



# Iowa Influenza Surveillance Network (IISN)

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

### Weekly Activity Report

For the week ending January 14, 2012, Week 2

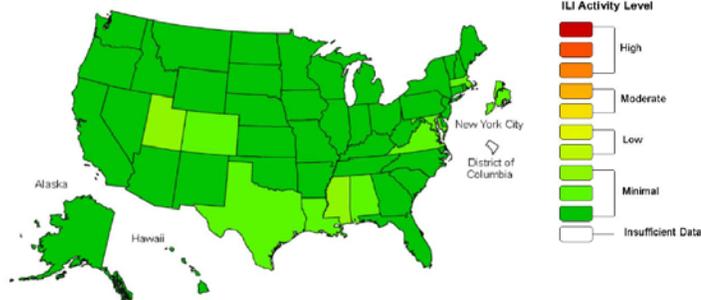
### Quick Stats for this reporting week

Iowa activity level <sup>1</sup>	Sporadic
Percent of outpatient visits for ILI <sup>2</sup>	0.1% (baseline 2.3%)
Percent of influenza rapid test positive	3.5% (13/375)
Percent of RSV rapid tests positive	21.6% (47/218)
Percent school absence due to illness	2.5%
Number of schools with ≥10% absence due to illness	1
Influenza-associated hospitalizations*	5/6756 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 2 ending Jan 14, 2012



Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists\*  
Week ending January 14, 2012 - Week 2



\*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.

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

### Iowa statewide activity summary

Influenza activity remains sporadic in Iowa. There were eight new laboratory confirmed cases of seasonal influenza A (H3) identified in this reporting week. The proportion of outpatient visits due to influenza-like illness (ILI) was 0.1 percent, which is well below the regional baseline of 2.3 percent. The percent of influenza rapid tests that tested positive increased slightly, while the percent of respiratory syncytial virus (RSV) rapid tests that tested positive decreased but remained high. There were five influenza-associated hospitalizations reported from sentinel hospitals for this reporting period. Most of these hospitalizations occurred in people aged 5 to 24 years. One school in Emmet County reported 10 percent or greater absenteeism due to various illnesses including respiratory and gastrointestinal illnesses. There were also six 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 2 (January 8-14, 2012), influenza activity in the United States remained relatively low.

- **U.S. Virologic Surveillance:** Of the 3,771 specimens tested by U.S. World Health Organization and National Respiratory and Enteric Virus Surveillance System collaborating laboratories and reported to CDC/Influenza Division, 138 (3.7 percent) were positive for influenza.
- **Pneumonia and Influenza (P&I) Mortality Surveillance:** The proportion of deaths attributed to P&I was below the epidemic threshold.

<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.

- **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 1.2 percent, which is below the national baseline of 2.4 percent. All 10 regions reported ILI below region-specific baseline levels. New York City and all 50 states experienced minimal ILI activity and the District of Columbia had insufficient data.
- **Geographic Spread of Influenza:** The geographic spread of influenza in one state was reported as regional; eight states reported local activity; Puerto Rico and 38 states reported sporadic activity, and the District of Columbia, Guam, the U.S. Virgin Islands, and three states reported no influenza activity.

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

During week 52 in 2011 and week 1 in 2012, laboratory confirmed influenza activity continued to increase in some countries in the northern hemisphere, but in general, influenza activity remained low. Globally influenza A (H3N2) remained the predominant virus subtype detected. Influenza A (H1N1) pdm09 detection was very low, while the proportion of circulating B virus varied. Co-circulation of both B/Yamagata and B/Victoria lineage viruses were reported in some countries. In Europe, the Middle East, North Africa and North America, influenza A (H3N2) activity continued to increase in some countries with localized to widespread activity reported. Influenza B virus was detected at low levels with A (H1N1) pdm09 detected sporadically. In Asia, activity of influenza viruses in various proportions increased in some countries ranging from local to regional levels. Influenza A (H3N2) virus predominated in Japan and the Republic of Korea, while influenza B predominated in China. In some other countries, A (H3N2) and B co-circulated. Influenza A (H1N1) pdm09 was detected at very low levels. In the southern hemisphere, influenza activity remained low with influenza A(H3N2) virus predominating. A new candidate A (H5N1) reassortant vaccine virus has been developed from A/Hubei/1/2010 (H5N1) which belongs to clade 2.3.2.1, and is available for distribution on request: [Availability of a new A\(H5N1\) candidate vaccine virus \(clade 2.3.2.1\)](#)

