

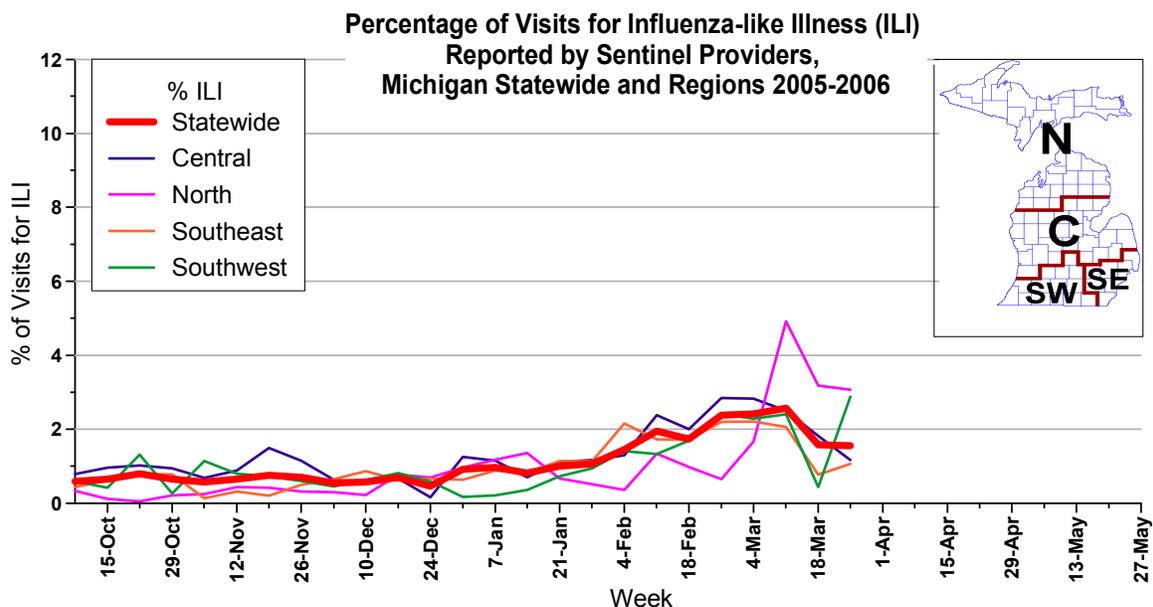
**MIFluFocus**  
**March 30, 2006**  
**Weekly Influenza Surveillance**

**Michigan Disease Surveillance System:** Flu-like illness activity, as reported in MDSS, has been continuing to decline. However, this decline seems to be slower than that seen at the end of the flu season last year, as the level for the most recent week was higher than that in March 2005.

**Emergency Department Surveillance:** Emergency department visits due to constitutional and respiratory complaints, continue to decline. Compared to the same week last year, the level of constitutional visits is roughly the same and the level of respiratory visits is slightly increased. 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. Decreases in sales were seen in chest rubs, electrolytes, and thermometers. Roughly stable sales were seen in antifever, adult and pediatric cold relief, and cough/cold medications and a slight increase was seen in nasal product sales. Compared to the same period last year, sales of antifever medication, chest rubs, and thermometers are increased, while the remaining indicators are the same or decreased.

**Sentinel Surveillance (as of March 30, 2006):** During the week ending March 25, 2006, the proportion of visits due to influenza-like illness (ILI) remained unchanged from last week at 1.6% of all visits. The North and Central regions decreased slightly to 3.1% and 1.2%, respectively. Both the Southeast and Southwest increased from last week to 1.1% and 2.9%.



**Laboratory Surveillance (March 30, 2006):** MDCH lab has confirmed 130 influenza cases in MI, 127 influenza A cases, 125 H3N2, 2 with subtype pending, and 3 B cases. Sentinel laboratory reports show ongoing activity, particularly in the southern regions, and small decreases in other areas of the state. Several laboratories are reporting sporadic influenza B activity.

