

Iowa Respiratory Virus Surveillance Report

MMWR Week 20
May 17, 2026 - May 23, 2026

Date and time of issue: 5/28/2026 12:23:50 PM

IOWA Health and Human Services

This week wil be the last weekly respiratory virus surveillance report for the 2025-26 respiratory season. 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 2026-27 respiratory season, with the first report due to be released on Friday, October 16, 2026.

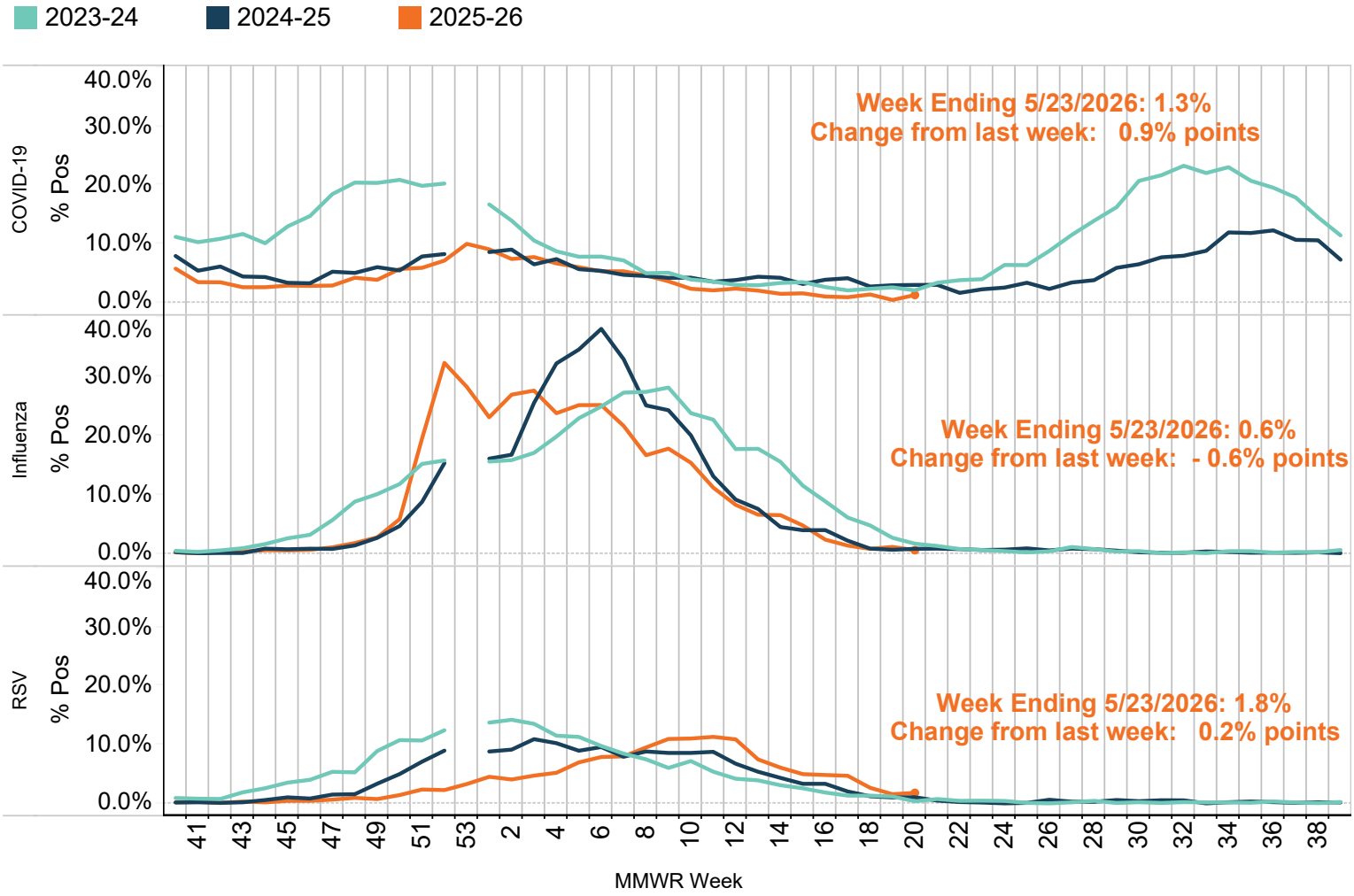
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Iowa Respiratory Virus Activity Overview
MMWR Week 20 (5/17/2026 - 5/23/2026)

