mixture of viruses and slight predominance of influenza type B. In the temperate areas of the southern hemisphere the influenza season has not yet started. Nearly all influenza A viruses tested continue to be antigenically similar to those found in the current trivalent vaccine. More than 90% of the influenza type B viruses are also of the lineage found in the vaccine (Victoria lineage); however, a small number of B viruses of the Yamagata lineage are also being reported

<u>Laboratory surveillance program - Influenza and Other Respiratory Viruses</u>

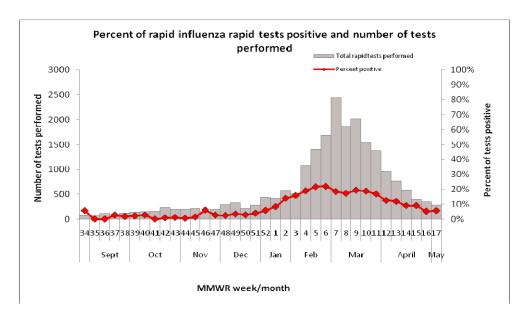
The State Hygienic Laboratory (SHL) is the primary lab testing and reporting influenza tests in Iowa. SHL reports the number of tests performed and the type and strain of positive tests to the influenza surveillance network several times every week. In addition, SHL surveys clinical and reference labs for the number of rapid-antigen tests performed and number positive weekly. This report also includes the positive non-influenza virus culture tests reported from the Dunes Medical Laboratories at Mercy Medical Center-Sioux City.

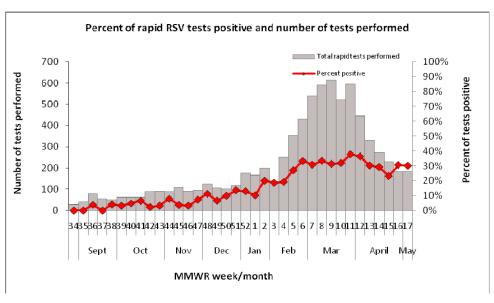
Specimens tested by the State Hygienic Laboratory

Influenza viruses isolated 9/1/10 to present week		Influenza viruses by age group 9/1/10 to present week					
	Current week	Cumulative	Age group	Flu A (2009 H1N1)	Flu A (H3)	Flu A (no subtyping)	Flu B
Flu A	1 (3%)	709 (22%)	0-4	41 (14%)	58 (16%)	7 (13%)	67 (18%)
Flu A (2009 H1N1)	0 (0%)	291 (9%)	5-17	55 (19%)	60 (16%)	8 (17%)	165 (44%)
Flu A (H3)	0 (0%)	365 (11%)	18-24	90 (31%)	23 (6%)	5 (9%)	60 (16%)
Subtyping not reported	1 (3%)	53 (2%)	25-49	71 (25%)	67 (18%)	12 (23%)	46 (12%)
Flu B	1 (3%)	374 (11%)	50-64	29 (10%)	33 (9%)	6 (11%)	13 (4%)
Indeterminate/Equivocal	0 (0%)	85 (3%)	>64	5 (2%)	124 (34%)	15 (28%)	23 (6%)
Negative	31 (94%)	2164 (65%)		, ,	, ,	, ,	
Total	33	3332	Total	291	365	53	374

Number of positive results for non-influenza respiratory virus isolated since 9/1/10 by
the State Hygienic Laboratory and Mercy Dunes in Sioux City

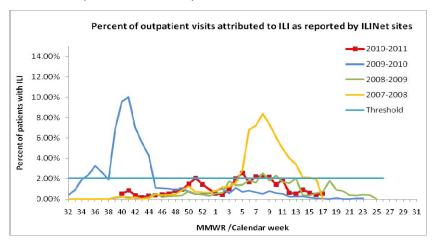
	Current week	Cumulative
Adenovirus Isolated	0	78
Enteroviruses (presumptive)	0	4
Coxsackievirus A9 Isolated	0	2
Coxsackievirus B4 Isolated	0	1
Echovirus 9 Isolated	0	2
Parainfluenza Virus Type 1 Isolated	0	5
Parainfluenza Virus Type 2 Isolated	1	20
Parainfluenza Virus Type 3 Isolated	0	41
Rhinovirus Isolated	0	16
Respiratory syncytial virus (RSV)	2	31





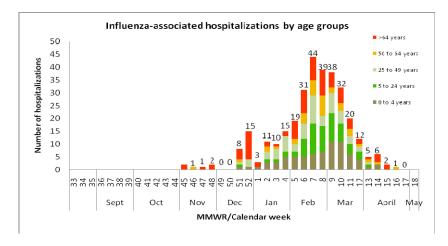
Outpatient health care provider surveillance program (ILINet)

There are approximately 10 outpatient health care provider surveillance sites surveying patient populations for ILI each week. These sites report the number of patients seen with influenza-like illness and the total number of patient visits each week.



Influenza-associated hospitalizations

Twenty-one lowa hospitals participate in the IISN. These hospitals track and report the number of influenza-associated hospitalizations (diagnosed clinically or based on laboratory results) and the total number of inpatients.



School surveillance program

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