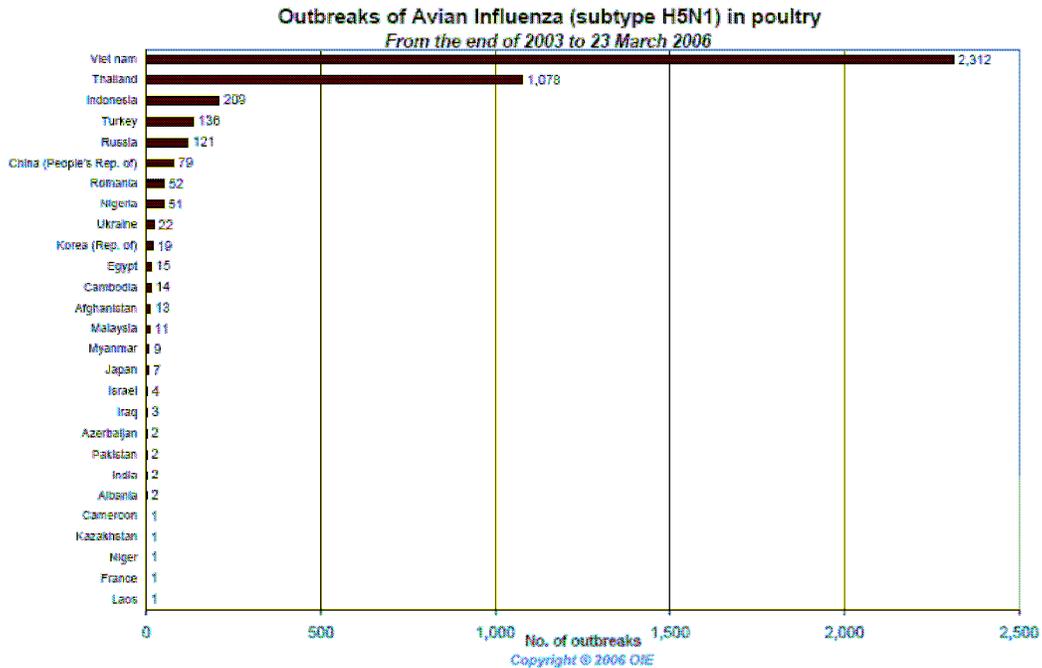
**Influenza-Associated Pediatric Mortality (as of March 30, 2006; CDC data as of 3/24):** To date, MDCH is reporting one influenza-associated pediatric death in Region 2S. Influenza A (H3N2) was isolated. Isolate is being forwarded to CDC for further strain characterization. Since October 2,



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

**PHASE 3**

**Table 1. H5N1 influenza-avian (Poultry outbreaks March 23):** downloaded 3/23/2006  
[http://www.oie.int/downld/AVIAN%20INFLUENZA/Graph%20HPAI/graphs%20HPAI%2023\\_03\\_2006.pdf](http://www.oie.int/downld/AVIAN%20INFLUENZA/Graph%20HPAI/graphs%20HPAI%2023_03_2006.pdf)



**Table 2. H5N1 influenza-human: (March 24, 2006)** (Source: Downloaded 3/30/06  
[http://www.who.int/csr/disease/avian\\_influenza/country/cases](http://www.who.int/csr/disease/avian_influenza/country/cases)

**Cumulative Number of Confirmed Human Cases of Avian Influenza A(H5N1) Reported to WHO 24 March 2006**

Country	2003		2004		2005		2006		Total	
	cases	deaths								
Azerbaijan	0	0	0	0	0	0	7	5	7	5
Cambodia	0	0	0	0	4	4	1	1	5	5
China	0	0	0	0	8	5	8	6	16	11
Indonesia	0	0	0	0	17	11	12	11	29	22
Iraq	0	0	0	0	0	0	2	2	2	2
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	42	29	186	105

Total number of cases includes number of deaths.  
 WHO reports only laboratory-confirmed cases.