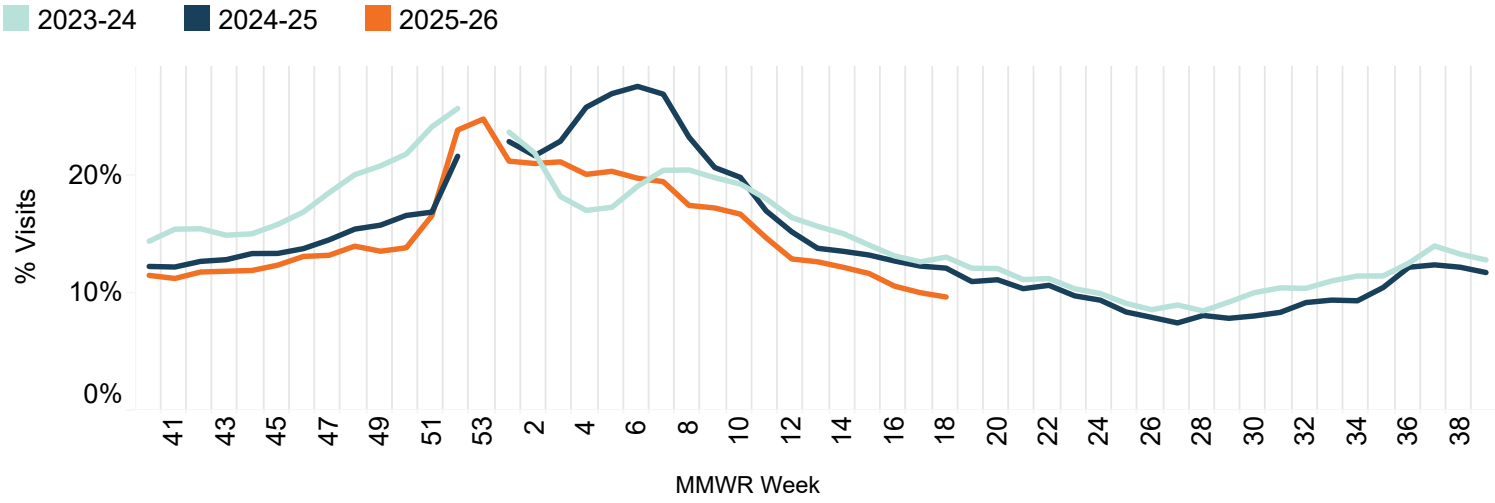
Overall Activity Levels

Due to a temporary lapse in Iowa's syndromic surveillance data feed, emergency department and inpatient stay proportions as well as activity levels calculated from them are not available for MMWR weeks 19-20.

Lab Surveillance - percent positive molecular respiratory virus results



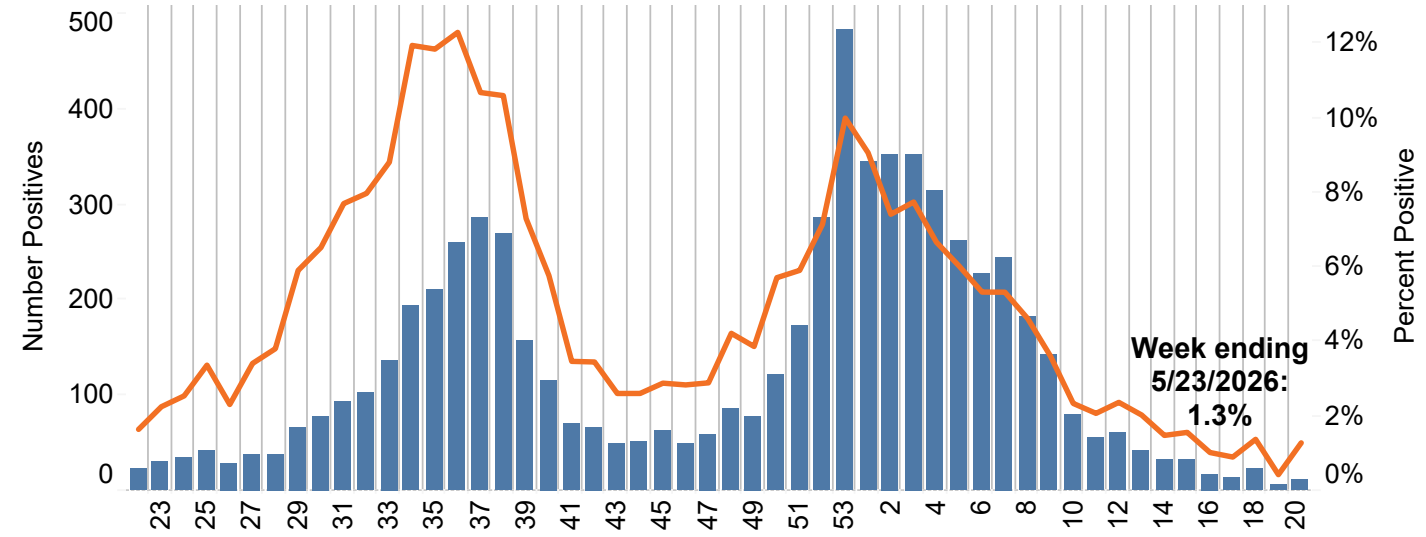
Syndromic Surveillance - percent of emergency department visits with acute respiratory syndrome



