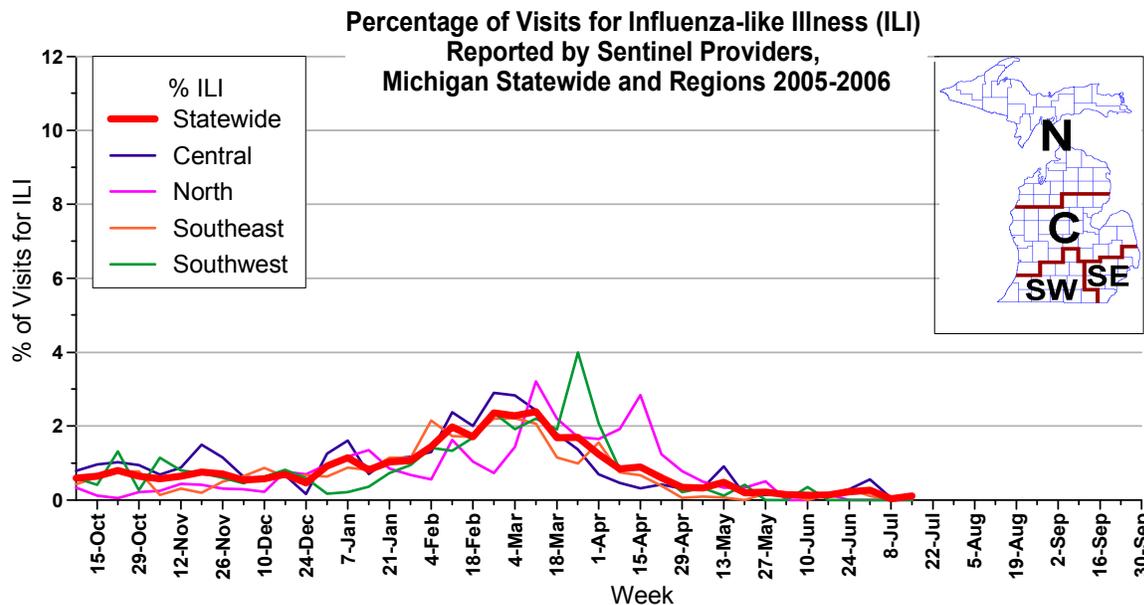


MIFluFocus
July 21, 2006
Weekly Influenza Surveillance and Avian Influenza Update

Syndromic Surveillance System Surveillance: Flu-like illness, as characterized by the syndromic surveillance systems, continues to demonstrate a very low overall level of activity. Flu-like illness reporting through the Michigan Disease Surveillance System has been negligible in recent weeks, as schools are closed for the summer. Over-the-counter pharmaceutical sales have been stable or decreasing for all flu-related products recently and the sales of all products (except for chest rubs) are at or below levels from last year at this time. No statewide alerts for increased respiratory or constitutional emergency department visits have been generated in recent weeks.

Sentinel Surveillance (as of July 21, 2006): During the week ending July 15, 2006, the proportion of visits due to influenza-like illness (ILI) remained relatively unchanged from last week at 0.1% of all visits. Low levels of ILI activity were reported in all regions; the percentage of visits due to ILI by region was 0.1%, Central; 0.0%, North; 0.1%, Southwest; and 0.0%, Southeast.



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 for more information.

Laboratory Surveillance (as of July 19, 2006): Results on six samples (all taken in March 2006) that were sent to the CDC for strain typing revealed A/Wisconsin/67/2005-like virus, which is an H3N2 influenza A virus. An A/Wisconsin/67/2005-like virus was recommended by WHO as the H3 component for the 2006-2007 Northern Hemisphere vaccine formulation. The MDCH laboratory has confirmed 138 influenza cases in Michigan over the 2005-2006 season, of which 132 were influenza A (H3N2) and 6 were influenza B.

Influenza-Associated Pediatric Mortality (as of July 20, 2006, CDC data as of May 20): No reports were received during the previous week. 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 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 July 20, 2006): No reports were received during the past reporting week. A total of two congregated 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).

The 2005-2006 Michigan Influenza Seasonal Summary is now available at <http://www.michigan.gov/flu> under "Seasonal Influenza – MDCH Laboratory Influenza Testing and Surveillance." Overall, this season was milder than the previous year, peaked in early to mid-March and was comprised mainly of influenza A infections.

