



# Iowa Influenza Surveillance Network (IISN)

## Influenza-like Illness (ILI) and Other Respiratory Viruses

### Weekly Activity Report

For the week ending January 28, 2012, Week 4

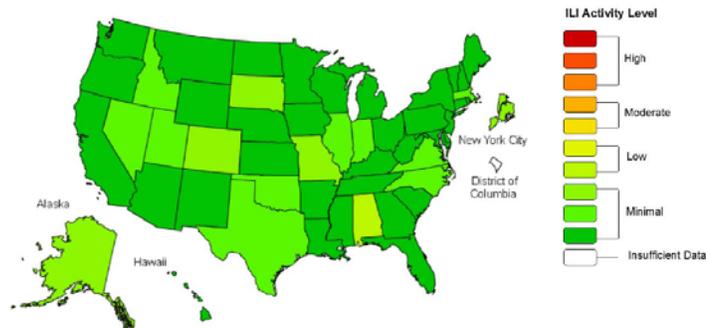
#### Quick Stats for this reporting week

Iowa activity level <sup>1</sup>	<b>Sporadic</b>
Percent of outpatient visits for ILI <sup>2</sup>	0.4% (baseline 2.3%)
Percent of influenza rapid test positive	5.9% (25/421)
Percent of RSV rapid tests positive	31.4% (97/309)
Percent school absence due to illness	2.9%
Number of schools with ≥10% absence due to illness	2
Influenza-associated hospitalizations*	5/6136 inpatients surveyed
Influenza-associated pediatric mortality**	0

\* Hospitalizations due to influenza are voluntarily reported through a weekly survey of Iowa sentinel hospitals.

\*\*CDC asks states to report any pediatric death (<18 years old) associated with influenza

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet  
2011-12 Influenza Season Week 4 ending Jan 28, 2012



\*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 flu within a state.

#### Iowa statewide activity summary

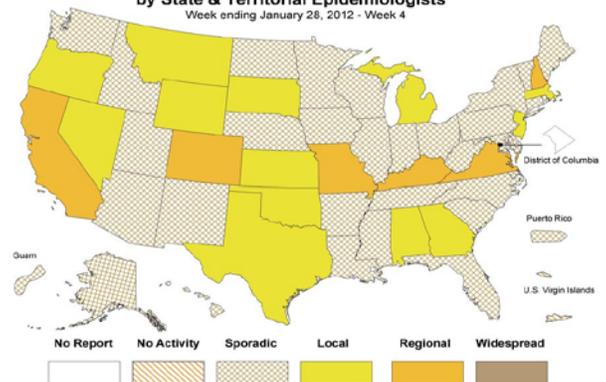
Influenza activity remains sporadic in Iowa. There were 11 new laboratory confirmed cases of seasonal influenza A identified in this reporting week. The proportion of outpatient visits due to influenza-like illness (ILI) was 0.4 percent, which is well below the regional baseline of 2.3 percent. The percent of influenza and RSV rapid tests that tested positive both increased from the previous week. There were five influenza-associated hospitalizations reported from sentinel hospitals for this reporting period. Two schools (one in Kossuth County and one in Grundy County) reported 10 percent or greater absenteeism due to various illnesses, primarily gastrointestinal. There were also seven cases of RSV and two cases of parainfluenza virus 1 detected in this reporting week. For the season, other respiratory viruses identified include rhinovirus, adenovirus, parainfluenza 1-2, RSV, and human metapneumovirus (hMPV).

#### National activity summary - [www.cdc.gov](http://www.cdc.gov)

**Synopsis:** During week 4 (January 22-28, 2012), influenza activity in the United States increased slightly, but remained relatively low.

- **U.S. Virologic Surveillance:** Of the 3,656 specimens tested by the U.S. World Health Organization and National Respiratory and Enteric Virus Surveillance System collaborating laboratories and reported to CDC/Influenza Division, 262 (7.2 percent) were positive for influenza.

Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists\*  
Week ending January 28, 2012 - Week 4



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

<sup>1</sup> \*No Activity: No laboratory-confirmed cases of influenza and no reported increase in the number of cases of influenza-like illness (ILI<sup>2</sup>).

**Sporadic:** Isolated laboratory-confirmed influenza cases or a single influenza outbreak has been reported, but there is no increase in cases of ILI<sup>2</sup>.

**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.

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

- **Pneumonia and Influenza (P&I) Mortality Surveillance:** The proportion of deaths attributed to P&I was below the epidemic threshold.
- **Influenza-associated Pediatric Mortality:** No influenza-associated pediatric deaths were reported.
- **Outpatient Illness Surveillance:** The proportion of outpatient visits for influenza-like illness (ILI) was 1.5 percent, which is below the national baseline of 2.4 percent. All 10 regions reported ILI below region-specific baseline levels. One state experienced low ILI activity, New York City and 49 states experienced minimal ILI activity and the District of Columbia had insufficient data.
- **Geographic Spread of Influenza:** The geographic spread of influenza in six states was reported as regional; 13 states reported local activity; Guam, Puerto Rico, and 31 states reported sporadic activity; the U.S. Virgin Islands reported no influenza activity, and the District of Columbia did not report.