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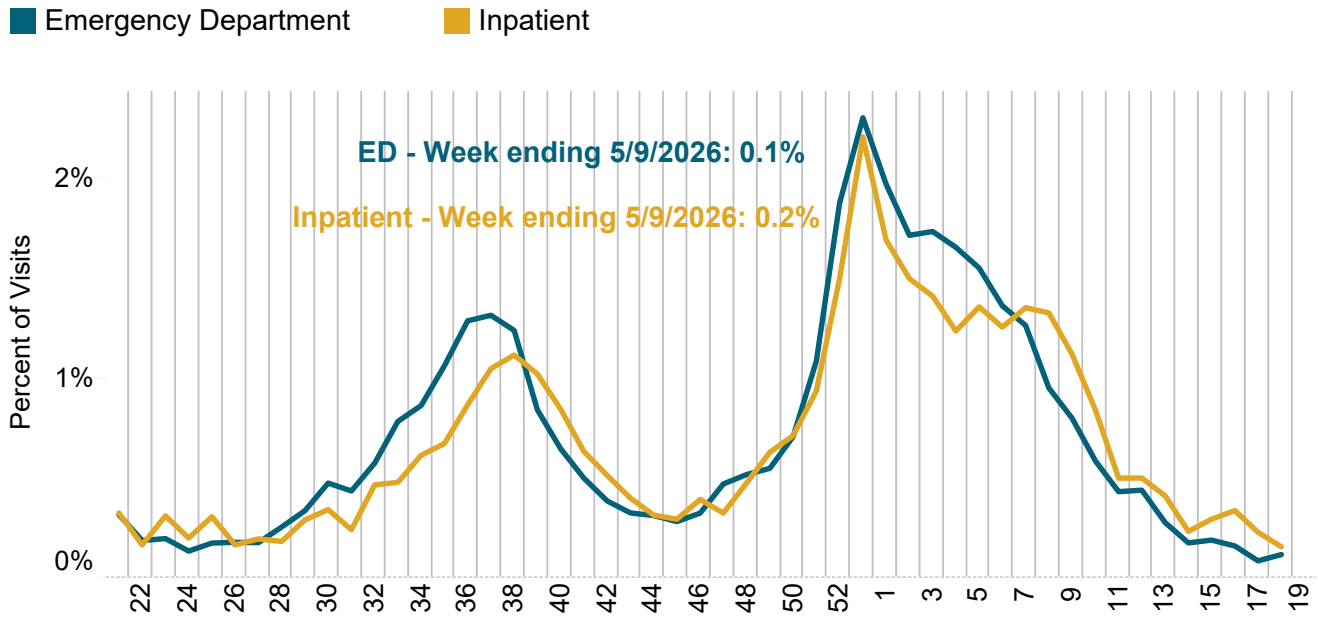
COVID-19 Activity Overview
MMWR Week 20 (5/17/2026 - 5/23/2026)

Lab Survey - number of COVID-19 molecular positive tests and total percent positive



MMWR Weeks - current and 51 previous weeks (end dates of 5/31/25 - 5/23/26)

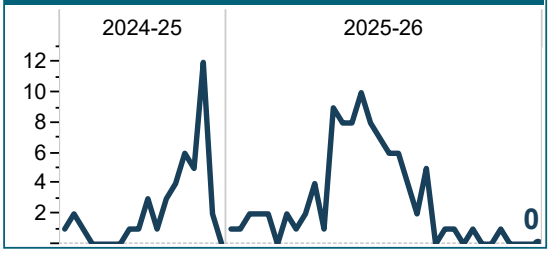
Syndromic Surveillance - percent of emergency department visits with COVID-19



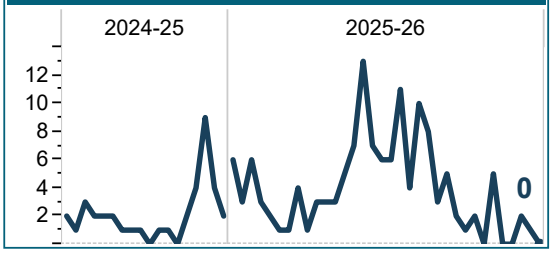
MMWR Weeks - current and 51 previous weeks (end dates of 5/31/25 - 5/23/26)