**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.

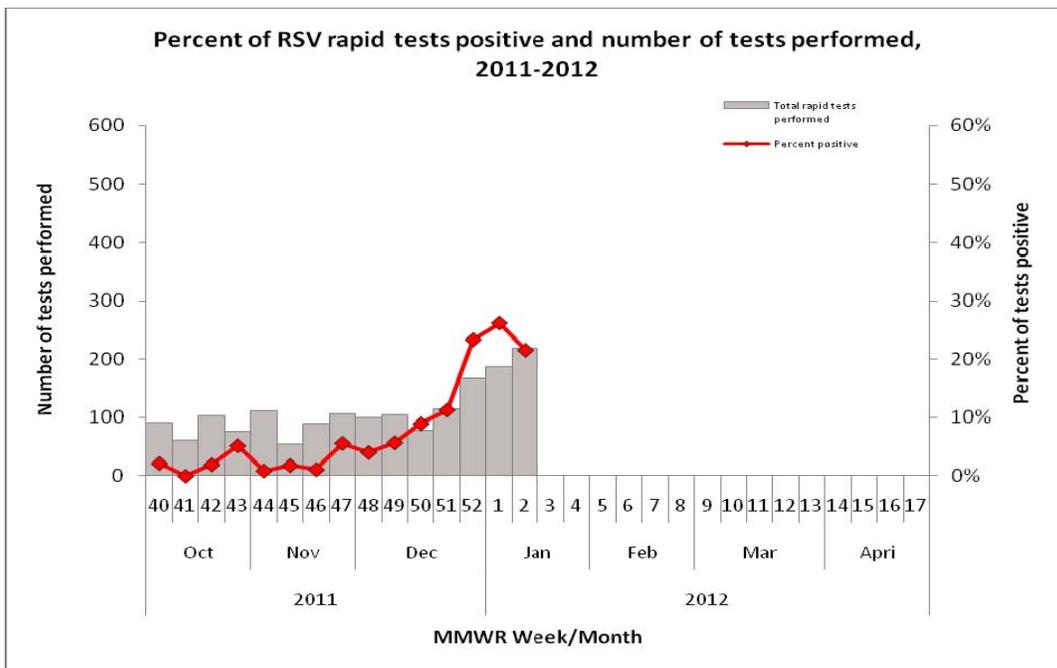
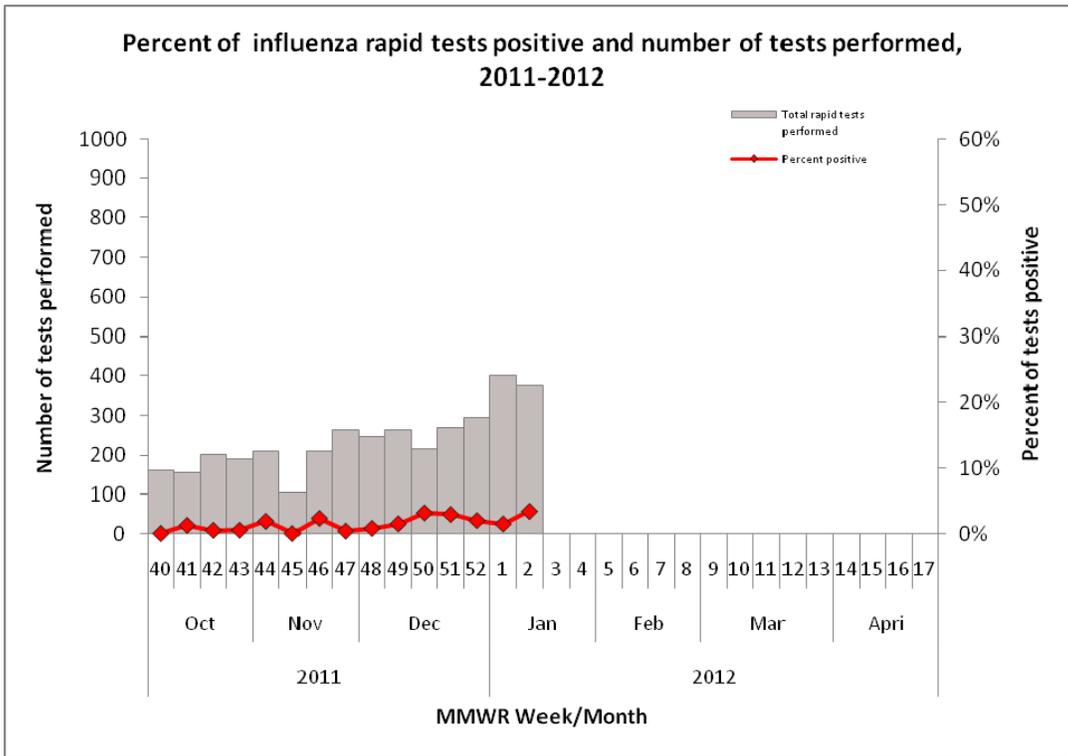
**Specimens tested by the State Hygienic Laboratory**

