



Iowa Influenza Surveillance Network (IISN) Influenza-like Illness (ILI) and Other Respiratory Viruses Summer Monthly Report August 5 (Week 32), 2012 – September 1 (Week 35), 2012

Iowa statewide activity summary

Influenza activity in Iowa is very low. There was one laboratory confirmed case of influenza type B reported in late August. There were also two cases of seasonal influenza A (H3N2) imported from Brazil to Iowa in late August. Other respiratory viruses reported for the period include adenovirus and parainfluenza 3. This concludes the 2011-2012 flu season's monthly report. The IISN weekly report will resume in the week ending October 6, 2012 (MMWK 40) which begins the 2012-2013 flu season.

National activity summary - www.cdc.gov

H3N2v Influenza Update - From July 12 through August 30, 2012, a total of 288 infections with influenza A (H3N2) variant (H3N2v) viruses have been reported in ten states (Hawaii [1], Illinois [4], Indiana [138], Maryland [12], Michigan [5], Minnesota [2], Ohio [101], Pennsylvania [7], West Virginia [3], and Wisconsin [15]). There have been 15 H3N2v-associated hospitalizations and one H3N2v-associated death. The vast majority of cases have been associated with swine exposure though likely instances of human-to-human transmission have been identified. At this time no ongoing human-to-human transmission has been identified. Associated illness so far has been mostly mild with symptoms similar to seasonal flu. Like seasonal flu, however, serious illness with H3N2v infection is possible. People at high risk of serious complications from H3N2v include children younger than 5, people with certain chronic conditions like asthma, diabetes, heart disease, weakened immune systems, pregnant women and people 65 years and older. For more information, visit www.cdc.gov/flu/swineflu/h3n2v-outbreak.htm.

International activity summary - www.who.int

Most countries in the northern temperate zone have stopped weekly reporting or moved over to out of season surveillance schedules. The United States of America has discovered new cases of swine origin influenza A(H3N2)v in humans; no sustained human-to-human transmission has been identified so far. In the tropical zone, the countries reporting notable influenza activity are Brazil, Costa Rica, Cuba, Ecuador, El Salvador, Honduras, Nicaragua Panama, Peru, and Bolivia in the Americas (influenza A(H1N1) pdm09, A(H3N2) and type B); Ghana and Madagascar in sub-Saharan Africa (influenza A(H3N2) and type B); Bhutan, Cambodia, southern China, China Hong Kong Special Administrative Region, India, Lao People's Democratic Republic, Singapore, Sri Lanka and Viet Nam in Asia (influenza A(H3N2) and type B). Influenza activity decreased in temperate countries of the southern hemisphere. Australia, Chile, New Zealand, Paraguay and South Africa, continue to report declines in most transmission indicators. Argentina continues to report very low numbers of detections compared to previous seasons. Influenza A(H3N2) viruses are the most commonly reported type/sub-type in recent weeks in most countries of the southern hemisphere temperate region including Chile, South Africa, and Australia. However, in Central America the previously reported transmission of influenza A(H1N1)pdm09 has now largely transition to a predominance of influenza type B. Tropical Asia, southern China and Southeast Asia have been reporting mostly A(H3N2), whereas Bhutan, India and Sri Lanka have had both influenza A(H1N1) and type B circulating. Reports of neuraminidase resistance continue to be very uncommon. Notably, Australia reports that a large proportion of the influenza A(H3N2) viruses tested so far this season demonstrated reduced titers in haemagglutination inhibition assays using ferret antisera against the vaccine viruses contained in the current southern hemisphere vaccines.

Laboratory surveillance program - *Influenza and Other Respiratory Viruses*

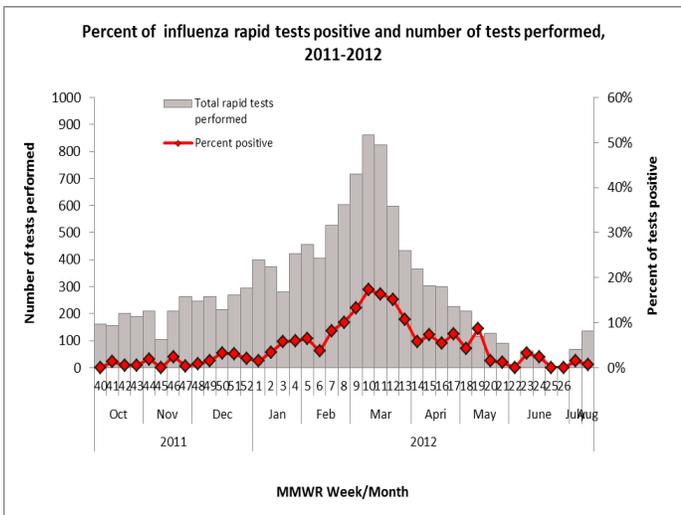
The State Hygienic Laboratory (SHL) is the primary lab testing and reporting influenza tests in Iowa. SHL reports the number of tests performed and the type and strain of positive tests to the influenza surveillance network several times every week. In addition, SHL surveys clinical and reference labs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

	Week 32-35 (8/5/12-9/1/12)	Cumulative (10/2/11-9/1/12)
Flu A	0 (0%)	1183 (48%)
Flu A (2009 H1N1)	0 (0%)	117 (5%)
Flu A (H3)	0 (0%)	1038 (42%)
Novel A (H3N2)	0 (0%)	3 (<1%)
Subtyping not reported	0 (0%)	25 (1%)
Flu B	1 (6%)	34 (1%)
Equivocal	0 (0%)	3 (<1%)
Indeterminate	0 (0%)	11 (1%)
Negative	16 (94%)	1264 (50%)
Total	17	2495

Age group	Flu A (2009 H1N1)	Flu A (H3)	Novel A (H3N2)	Flu A (no typing)	Flu B
0-4	16 (14%)	231 (22%)	* (*%)	5 (20%)	7 (21%)
5-17	23 (20%)	259 (25%)	* (*%)	2 (8%)	11(33%)
18-24	24 (20%)	75 (7%)	0 (0%)	2 (8%)	3 (9%)
25-49	49 (42%)	216 (21%)	0 (0%)	10 (40%)	5 (15%)
50-64	4 (3%)	97 (9%)	0 (0%)	2 (8%)	5 (12%)
>64	1 (1%)	158 (15%)	0 (0%)	4 (16%)	3 (9%)
Total	117	1038	3	25	34

* Counts of three or less of reportable diseases (novel flu A) are suppressed to protect confidentiality. Note that counts may not add up to the total due to missing age information and all data in this report are provisional and may change as reports are updated

	Week 32-35 (8/5/12-9/1/12)	Cumulative (10/2/11-9/1/12)
Adenovirus	3	45
Parainfluenza Virus Type 1	0	32
Parainfluenza Virus Type 2	0	13
Parainfluenza Virus Type 3	2	2
Rhinovirus	0	64
Respiratory syncytial virus (RSV)	0	203
human metapneumovirus (hMPV)	0	22



Outpatient health care provider surveillance program (ILINet)

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. As a key part of influenza surveillance, CDC and IDPH highly encourage new health care providers to join this important surveillance program today! Contact Yumei Sun at 515-281-7134 or yumei.sun@idph.iowa.gov for more information.

