

Iowa Respiratory Virus Surveillance Report

MMWR Weeks 27 - 31 (June 29, 2025 - August 2, 2025)

Date and time of issue: 8/8/2025 11:39:31 AM

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During the summer months, the report cadence will be approximately once a month, depending on the timing of the MMWR weeks in that month.

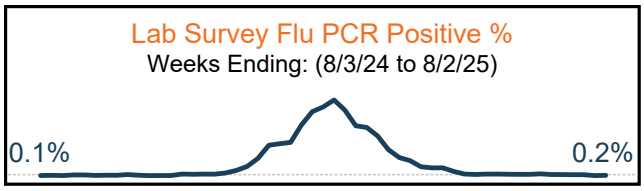
Iowa HHS will start publishing weekly respiratory reports after the start of the 2025-26 respiratory season, with the first report due to be released on Friday, October 10, 2025.

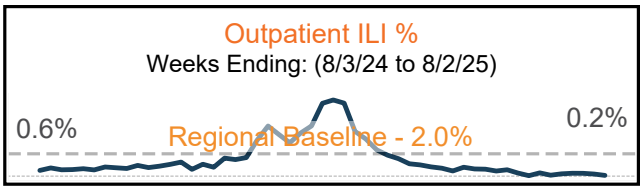
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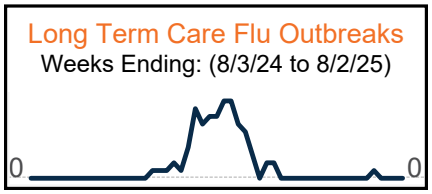
Quick Stats for MMWR Weeks 27 - 31 (6/29/25 - 8/2/25)

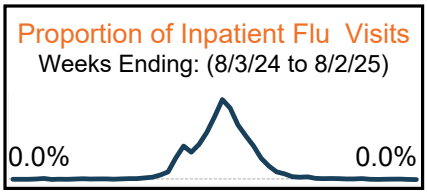
Influenza

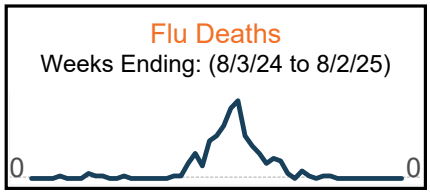
Overall Influenza Activity: VERY LOW





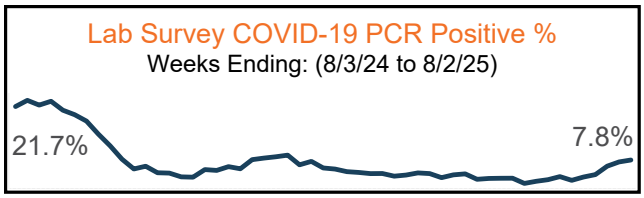


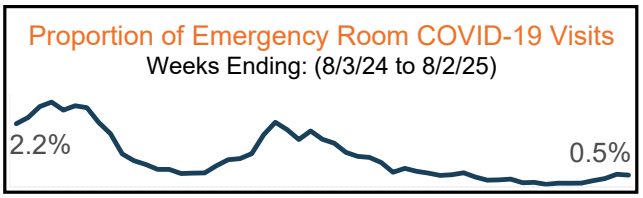


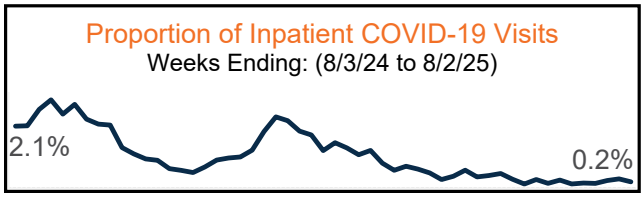


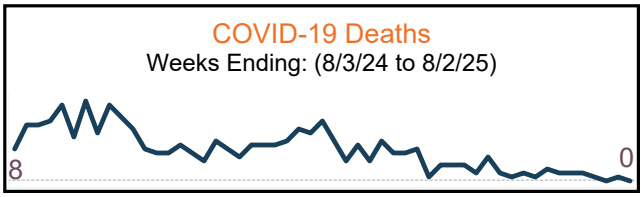
COVID-19

Overall COVID-19 Activity: VERY LOW



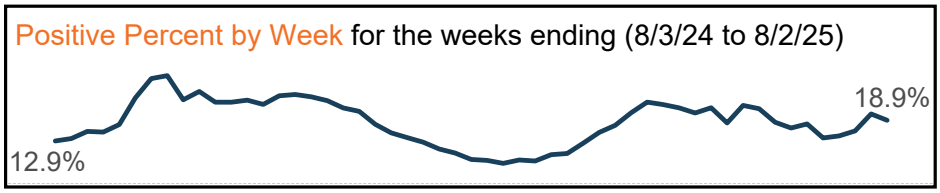






Other Respiratory Viruses

Top Pathogen Group by Positive Percent on Respiratory Virus Survey - MOLECULAR ONLY



Percent Positive
Current Week

Rhinovirus / Enterovirus
18.9%

All data presented in this report are provisional and may change as additional reports are received.