COVID-19 Trends - current and previous 51 weeks

Long Term Care - COVID-19 outbreaks



Mortality - COVID-19 deaths

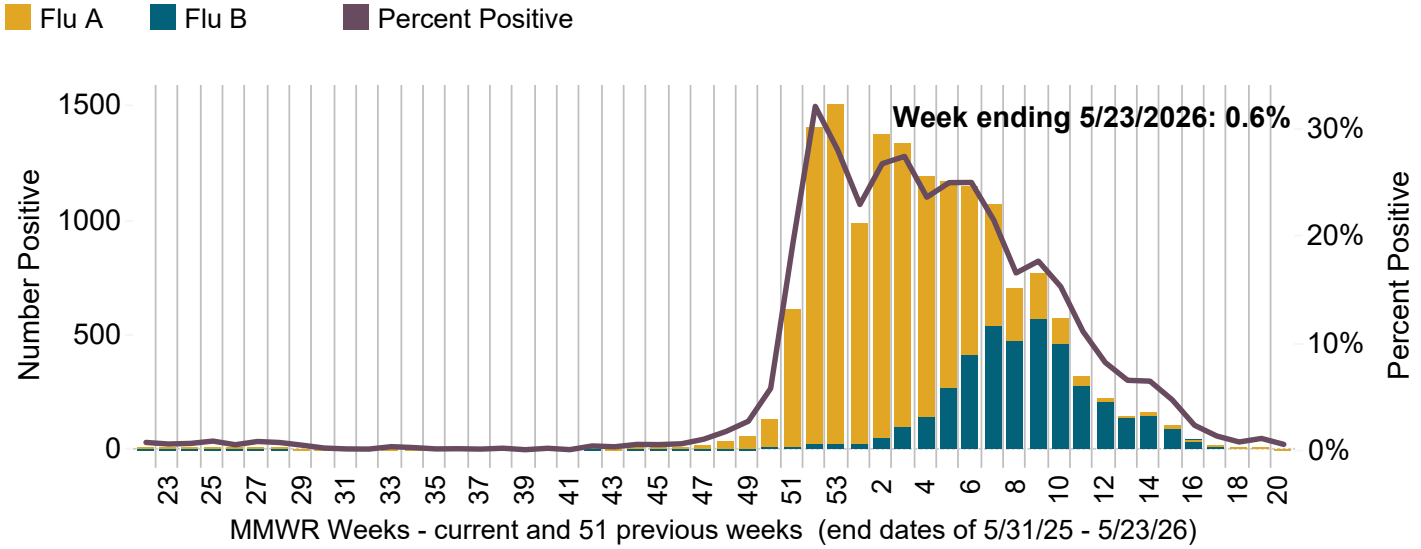


Cumulative COVID-19 Deaths 2025-26
134

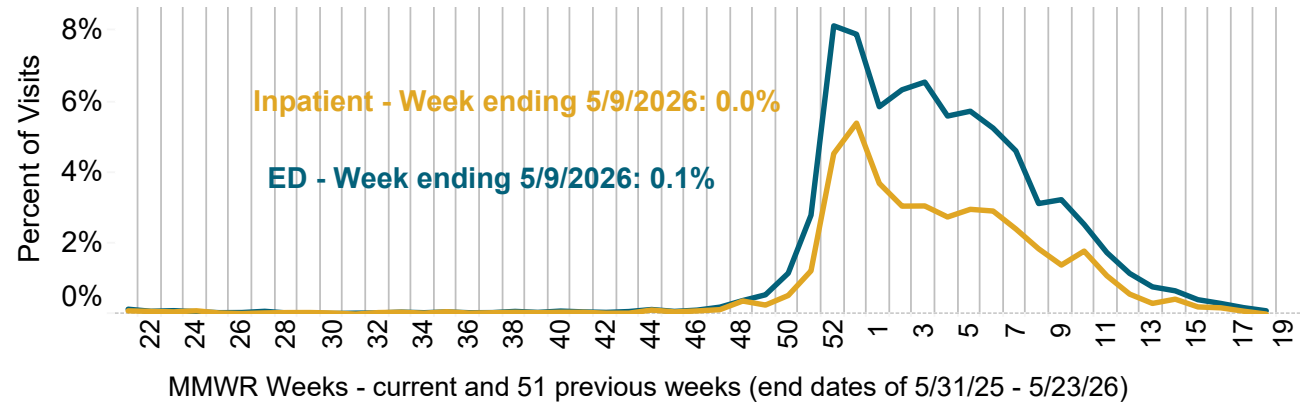
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Influenza Activity Overview
MMWR Week 20 (5/17/2026 - 5/23/2026)

Lab Survey - number of influenza molecular A and B positive tests and total percent positive



Syndromic Surveillance - percent of emergency department and inpatient visits with influenza