	Current week	Cumulative
<b>Flu A</b>	8 (69%)	45 (11%)
Flu A (2009 H1N1)	0 (0%)	1 (<1%)
Flu A (H3)	8 (31%)	41 (10%)
Novel A (H3N2)	0 (0%)	3 (1%)
<b>Flu B</b>	0 (0%)	1 (<1%)
<b>Equivocal</b>	0 (0%)	0 (0%)
<b>Indeterminate</b>	0 (0%)	6 (2%)
<b>Negative</b>	18 (69%)	344 (87%)
<b>Total</b>	26	396

Age group	Flu A (2009 H1N1)	Flu A (H3)	Novel A (H3N2)	Flu B
<b>0-4</b>	0 (0%)	10 (24%)	* (*%)	0 (0%)
<b>5-17</b>	0 (0%)	11 (27%)	* (*%)	0 (0%)
<b>18-24</b>	0 (0%)	2 (5%)	0 (0%)	0 (0%)
<b>25-49</b>	1 (100%)	7 (17%)	0 (0%)	0 (0%)
<b>50-64</b>	0 (0%)	6 (15%)	0 (0%)	1 (100%)
<b>&gt;64</b>	0 (0%)	5 (12%)	0 (0%)	0 (0%)
<b>Total</b>	1	41	3	1

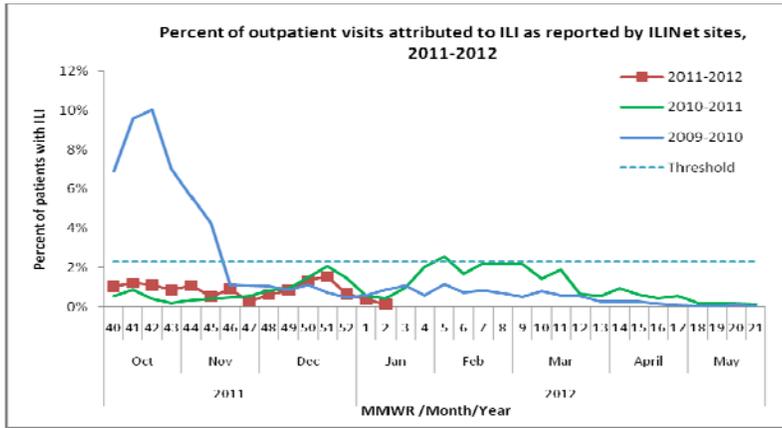
\* Counts of three or less of reportable diseases are suppressed to protect confidentiality.

	Current week	Cumulative
<b>Adenovirus</b>	0	18
<b>Parainfluenza Virus Type 1</b>	2	23
<b>Parainfluenza Virus Type 2</b>	0	7
<b>Parainfluenza Virus Type 3</b>	0	0
<b>Rhinovirus</b>	0	24
<b>Respiratory syncytial virus (RSV)</b>	6	14
<b>human metapneumovirus (hMPV)</b>	0	3



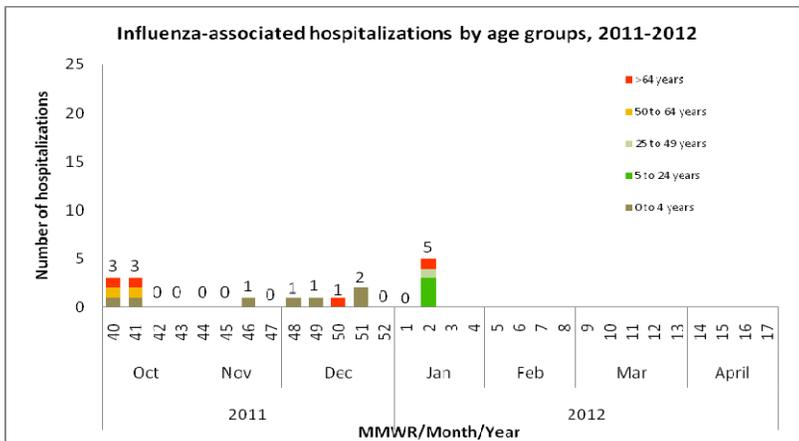
### Outpatient health care provider surveillance program (ILINet)

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.

