

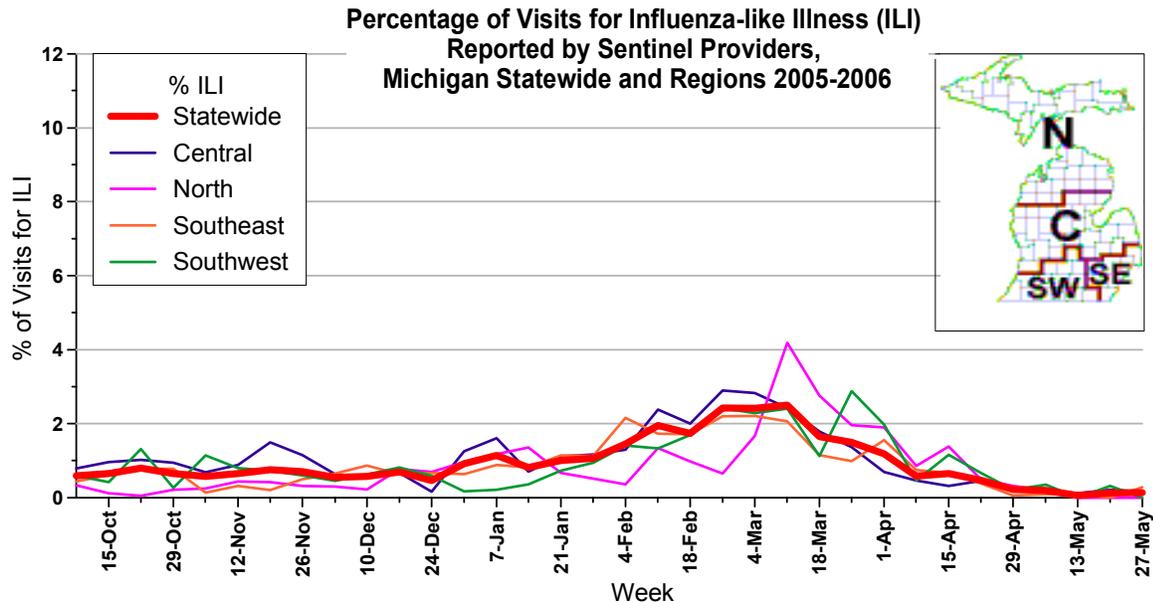
**MIFluFocus**  
**June 2, 2006**  
**Weekly Influenza Surveillance and Avian Influenza Update**

**Michigan Disease Surveillance System:** Flu-like illness activity, as reported in MDSS, stayed relatively stable throughout May. This level is substantially lower than those seen during the time of peak activity and it is higher than the first few weeks of the influenza season. The current reported flu-like illness activity is also similar to that seen from the same period in 2005.

**Emergency Department Surveillance:** Emergency department visits due to constitutional and respiratory complaints continued to show overall decreasing activity, when compared to peak influenza season, although both showed periods of heightened activity in May. Occurring in early May, the higher level for constitutional complaints preceded that for respiratory complaints, which was seen in mid-May. However, decreasing activity has been seen for both indicators more recently. The current level of emergency department visits due to constitutional complaints is comparable to that from the same period last year, while that due to respiratory complaints is decreased. Over the past month, no statewide alerts were generated for either indicator.

**Over-the-Counter Product Surveillance:** With the exception of chest rubs and thermometer, sales of over-the-counter, flu-related products remained fairly stable throughout May and are comparable to sales from the same period last year. Chest rub sales demonstrated a spike in early to mid-May with a subsequent decrease, although they are still at a higher level than last year. Thermometer sales demonstrated a slight increase in mid-May with a subsequent decrease to a level which is also higher than that from last year.

**Sentinel Surveillance (as of June 1, 2006):** During the week ending May 27, 2006, the proportion of visits due to influenza-like illness (ILI) remained relatively unchanged from the past four weeks at 0.1% of all visits and are lower than those reported at the beginning of the 2005-2006 season. Low levels of ILI activity were reported in all regions; the percentage of visits due to ILI by region was 0.2%, Central; 0.0%, North; 0.2%, Southeast; and 0.0%, Southwest.