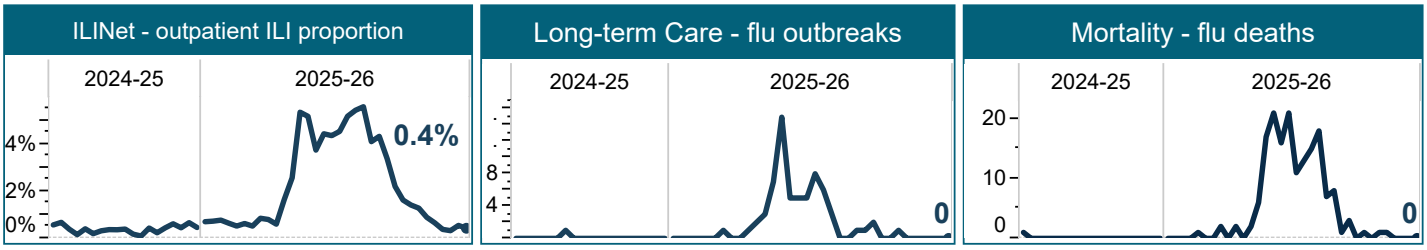
SHL - number of positive influenza tests by subtype or type

	Influenza A		Influenza B	Total
	AH1N1pdm09	A H3	B	
Current Positives	0	0	2	2
Cumulative Positives	48	522	156	726

Cumulative Flu Deaths 2025-26

167

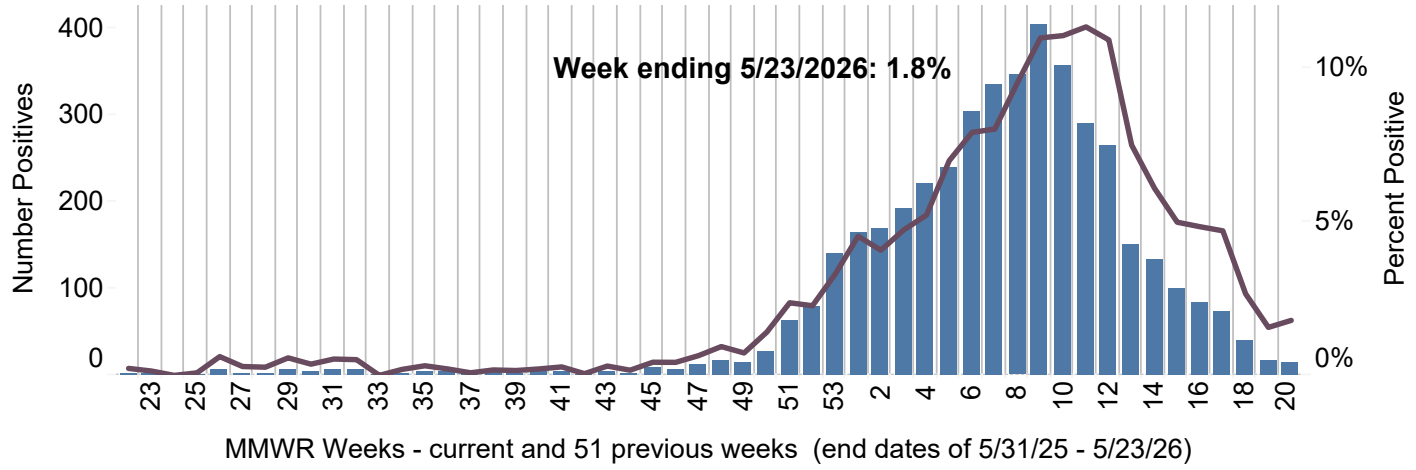
Influenza Trends - current week and previous 51 weeks



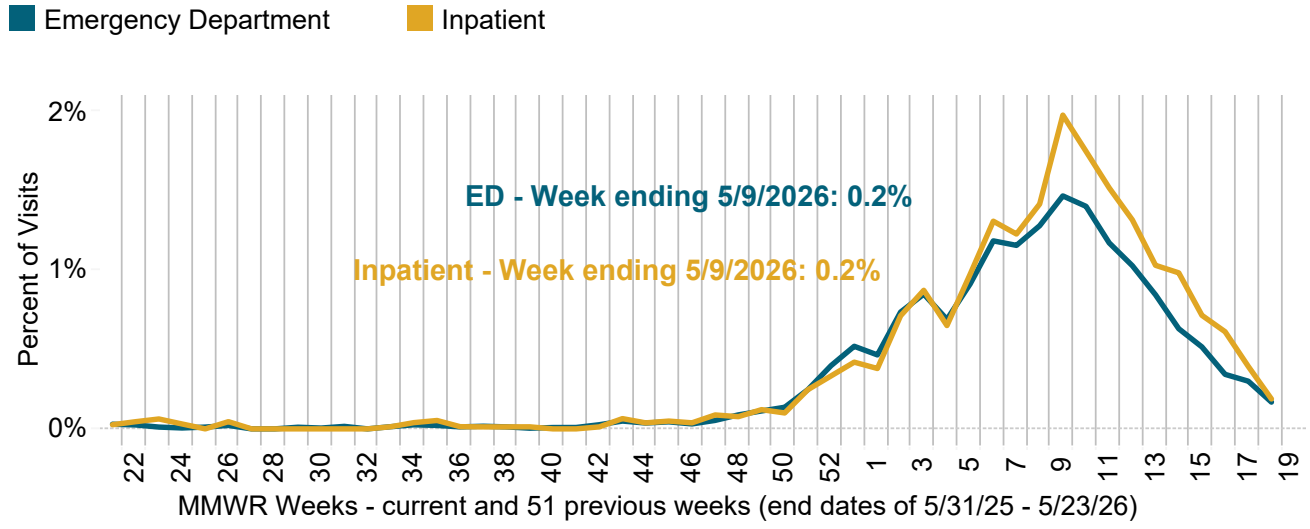
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RSV and Other Respiratory Viruses
MMWR Week 20 (5/17/2026 - 5/23/2026)