See the **Survillance Methods** page for a detailed description of each component of the Iowa respiratory virus surveillance system including methodology and definitions.
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International Influenza Activity Summary

World Health Organization Influenza Update

Published 6 August 2025 | For reporting Week 30, ending 27 July 2025

Influenza
Globally, influenza activity remained low, with influenza A viruses continuing to predominate. Patterns varied between hemispheres and transmission zones.

SARS-CoV-2
Globally, SARS-CoV-2 positivity remained stable and low across the majority of reporting countries with a few countries reporting elevated positivity(>10%). Increases were reported in countries in Central America and the Caribbean, Northern Africa, South West Europe, Western, Eastern and Southern Asia.

Respiratory Syncytial Virus (RSV)
Among reporting countries, RSV positivity remained stable and low overall, however, increases were reported in countries in Temperate South America. Elevated activity was reported in a few countries in Central America and the Caribbean, Tropical and Temperate South America and activity was over 30% in parts of Central America and the Caribbean and Temperate South America.

https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-updates/current-influenza-update

National Outpatient Respiratory Illness Activity - CDC

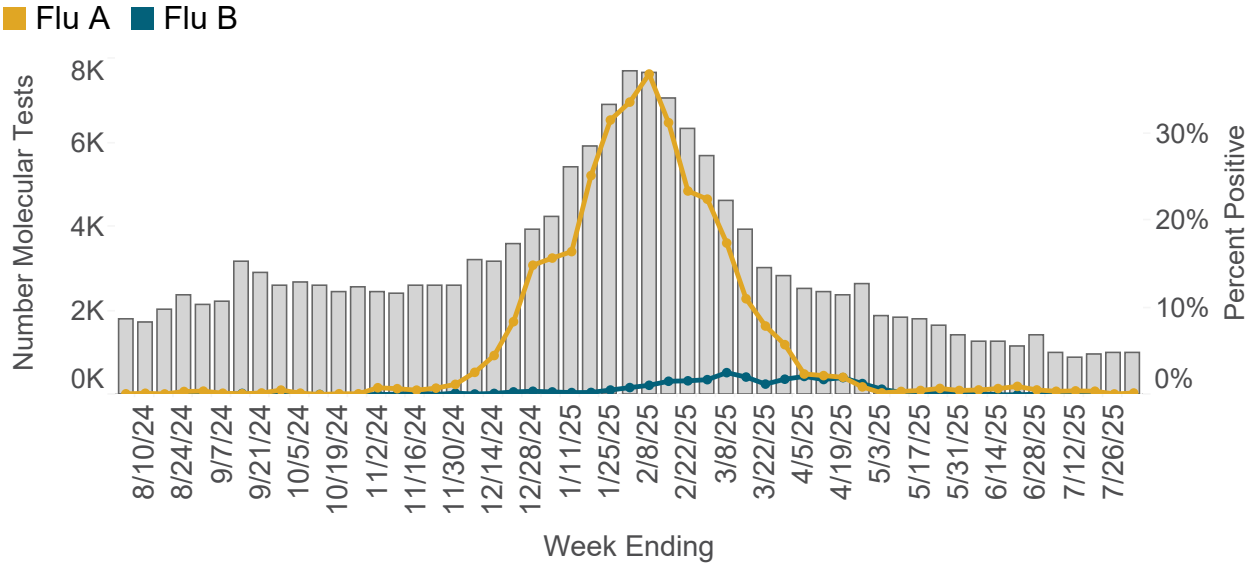


Weekly U.S. influenza surveillance report. Centers for Disease Control and Prevention. https://www.cdc.gov/fluview/index.html

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Iowa Respiratory Survey - Influenza