As part of pandemic influenza preparedness, CDC and MDCH highly encourage and recommend year-round participation from all sentinel providers. Data that we obtain over the summer will help us to

establish a baseline level of activity during months that are not typically associated with high levels of influenza activity.

New practices are encouraged to join influenza sentinel surveillance program today! Contact Rachel Potter at 517-335-9710 or [potterr1@michigan.gov](mailto:potterr1@michigan.gov) for more information.

**Laboratory Surveillance (as of June 2, 2006):** The MDCH laboratory has confirmed 137 influenza cases in Michigan, of which 131 were influenza A (H3N2) and 6 were influenza B. No additional positives were reported this week. Data from influenza sentinel laboratories is not currently available.

**Influenza-Associated Pediatric Mortality (as of June 2, 2006, CDC data as of May 20):** For the 2005-2006 influenza season, Michigan had one confirmed influenza-associated pediatric death from region 2S, with one other death under investigation at this time by MDCH. During October 2, 2005 – May 20, 2006, CDC received reports of 35 influenza-associated pediatric deaths, 33 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. 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 information to MDCH to ensure that appropriate clinical specimens can be obtained.

**Congregate Settings Outbreaks (as of June 2, 2006):** No reports were received during the past reporting week.

A total of two congregate setting outbreaks have been reported to MDCH this season; one in Southwest Michigan in late February and one in Southeast Michigan in late March. Both outbreaks were MDCH laboratory confirmed as due to influenza A (H3N2).

**National (Week 20: May 14-May 20, 2006):** Influenza activity in the United States peaked in early March and continued to decrease during week 20 (May 14 – May 20, 2006). Fifty-one specimens (6.3%) tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories were positive for influenza. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) was below the national baseline. The proportion of deaths attributed to pneumonia and influenza was below the threshold level. Twenty-five states, the District of Columbia, New York City, and Puerto Rico reported sporadic influenza activity; and 25 states reported no activity.

The National 2005-2006 Influenza Seasonal Summary from the CDC is expected soon. MDCH will continue to report Michigan data weekly or as needed throughout the summer of 2006.

**International (WHO, as of May 26):** During weeks 17–19, overall influenza activity declined further and was low in most parts of the world.

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MDCH reported **NO ACTIVITY** to the CDC for reporting week 20, ending May 20.

#### **End of Seasonal Report**

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### **Avian Influenza Activity**

**WHO Pandemic Phase:** Phase 3 - Human infection(s) with a new subtype, but no human-to-human spread or rare instances of spread to a close contact.

**Update on Indonesia:** Recent attention has been given to a cluster of H5N1 cases located in Northern Sumatra in Indonesia. This cluster involved an initial fatal case and 7 subsequent laboratory-confirmed cases, 6 of which were fatal. All of the cases were part of an extended family. The initial case, though unconfirmed by laboratory testing, was clinically compatible with H5N1 infection and had documented exposure to dead backyard chickens and their feces. The subsequent cases all had prolonged close contact with the initial case while providing personal care to her. No new cases have been found in the area since May 22.

After extensive investigation, WHO officials concluded that the current pandemic phase level (Phase 3 – rare or no human-to-human contact) is still appropriate. There has been no evidence that the virus has been able to efficiently spread between people, as several other family members and health care workers were exposed to the infected individuals but did not develop clinical signs. 54 individuals in the village have been placed under voluntary quarantine and are receiving prophylactic antiviral medications. WHO and Indonesian authorities are continuing to monitor the situation for a minimum of 3 weeks since the last case.