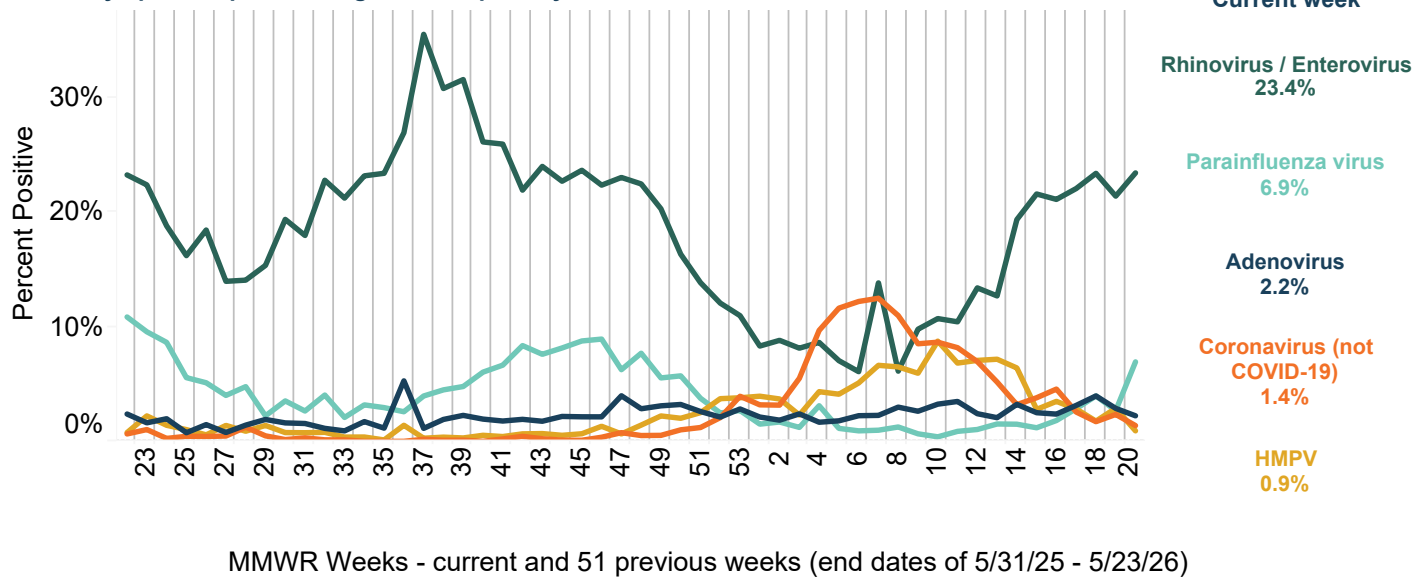
Lab Survey - number of RSV molecular positive tests and total percent positive