**International activity summary - [www.who.int](http://www.who.int)**

Influenza activity in the temperate regions of the northern hemisphere remains low overall, though notable local increases in activity have been reported in North America, the western part of Europe, and northern China. Countries in the tropical zone reported low levels of influenza activity with the exceptions of southern China, Colombia, and Ecuador. Influenza activity in the temperate countries of the southern hemisphere is at inter-seasonal levels. The low level inter-seasonal transmission of A (H3N2) previously noted in Chile and Australia appears to be diminishing and becoming more sporadic. The most commonly detected virus type or subtype throughout the northern hemisphere temperate zone has been influenza A(H3N2) with the exception of China, which is reporting a predominance of influenza type B, and Mexico, where influenza A(H1N1)pdm09 is the predominant subtype circulating. In addition to Mexico, some southern states of the United States of America and Colombia in northern South America have also reported a predominance of A (H1N1) pdm09 in recent weeks. Nearly all influenza A viruses characterized are antigenically related to the viruses contained in the current northern hemisphere trivalent vaccine. About half of the small number of influenza type B viruses characterized are of the Yamagata lineage, which is not contained in the current vaccine. Oseltamivir resistance has been observed at very low levels and has not increased notably over levels reported in previous seasons.

**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.

**Specimens tested by the State Hygienic Laboratory**

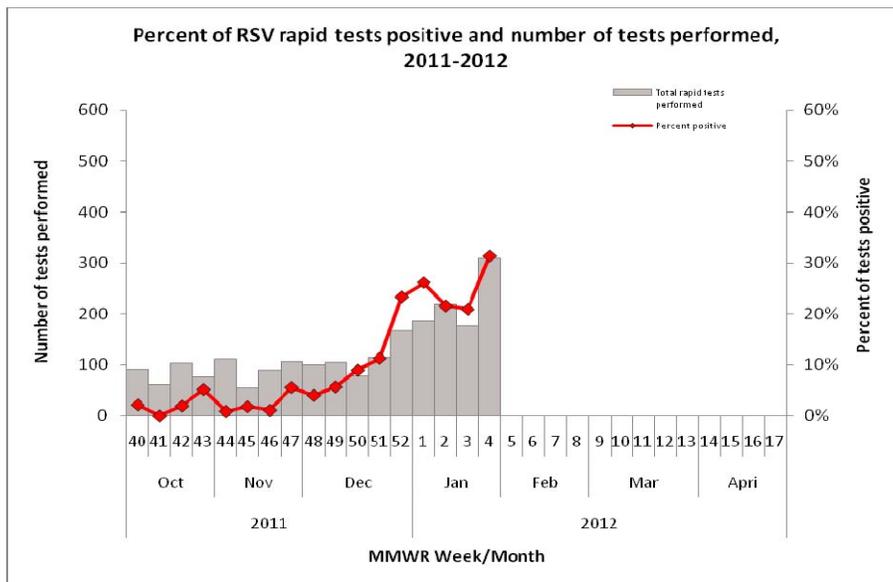
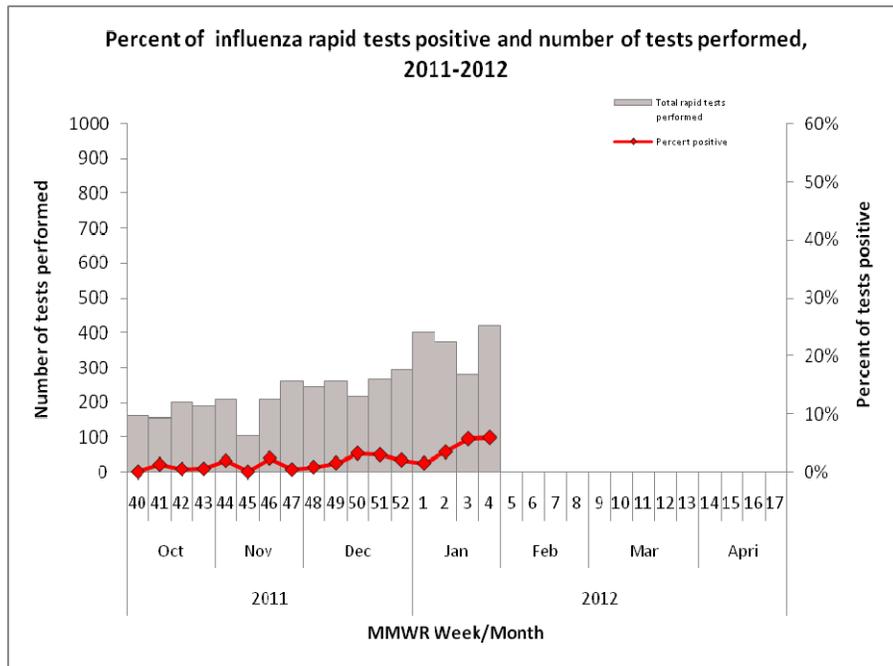
	Current week	Cumulative
<b>Flu A</b>	11 (30%)	62 (14%)
Flu A (2009 H1N1)	0 (0%)	2 (<1%)
Flu A (H3)	9 (24%)	55 (12%)
Novel A (H3N2)	0 (0%)	3 (1%)
Subtyping not reported	2 (6%)	2 (<1%)
<b>Flu B</b>	0 (0%)	1 (<1%)
<b>Equivocal</b>	0 (0%)	0 (0%)
<b>Indeterminate</b>	0 (0%)	6 (1%)
<b>Negative</b>	26 (70%)	396 (85%)
<b>Total</b>	37	465