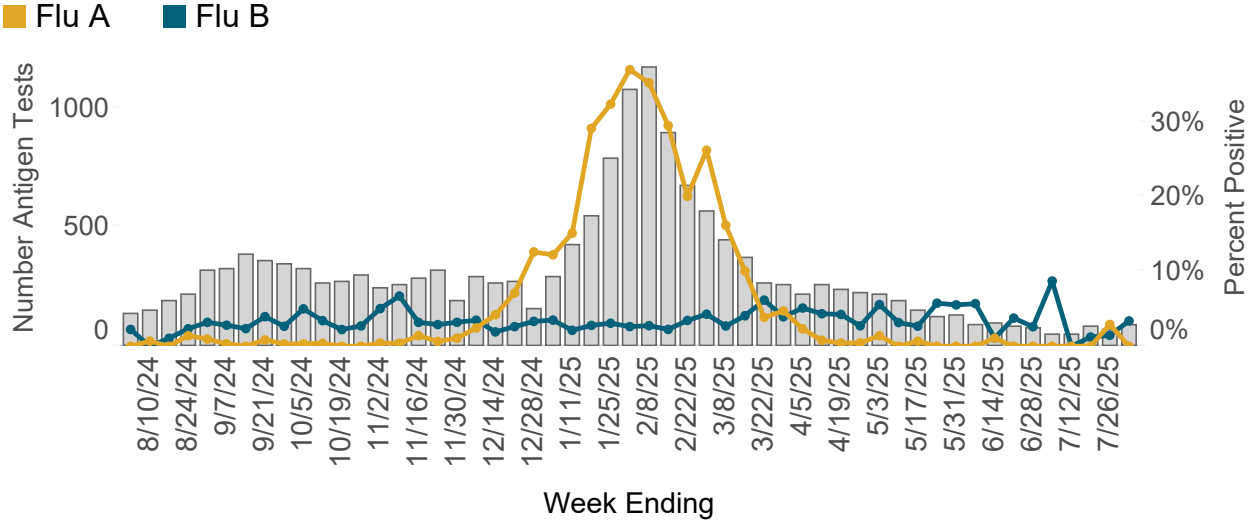
Number and Percent of Influenza Positive Molecular Tests



Flu Tests and Positivity by Method 6/29/2025 - 8/2/2025

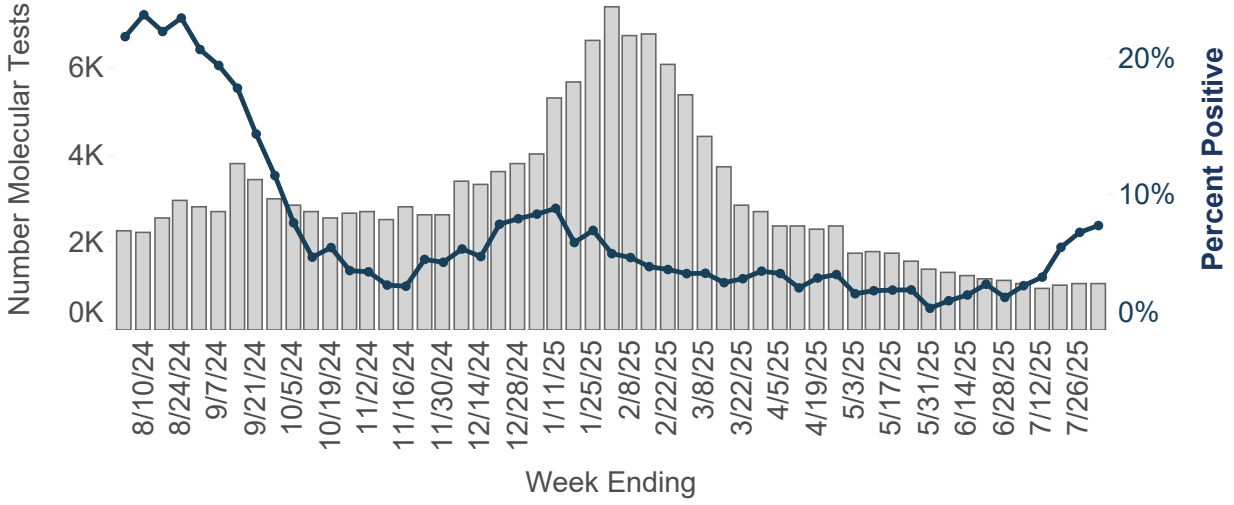
Test Method	Number Positives	Number Tests	Percent Positive
Molecular	19	4,830	0.4%
Antigen	11	335	3.3%
Total	**30**	**5,165**	**0.6%**