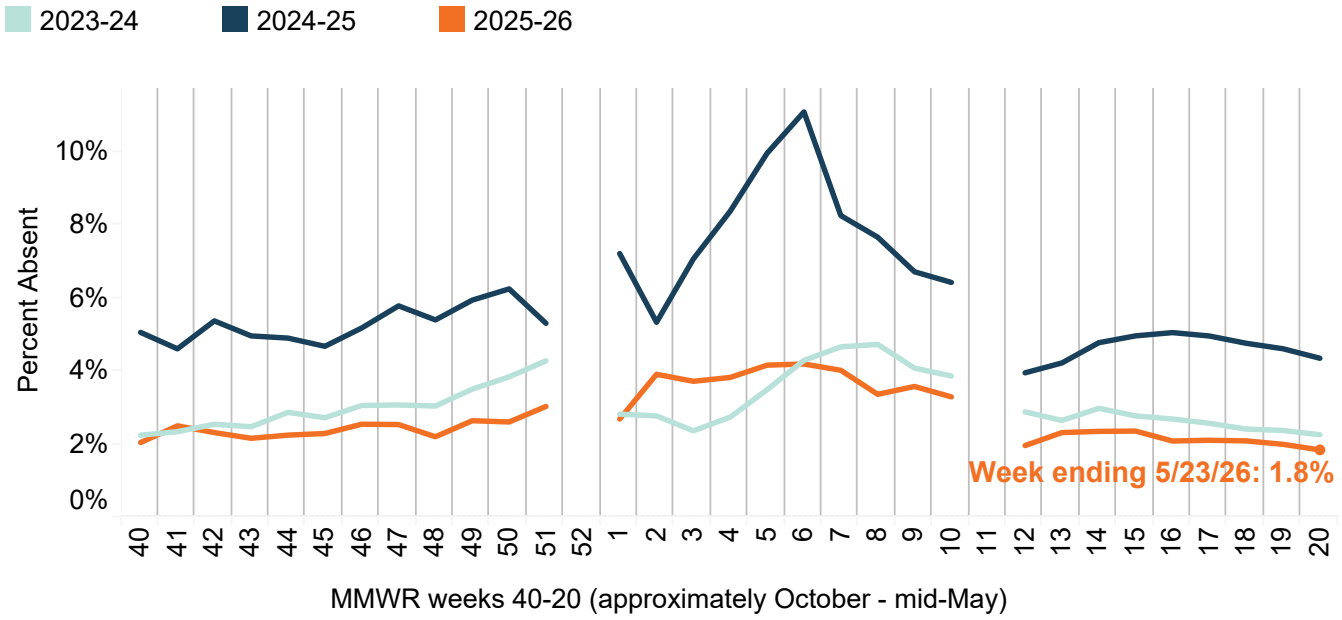
Syndromic Surveillance - percent of emergnecy department and inpatient visits with RSV



