

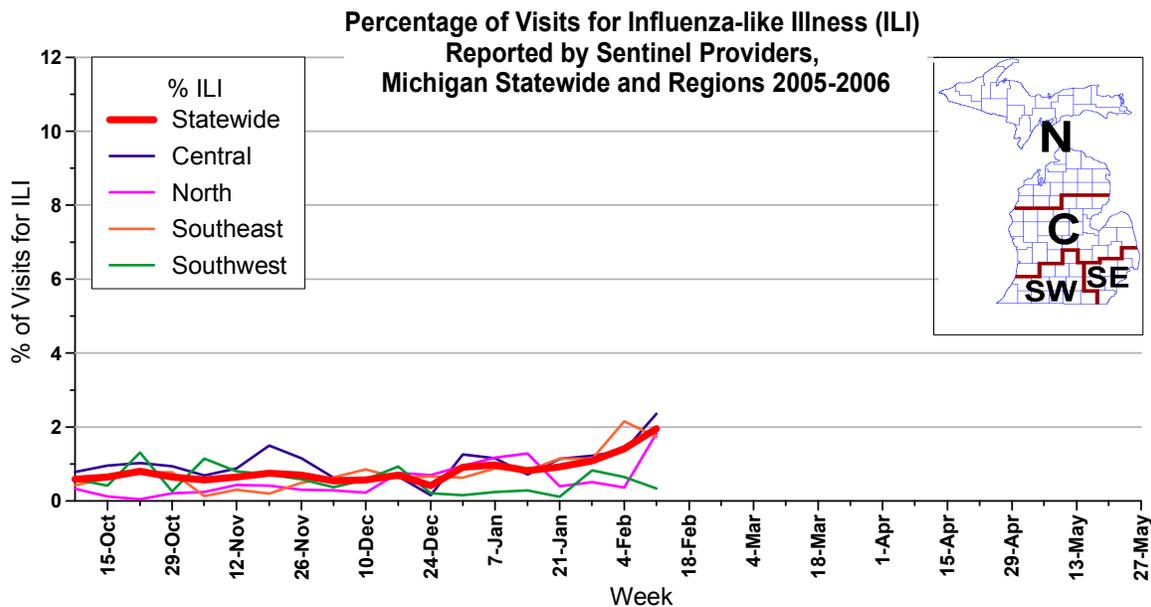
**MIFluFocus**  
**February 16, 2006**  
**Weekly Influenza Surveillance**

**Michigan Disease Surveillance System:** Flu-like illness activity, as reported in MDSS, remained level since last week. This level is significantly lower than the same week in February 2005.

**Emergency Department Surveillance:** Emergency department visits due to both constitutional and respiratory complaints continued to increase over the past week. Both indicators behaved similarly, with steady overall increases in activity and without any large spikes in activity. Compared to the same week last year, the level of emergency department visits due to constitutional complaints is decreased, while that due to respiratory complaints is similar. Over the past week, no statewide alerts were generated for either emergency department indicator.

**Over-the-Counter Product Surveillance:** Sales of all flu-related over-the-counter products are somewhat mixed, although an overall picture of increasing flu activity has continued. Over the past week, antifever medication, adult and pediatric cold relief products, cough/cold product, chest rub, and thermometer sales increased, while nasal product and electrolyte sales remained relatively constant. As demonstrated recently, sales of all over-the-counter products are slightly decreased compared to last year at this time, as the rate of increase in flu activity was much greater during that period.

**Sentinel Surveillance (as of February 16, 2006):** During the week ending February 11, 2006, 2.0% of visits to sentinel providers were due to influenza-like illness (ILI). This proportion is increased over last week's 1.4%. By region, the percentage of visits for ILI was 2.4% Central, 1.8% North, 1.7% Southeast, and 0.3% Southwest.



**Laboratory Surveillance (as of February 16):** There have been a total of 57 influenza A viruses isolated at MDCH Laboratories this season; 55 influenza A (H3N2) and 2 influenza A with subtyping pending. The MDCH lab has also confirmed 2 influenza B cases. To date, the majority of the lab-confirmed influenza cases have been young adults and children. Several clinical labs in SE and SW Michigan show additional increases in influenza A positives, and some influenza B activity. Throughout the rest of the state, influenza activity remains at its previously elevated level.

**Influenza-Associated Pediatric Mortality (as of February 16; CDC data as of 2/4/06):** MDCH is investigating one influenza-associated pediatric death in Region 2S. Influenza A (H3N2) was isolated, cause is still under investigation. Nationally, CDC has received reports of 14 influenza-associated pediatric deaths, 12 of which occurred during the current influenza season.