Number and Percent of Influenza Positive Antigen Tests



Iowa Respiratory Survey - COVID-19

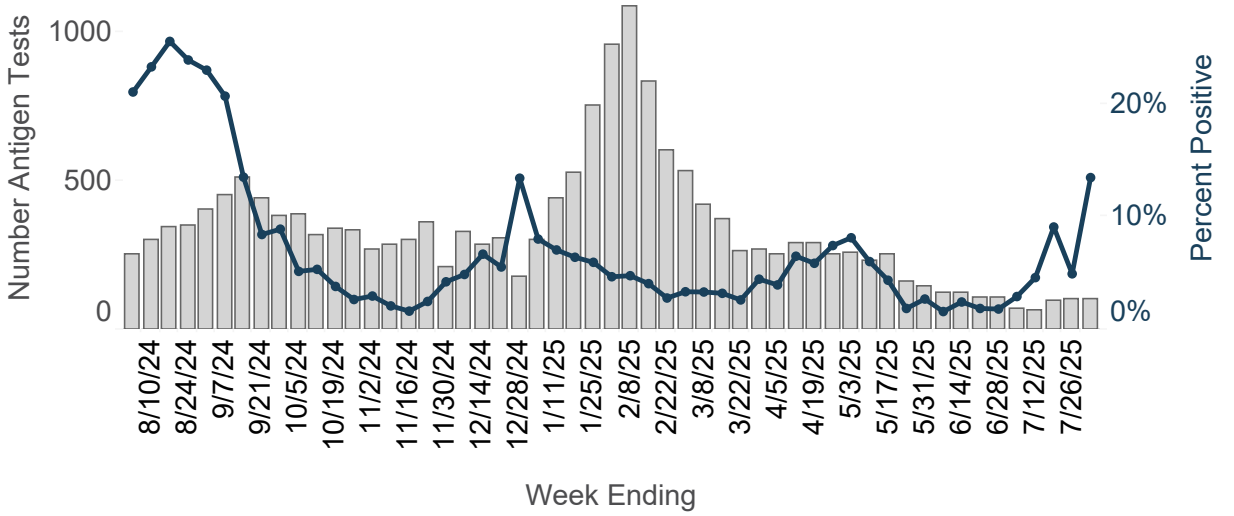
Number and Percent of COVID-19 Positive Molecular Tests



COVID-19 Tests and Positivity by Method (6/29/2025 - 8/2/2025)

Test Method	Number Positives	Number Tests	Percent Positive
Molecular	295	5,145	5.7%
Antigen	33	437	7.6%
Total	**328**	**5,582**	**5.9%**

Number and Percent of COVID-19 Positive Antigen Tests



Influenza Testing at the State Hygienic Laboratory (SHL)

Cumulative Influenza Viruses Detected by SHL (9/29/2024 - Current Week)

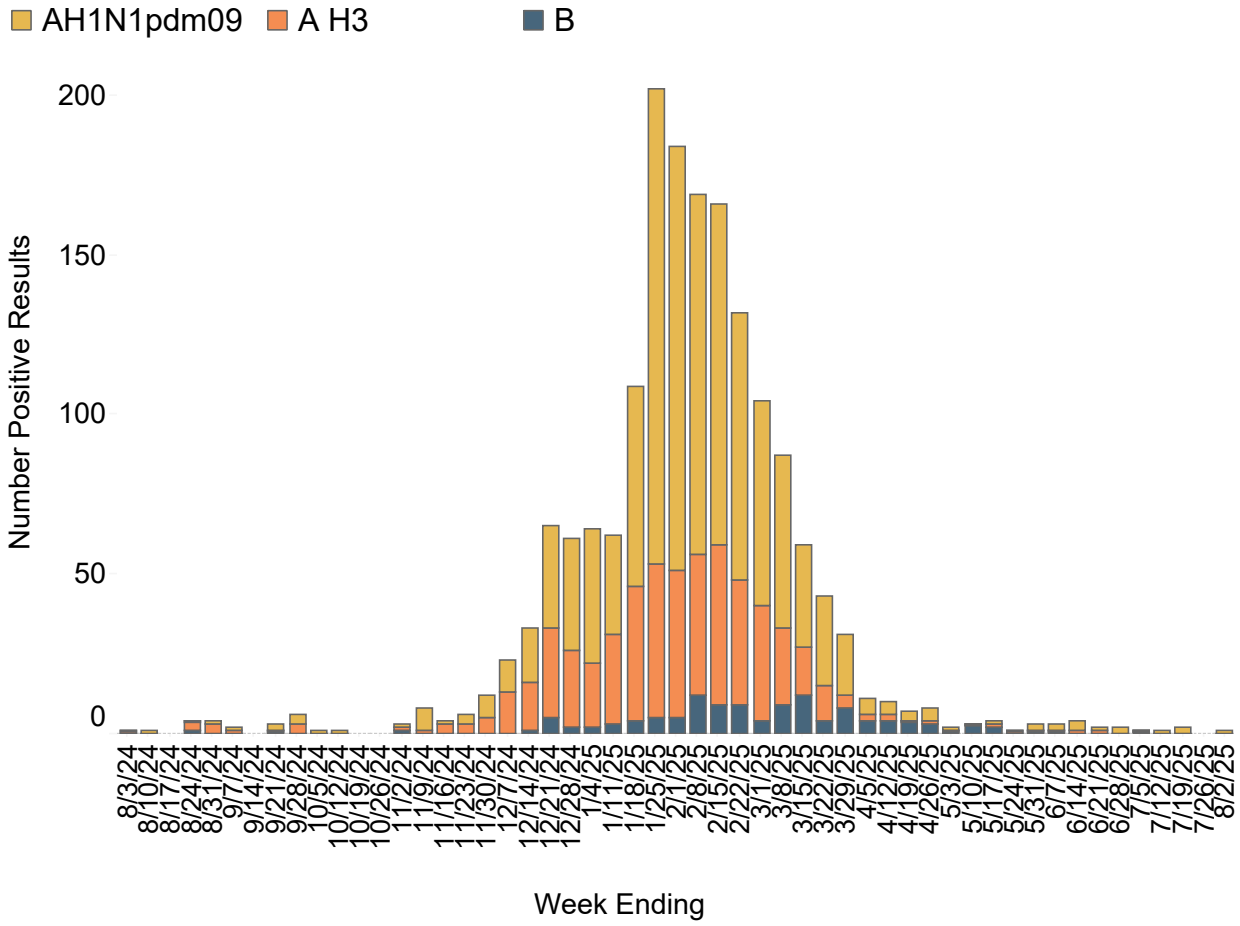
	Flu A		Flu B	Grand Total
	AH1N1pdm09	A H3	B	
Current Positives	4	0	1	5
Cumulative Positives	1066	509	119	1694