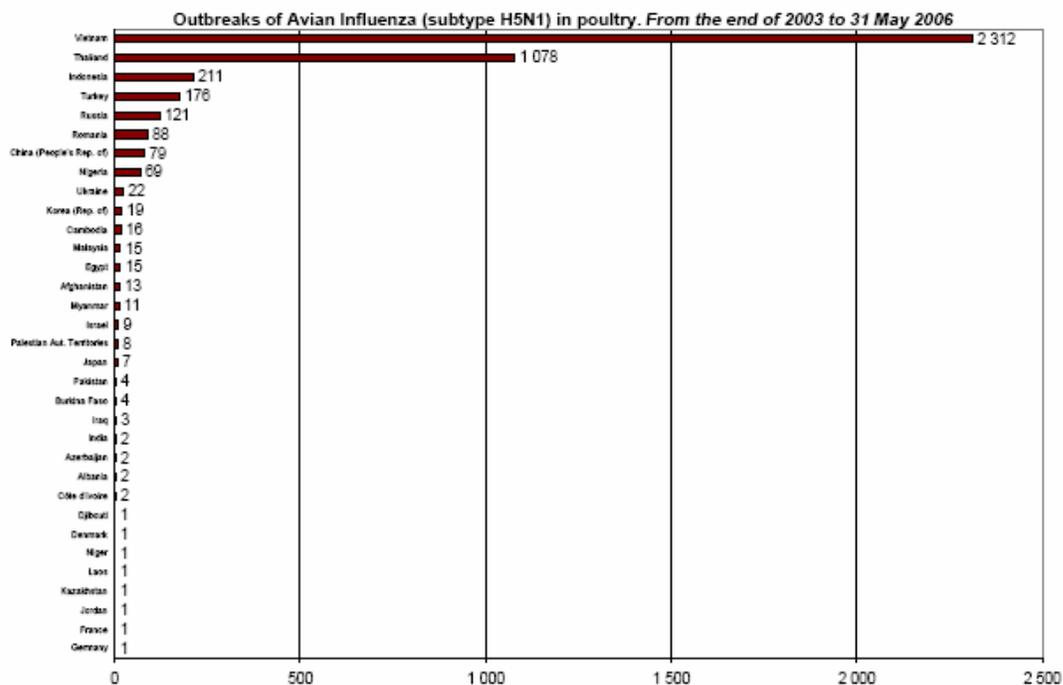
The virus has been sequenced and no mutations have been noted. The virus isolated from this cluster is sensitive to oseltamivir.

**National Wild Bird Surveillance (May 31, 2006):** The United States Fish and Wildlife Service in Anchorage, Alaska reports that 758 samples from various species of wild waterfowl were collected during a subsistence hunt in Alaska during the past week. These samples all tested negative for all current subtypes of avian influenza by a RT-PCR method. Approximately 1700 additional samples have been collected at other subsistence hunts; results are pending.

**Michigan Wild Bird Surveillance:** To learn about avian influenza surveillance in Michigan wild birds or to report dead waterfowl, go to Michigan's Emerging Disease website at <http://www.michigan.gov/emergingdiseases>

**Table 1. H5N1 Influenza in Poultry (Outbreaks up to May 31, 2006)**

(Source: [http://www.oie.int/downld/AVIAN%20INFLUENZA/A\\_AI-Asia.htm](http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm) Downloaded 6/2/2006)



**Table 2. H5N1 Influenza in Humans (Cases up to May 29, 2006)**

(Source: [http://www.who.int/entity/csr/disease/avian\\_influenza/country/cases\\_table\\_2006\\_05\\_29/en/index.html](http://www.who.int/entity/csr/disease/avian_influenza/country/cases_table_2006_05_29/en/index.html) Downloaded 6/2/2006)

Cumulative number of confirmed human cases of Avian Influenza A(H5N1) reported to WHO. The total number of cases includes number of deaths. WHO only reports laboratory-confirmed cases.

Country	2003		2004		2005		2006		Total	
	cases	deaths								
Azerbaijan	0	0	0	0	0	0	8	5	8	5
Cambodia	0	0	0	0	4	4	2	2	6	6
China	0	0	0	0	8	5	10	7	18	12
Djibouti	0	0	0	0	0	0	1	0	1	0
Egypt	0	0	0	0	0	0	14	6	14	6
Indonesia	0	0	0	0	17	11	31	25	48	36
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	80	51	224	127