**\*\*Reminder:** The CDC has asked all states to continue to collect information on any pediatric death associated with influenza infection for the 2005-2006 influenza season. This includes not only death in a child less than 18 years of age resulting from a clinically compatible illness confirmed to be influenza by an appropriate laboratory or rapid diagnostic test, but also unexplained death with evidence of an infectious process in a child. Refer to [http://www.michigan.gov/documents/fluletter\\_107562\\_7.pdf](http://www.michigan.gov/documents/fluletter_107562_7.pdf) for the complete protocol. It is important to immediately call or fax info to MDCH to ensure that appropriate clinical specimens can be obtained.

**National:** (January 29 – February 4, 2006)\*, influenza activity continued approximately at the same level as recent weeks in the United States.. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) was above the national baseline. The proportion of deaths attributed to pneumonia and influenza was below the baseline level. Nine states and New York City reported widespread influenza activity; 21 states reported regional influenza activity; 13 states and the District of Columbia reported local influenza activity; and 6 states and Puerto Rico reported sporadic influenza activity.

**International: (February 13, 2006)** During weeks 2–3 2006, widespread influenza activity was reported in a few states/provinces in Canada, Japan and the United States, while in the rest of the world activity remained low.

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MDCH reported **REGIONAL** activity to the CDC for this past week ending **2/11/2006**  
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**End of Seasonal Report**

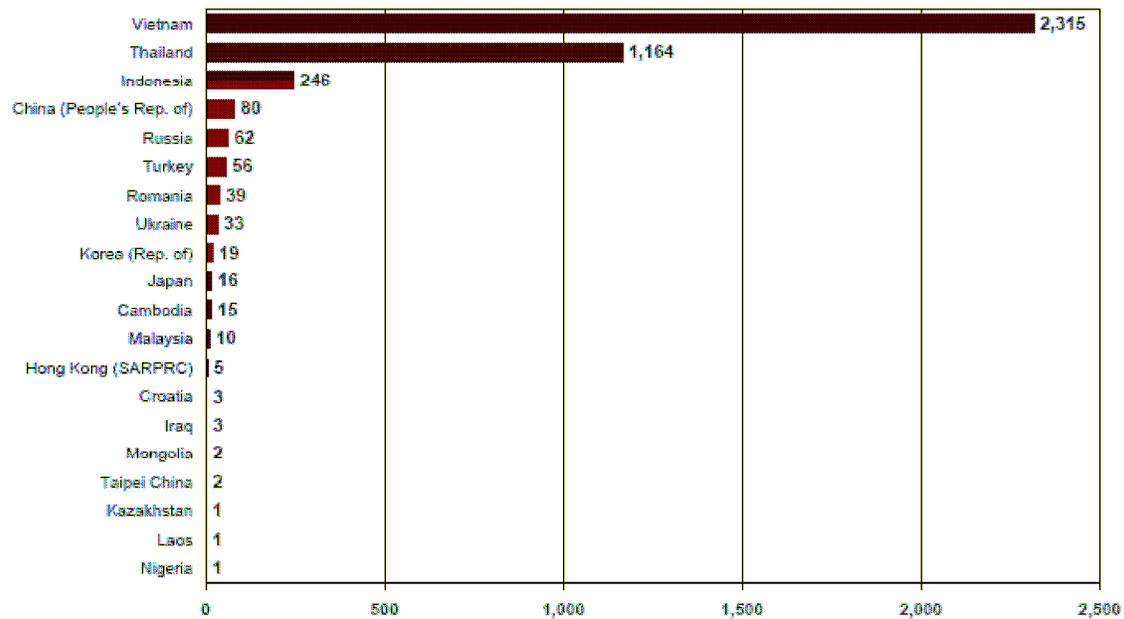
## Avian Influenza

**WHO Pandemic Phase:** Human infection(s) with a new subtype, but no human-to-human spread.

PHASE 3

**Table 1. H5N1 influenza-avian: (latest update: February 15, 2006)** Avian/poultry outbreaks are occurring in multiple countries, recent outbreak in a large commercial poultry layer flock in northern Nigeria, and wild birds in Austria, Azerbaijan, Bulgaria, Germany, Greece, Iran, Italy, and Slovenia.

**Outbreaks of Avian influenza (type H5)  
(as of 09 February 2006)**



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**Table 2. H5N1 influenza-human: (February 13, 2006)** A total of 169 lab-confirmed cases of human H5N1 from 7 countries being reported by WHO.

(Source: Downloaded 2/16/06 [http://www.who.int/csr/disease/avian\\_influenza/country/cases](http://www.who.int/csr/disease/avian_influenza/country/cases))

Country	2003		2004		2005		2006		Total	
	cases	deaths								
Cambodia	0	0	0	0	4	4	0	0	4	4
China	0	0	0	0	8	5	4	3	12	8
Indonesia	0	0	0	0	17	11	8	7	25	18
Iraq	0	0	0	0	0	0	1	1	1	1
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Viet Nam	3	3	29	20	61	19	0	0	93	42
Total	3	3	46	32	95	41	25	15	169	91