Table Note: Only Iowa residents are included.

Novel Influenza A Note: SHL detected one human case of avaian influenza A(H5) which is not included in the table above or the graph below.

Influenza B Note: CDC no longer supplies the public health laboratories with the testing kits to genotype influenza B after not detecting any influenza B Yamagata for over 3 years. SHL will still send a subsample of influenza B positive specimens to CDC for further characterization.

Influenza Viruses Detected by SHL by Week



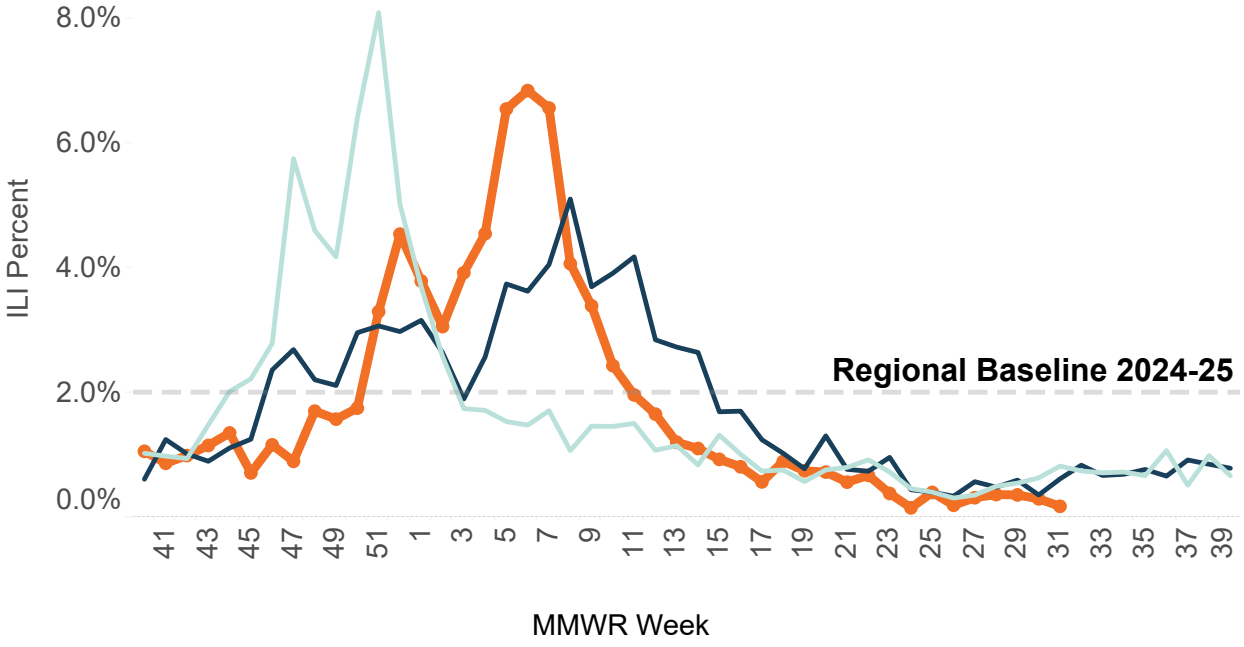
Iowa Respiratory Virus Surveillance Report 6/29/2025 - 8/2/2025 (MMWR Weeks 27 - 31)