National (June 29, 2006): On June 28, 2006, the Advisory Committee on Immunization Practices (ACIP) published its new recommendations for the prevention and control of influenza. For the complete report, see the MMWR report June 28, 2006/55(Early Release);1-41, available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e628a1.htm>.

International (WHO, as of July 14, 2006): During weeks 23–26, with the exception of Hong Kong Special Administrative Region of China and South Africa, where high levels of influenza activity were reported, overall influenza activity in both northern and southern hemispheres was low. In the Hong Kong Special Administrative Region of China, influenza A(H1N1) virus has been circulating since the first week of 2006, jointly with B virus until week 11 and then predominating. During week 23, A(H1N1) activity started to increase and during week 26, high level activity was noted. New Zealand reported an increase in A(H3N2) activity since week 23. Influenza activity was reported as regional during week 26. Influenza A(H3N2) activity in South Africa was reported as widespread during weeks 23–24, then declined rapidly and was reported as sporadic during week 26. During weeks 23–26, low influenza activity was reported in Argentina (H1, H3 and B), Canada (A and B), Chile (H1, H3 and B), Islamic Republic of Iran (H3 and B), Japan (H1 and B), Madagascar (H1), Mexico (A and B), New Caledonia (A) and Uruguay (A). Mongolia, Portugal, Senegal and Slovenia reported no influenza activity.

Weekly influenza activity reporting to the CDC is finished for the 2005-2006 influenza season.

End of Seasonal Report

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.

International Update (WHO, July 20): The Ministry of Health in Indonesia has confirmed the country's 54th case of human infection with the H5N1 avian influenza virus. The case, which was fatal, occurred in a 44-year-old man from East Jakarta, Jakarta Province. He developed symptoms on June 24th, was hospitalized on July 10th, and died on July 12th. The case may have acquired the infection from poultry around his home and animal health authorities have taken samples for testing. Another potential source

of infection was a local wet market, which he regularly visited during the course of his work as the owner of a food stall. Of the 54 cases confirmed to date in Indonesia, 42 have been fatal.

National Update (USDA, July 14, 2006): The U.S. Department of Agriculture (USDA) will send four veterinary specialists to Rome to assist the United Nations' (UN) Food and Agriculture Organization (FAO) in launching a new crisis management center that will enhance worldwide response to animal disease. The Center will begin operations by end-July at the FAO headquarters in Rome, Italy. The Crisis Management Center, a facility run by the FAO in close collaboration with the OIE (World Organization for Animal Health) will provide animal disease analysis and information and deploy international resources to prevent and contain dangerous animal diseases. The Center also will collaborate with the UN's World Health Organization. The current focus will be on highly pathogenic H5N1 avian influenza that continues to spread throughout the world. The United States will provide \$1.8 million to FAO to create the Center. Other contributors include France, Germany, Italy, the Netherlands and the United Kingdom. "All nations will benefit as we work to reduce the risk and spread of highly pathogenic H5N1 avian influenza," said U.S. Agriculture Secretary Mike Johanns. "The international community has a responsibility to equip countries, particularly developing countries, with the expertise and resources necessary for a rapid and effective response to any possible animal disease outbreaks."

The FAO operations are aimed at:

- Strengthening of disease intelligence and emergency preparedness
- Examining the role of migratory birds in the disease spread
- Supporting broad awareness creation and risk communication
- Analyzing the social and economic consequences of both the disease and its control
- Strengthening field surveillance, laboratory capabilities, and global avian influenza surveillance and early warning capabilities
- Advising governments and building capacities on disease surveillance and control

National Wild Bird Surveillance (July 13, 2006): During June, USGS Alaska Science Center biologists attached satellite transmitters (implantable and solar PTTs) to two species of large, long-distance migratory shorebirds. This international, cooperative project involved invited Russian ornithologists as well as cooperators with the National Park Service (Bering Land Bridge National Preserve) and U.S. Fish and Wildlife Service (Yukon Delta National Wildlife Refuge). This is the first time PTTs have been implanted in any species of shorebird. Bar-tailed Godwits (*Limosa lapponica*) and Bristle-thighed Curlews (*Numenius tahitiensis*) were selected to learn more about their migration routes to and from East Asia and Australasia. Results will be important because these shorebirds migrate to areas in East Asia that have had outbreaks of highly pathogenic avian influenza (HPAI). As of 12 July satellites were picking up strong signals from all 18 birds, which are on Seward Peninsula breeding grounds and in pre-migration staging areas along the coast of the Yukon-Kuskokwim River Delta. The southward migration of godwits and curlews usually occurs from mid-August to mid-September. Beginning in early August the PTTs will begin a more frequent reporting cycle that will allow biologists to assess daily movements of birds between Alaska and their nonbreeding areas in central Oceania, New Zealand, and eastern Australia.