Age group	Flu A (2009 H1N1)	Flu A (H3)	Novel A (H3N2)	Flu A (no typing)	Flu B
<b>0-4</b>	0 (0%)	12 (22%)	* (*%)	0 (0%)	0 (0%)
<b>5-17</b>	1 (50%)	17 (31%)	* (*%)	0 (0%)	0 (0%)
<b>18-24</b>	0 (0%)	4 (7%)	0 (0%)	0 (0%)	0 (0%)
<b>25-49</b>	1 (50%)	9 (17%)	0 (0%)	2 (100%)	0 (0%)
<b>50-64</b>	0 (0%)	8 (15%)	0 (0%)	0 (0%)	1 (100%)
<b>&gt;64</b>	0 (0%)	4 (9%)	0 (0%)	0 (0%)	0 (0%)
<b>Total</b>	2	55	3	2	1

\* Counts of three or less of reportable diseases are suppressed to protect confidentiality. Note that counts may not add up to the total due to missing age information

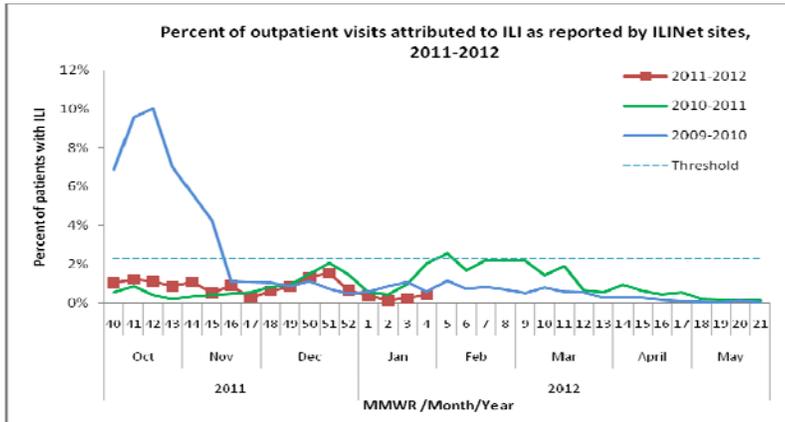
**Table 3. Number of positive results for non-influenza respiratory virus isolated since 10/2/11 by the State Hygienic Laboratory, Mercy Dunes in Sioux City, and Iowa Methodist Medical Center**

	<i>Current week</i>	<i>Cumulative</i>
<i>Adenovirus</i>	0	19
<i>Parainfluenza Virus Type 1</i>	2	27
<i>Parainfluenza Virus Type 2</i>	0	8
<i>Parainfluenza Virus Type 3</i>	0	0
<i>Rhinovirus</i>	0	25
<i>Respiratory syncytial virus (RSV)</i>	7	26
<i>human metapneumovirus (hMPV)</i>	0	3



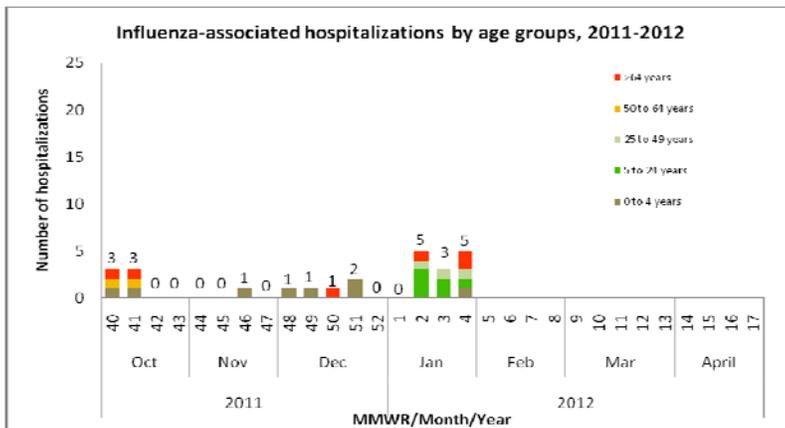
**Outpatient health care provider surveillance program (ILINet)**

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.



**Influenza-associated hospitalizations**

Sentinel hospitals that participate in IISN voluntarily track and report the number of influenza-associated hospitalizations and the total number of inpatients each week.



**School surveillance program**

Schools participating in IISN voluntarily track and report absence due to all illness (including non-influenza illnesses) and the total enrollment each week.