Outpatient Health Care Provider Surveillance (ILINET)

Percent Of Outpatient Visits with Influenza-like Illness (ILI)

2022-23 **2023-24** **2024-25**

ILI Percent by Season and Week



ILI by Age Group Past 4 Weeks

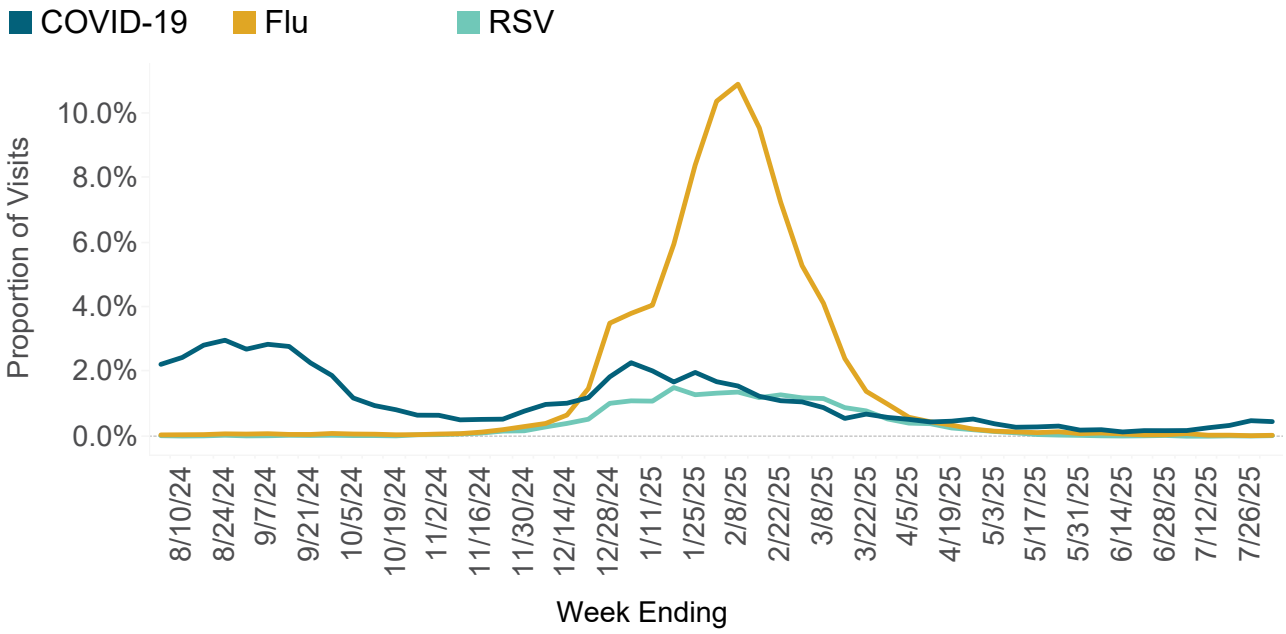
MMWR Week	End Date	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age 65 and older	Total ILI	ILI Pct
28	7/12/2025	4	5	1	1	1	12	0.37%
29	7/19/2025	4	4	0	0	3	11	0.37%
30	7/26/2025	2	3	3	0	1	9	0.30%
31	8/2/2025	1	2	2	0	0	5	0.18%

Outpatient ILI Note: 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. The ILI Definition changed in 2021-22 so that persons with ILI symptoms (cough, sore throat, fever) will be counted even if positive for other respiratory illness (e.g., COVID-19).