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 July 13, 2006)

(Source: http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm Downloaded 7/13/2006)

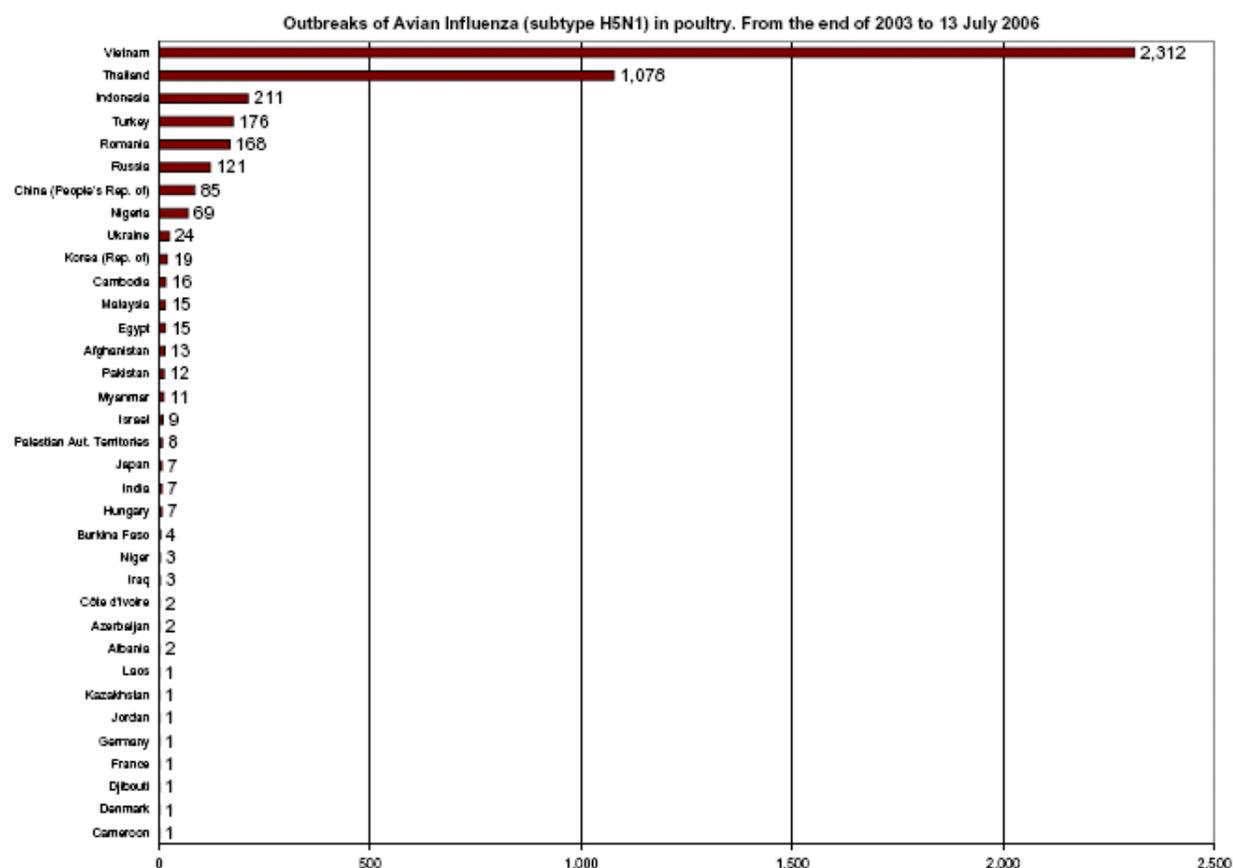


Table 2. H5N1 Influenza in Humans (Cases up to July 20, 2006)

(http://www.who.int/entity/csr/disease/avian_influenza/country/cases_table_2006_06_06/en/index.html Downloaded 7/20/2006)

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	11	7	19	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	37	31	54	42
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	87	57	231	133