Lab Survey - percent positive of general respiratory virus molecular tests

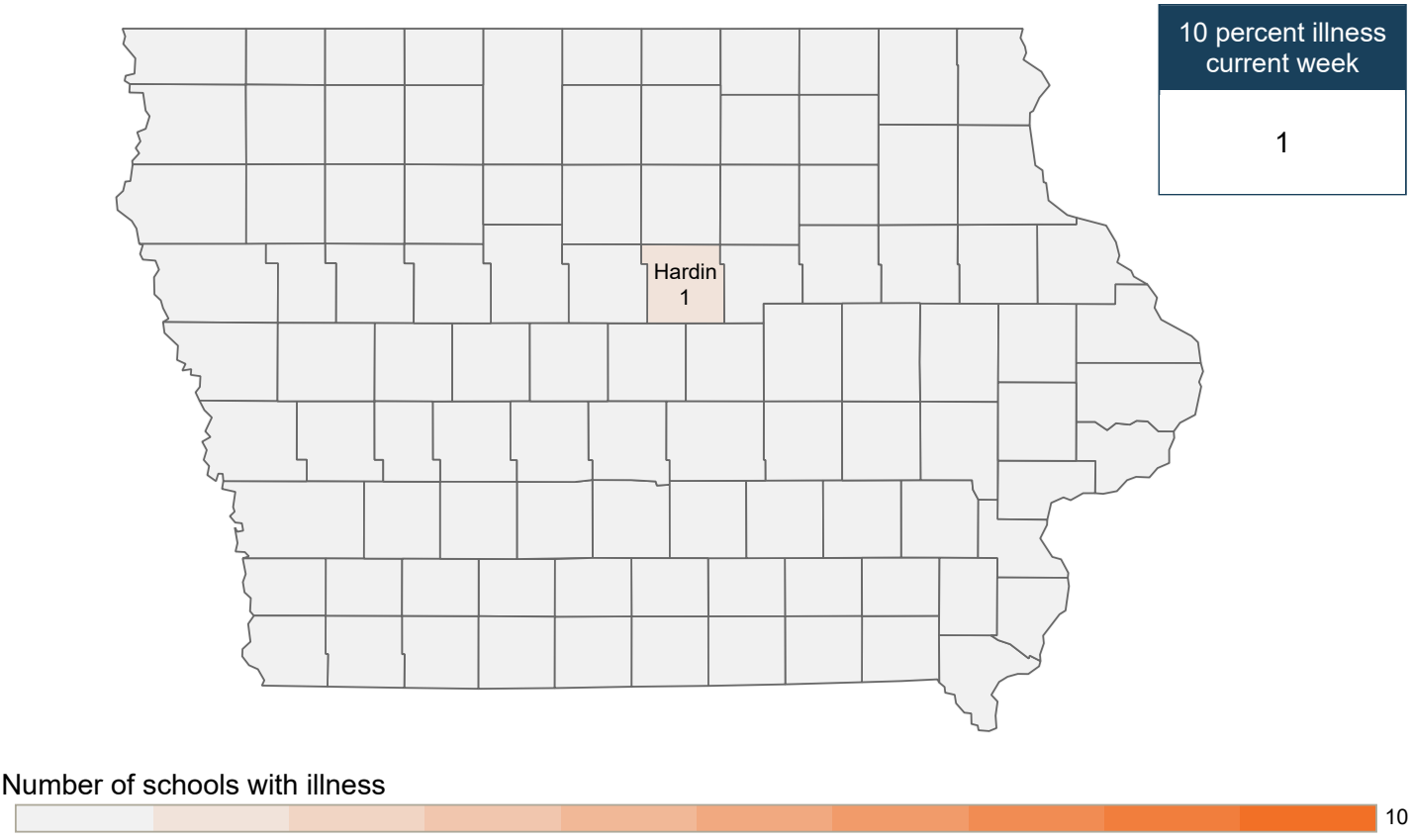


School Illness - percent of enrolled students absent due to illness reported by sentinel schools



Note: weeks 52, 53 and 11 not shown due to holiday and spring break school closings.

School Illness - number of schools with at least 10 percent illness this week by county



About the Data

Respiratory Season
Iowa HHS uses MMWR weeks to define the respiratory season, starting with week 40 of one year and ending with week 39 of the next. The 2025-2026 season is September 28, 2025 - October 3, 2026.

Iowa Respiratory Survey
Iowa HHS and SHL administer a weekly web-based survey where facilities (approximately 35) report the number of respiratory virus tests performed, the testing method (molecular, antigen, or virus isolation), and the number of positive tests.

Influenza Testing at the State Hygienic Laboratory
The State Hygienic Laboratory (SHL) reports the number of tests performed as well as the type and subtype of positive tests to Iowa HHS daily.

Outpatient Health Care Provider Surveillance Program (ILINet)
Outpatient health care providers (*n=15)* 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 Bureau of Health Statistics each week reports to Iowa HHS the number of deaths among Iowa residents related to Influenza and COVID-19. Deaths are considered to be associated with influenza or COVID-19 when the disease name or related ICD-10 diagnosis codes are listed on the death certificate.

Iowa Syndromic Surveillance
Iowa HHS, CyncHealth Iowa and CDC started implementing syndromic surveillance for the state of Iowa in May 2021. Iowa has over 90 hospitals participating. Syndromic definitions are determined based on chief complaints and discharge diagnoses reported to Iowa HHS from participating hospitals. Syndromes used in this report are CDC COVID-Specific DD v1, CDC Respiratory Synctial Virus v1, CDC Influenza DD v1, and CDC Broad Acute Respiratory DD v1. Definitions availabe at

https://knowledgerepository.syndromicsurveillance.org/cdc-broad-acute-respiratory-dd-v1

https://www.cdc.gov/nssp/php/onboarding-resources/companion-guide-ed-data-respiratory-illness.html

School Illness Reporting
Iowa HHS works with Iowa schools, local public health, and the Iowa Department of Education to track and respond to reports of illness in school using two main systems: 10% daily student absences and sentinel school weekly illness totals.

Long-Term Care Outbreaks
Long-term care facilities report to Iowa HHS when they have a suspected outbreak of respiratory illness. The definition of an outbreak varies by illness.

Overall Activity Levels for Influenza, COVID-19 and RSV
Overall activity levels are based on a composite measure using lab survey positive percentage and syndromic emergency department and inpatient visit proportions for each pathogen. The weekly level of each measure is compared to historic values from the previous three seasons (2022-25). COVID historic values include all MMWR weeks of the previous two seasons, but due to seasonality, influenza and RSV use MMWR weeks 40 - 20 for determining levels. Current week values for each measure are compared to the historic values to determine an individual activity level (less than 20th percentile = very low, 20-40th percentile = low, 40-60th percentile = moderate, 60-80th percentile = high, over 80th percentile = very high). A simple average of the individual levels (rounding to integers 1-5 for each level from very low to very high) for each pathogen is used to determine the overall activity level for each pathogen.

Resources

Global Respiratory Virus Weekly Update. World Health Organization
https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/respiratory-viruses

Weekly U.S. Influenza Surveillance Report. Centers for Disease Control and Prevention.
https://www.cdc.gov/fluview/index.html

Wastewater Surveillance Dashboard. State Hygienic Laboratory at the Univeristy of Iowa
https://wastewatertesting.shl.uiowa.edu/wastewater-testing-results

National Wastewater Surveillance System. Centers for Disease Control and Prevention
https://www.cdc.gov/nwss/index.html

Immunization Data. Iowa Department of Health and Human Services
https://hhs.iowa.gov/about/data-reports/health-disease/immunization