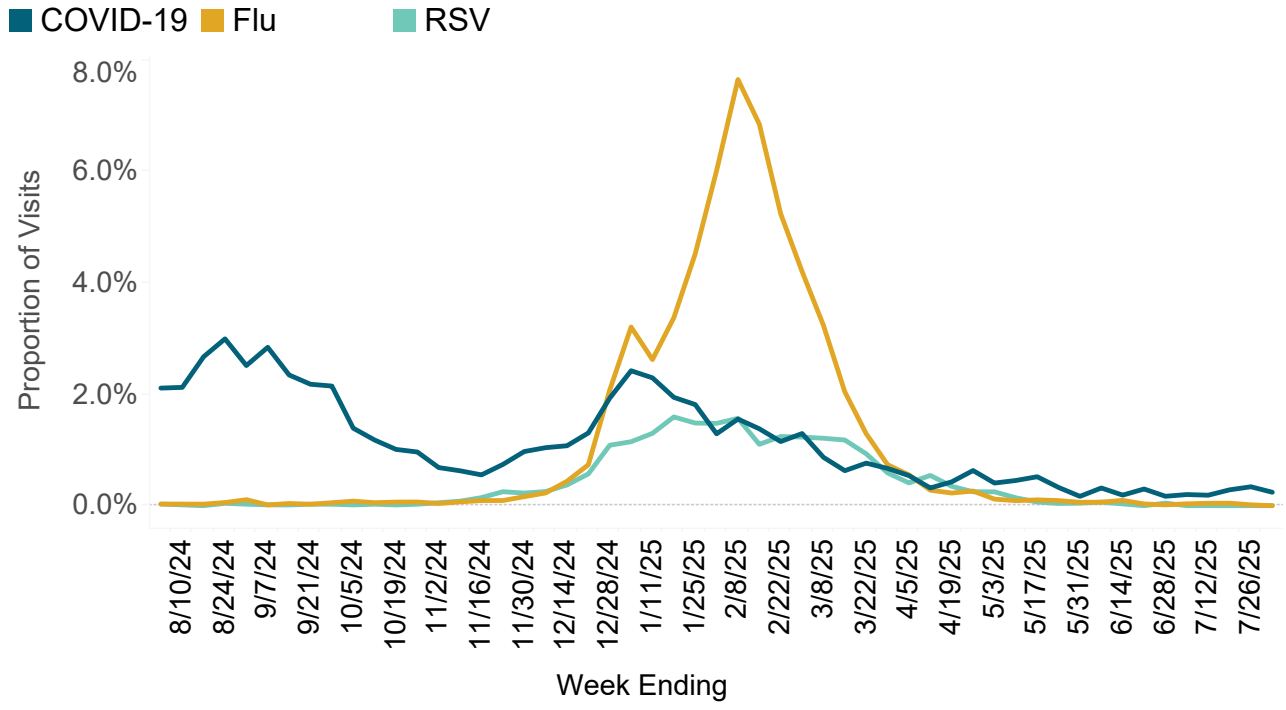
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Iowa Syndromic Surveillance Program

Proportion of Iowa Emergency Room Visits for Respiratory Syndromes



Proportion of Iowa Inpatient Visits for Respiratory Syndromes

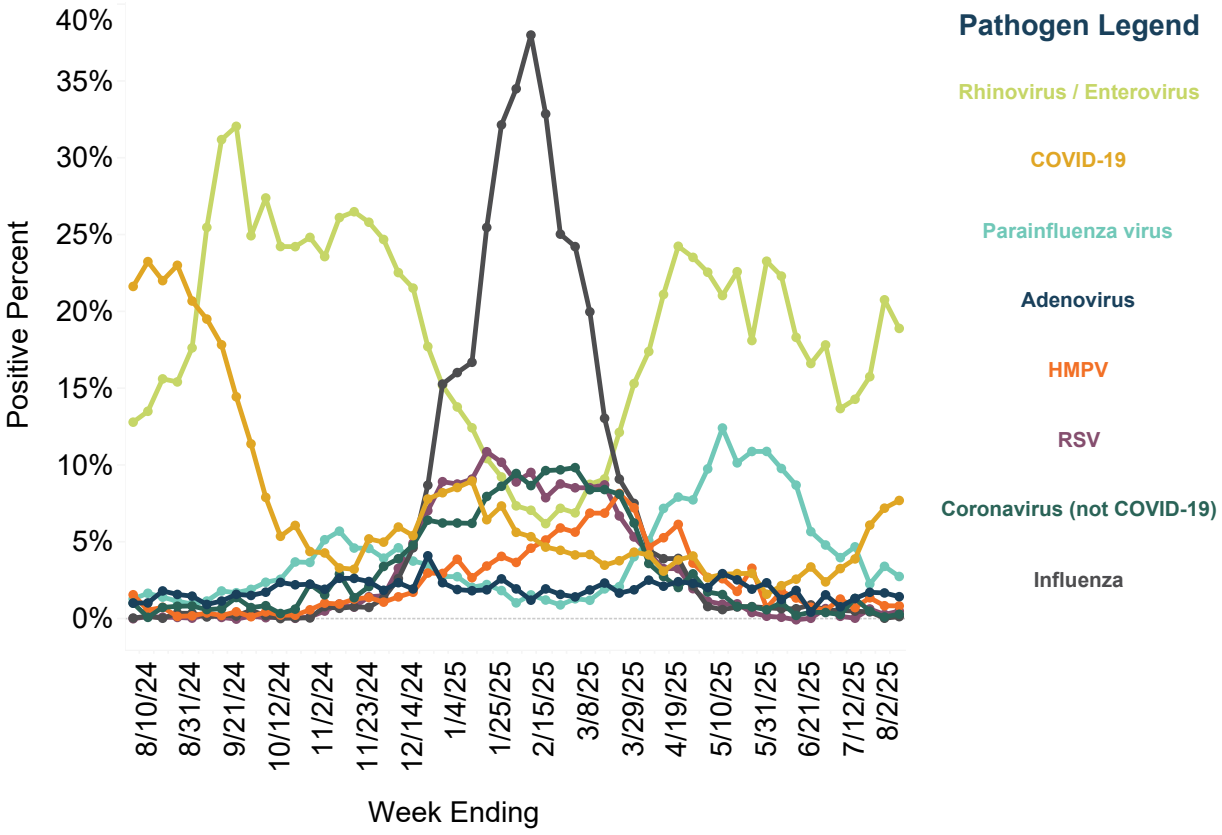


Iowa Respiratory Virus Surveillance Report 6/29/2025 - 8/2/2025 (MMWR Weeks 27 - 31)

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Iowa Respiratory Virus Survey

Percent of Positive Respiratory Virus Group - Molecular Only



Molecular Tests and Positivity by Method (6/29/2025 - 8/2/2025)

Pathogen group	Number Positives	Number Tests	Percent Positive by Group
Rhinovirus / Enterovirus	453	2,721	16.6%
COVID-19	295	5,145	5.7%
Parainfluenza virus	94	2,711	3.5%
Adenovirus	39	2,709	1.4%
HMPV	30	2,764	1.1%
Coronavirus (not COVID-19)	15	2,738	0.5%
Influenza	19	4,830	0.4%
RSV	17	4,470	0.4%

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Report Methods, Definitions and Data Sources

NATIONAL INFLUENZA LIKE ILLNESS (ILI) - CDC

The CDC national ILI map shows influenza-like illness, which is determined by symptoms such as fever, cough, and sore throat that can be caused by a number of pathogens in addition to influenza (e.g., COVID-19). Detailed information can be found online at www.cdc.gov/flu/weekly/.

IOWA RESPIRATORY SURVEY

Iowa HHS and SHL run a weekly web-based survey program where laboratorians report the number of influenza, COVID-19 and other respiratory virus tests performed, the testing method (molecular, antigen, or virus isolation) and the number of positive tests.

INFLUENZA TESTING AT THE STATE HYGIENIC LAB

The State Hygienic Laboratory (SHL) is the primary laboratory in Iowa characterizing specimens for influenza surveillance. SHL reports the number of tests performed and the type and subtype/lineage of positive tests to the influenza surveillance network daily. SHL also sends a portion of specimens to CDC for further characterization.

OUTPATIENT HEALTH CARE PROVIDER SURVEILLANCE PROGRAM (ILINET)

Outpatient health care providers who participate in 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 AND COVID-19 DEATHS

The Iowa HHS Center for Acute Disease Epidemiology works with the Bureau of Health Statistics to monitor mortality among Iowa residents related to Influenza and COVID-19. Deaths are considered to be influenza-associated when influenza is listed on the death certificate. COVID-associated deaths are determined by diagnosis codes listed on the death certificate.

Both Influenza and COVID-19 death totals are cumulative from the start of the fllu season (approximately October 1 each year through the end or the current reporting week).

LONG TERM CARE FACILITY INFLUENZA OUTBREAKS

A confirmed influenza outbreak in a care facility is defined as at least two residents with lab-confirmed influenza in the same area of a facility having an illness onset within 72 hours of each other.

IOWA SYNDROMIC SURVEILLANCE

Iowa HHS, CyncHealth Iowa and CDC started implementing syndromic surveillance for the state of Iowa in May 2021. Iowa continues to enroll hospitals to participate and currently has over 90 hospitals participating. Syndromic surveillance provides public health with a near real time system for detecting, understanding, and monitoring health events based on symptoms and diagnoses of patients visitng participating hospitals.