



# MI FluFocus

## Influenza Surveillance and Avian Influenza Update

Bureau of Epidemiology  
Bureau of Laboratories

Michigan Department  
of Community Health



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October 4, 2007  
Vol. 4; No. 40

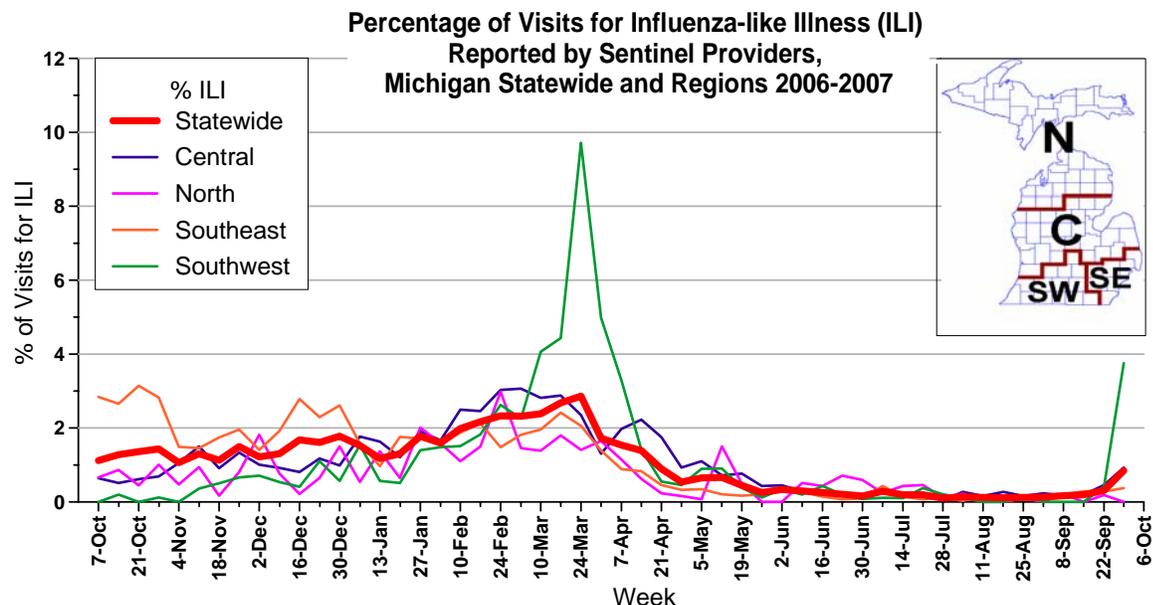
### New updates in this issue:

- **Michigan Surveillance:** The 2007-2008 influenza surveillance season begins October 1.
- **Avian Influenza:** Indonesia reports its 86<sup>th</sup> human fatality due to avian influenza H5N1.

**Michigan Disease Surveillance System:** The week ending September 29 saw a continued rise in aggregate flu-like illness reports due to increasing school reports. Individual influenza reports held steady near the previous week's levels. Increases in aggregate reports are expected to continue for the next few weeks as school reporting season moves into full-swing. Individual flu reporting levels are expected to have a more gradual increase as the influenza season approaches. Both aggregate and individual reports are consistent with levels seen at this time last year.

**Emergency Department Surveillance:** Emergency department visits due to respiratory complaints leveled off this past week after several weeks of increasing activity. The number of constitutional complaints rose slightly this week. Constitutional complaints are consistent with numbers seen this time last year, where respiratory complaints are slightly lower. Four constitutional alerts in the N(1), SE(2), and SW(1) Influenza Surveillance Regions and two respiratory alerts in the C(1) and N(1) Influenza Surveillance Regions were generated last week.

**Sentinel Surveillance (as of October 4):** During the week ending September 29, 2007, the proportion of visits due to influenza-like illness (ILI) in Michigan increased to 0.6% of all visits. This represents 43 cases of ILI out of 6914 total patient visits; twenty-three sentinels provided data for this report. A substantial increase in the proportion of visits due to ILI was reported by a pediatric practice in the southwest surveillance region; low levels were reported elsewhere within the region and in other regions. The proportion of visits due to ILI was 0.6%, Central; 0.0%, North; 0.2%, Southeast; and 3.8%, Southwest. Note that these rates may change as additional reports are received.



As part of pandemic influenza preparedness, CDC and MDCH highly encourage and recommend year-round participation from all sentinel providers. New practices are encouraged to join the 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 October 4):** The MDCH Lab has not confirmed any cases of influenza for the 2007-2008 influenza season, which started on October 1.

\*\*\*As a reminder, the positive predictive value of influenza rapid tests decreases during times of low influenza prevalence. MDCH suggests that during periods of low influenza activity in your community, all positive rapid tests results be confirmed by sending in a specimen for viral culture; this can be arranged through your local health department.

**Influenza-Associated Pediatric Mortality (as of October 4):** For the 2007-2008 season, there are no confirmed reports of influenza-related pediatric mortality in Michigan. One possible case from the 2006-2007 season is still under investigation by MDCH and the CDC.

\*\*\*Reminder: The CDC has asked all states to continue to collect information on any pediatric death associated with influenza infection. This includes not only any 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 October 4):** There have been no reports for the 2007-2008 influenza season.

**International, CDC (excerpt from MMWR Weekly, September 28, 56(38);1001-1004):** During May 20--September 15, influenza A (H1), influenza A (H3), and influenza B viruses cocirculated worldwide. Influenza A (H3) viruses predominated in Asia; however, influenza A (H1) and B viruses also were reported. In Africa, influenza A viruses predominated, with approximately equal numbers of influenza A (H1) and A (H3) viruses reported and a smaller number of influenza B viruses identified. In Europe and North America, small numbers of influenza A and influenza B viruses were reported. In Oceania, influenza A viruses predominated. Influenza A (H3) viruses were reported more frequently than influenza A (H1) viruses in Australia and New Caledonia; however, in New Zealand, influenza A (H1) viruses predominated. In South America, influenza A (H3) viruses were most commonly reported, although influenza B viruses also were identified.

This article can be found in its entirety online at [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5638a4.htm?s\\_cid=mm5638a4\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5638a4.htm?s_cid=mm5638a4_e)

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Weekly reporting to the CDC resumes on October 12 for the 2007-2008 influenza season.

## **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.

**International, Human (WHO, October 2):** The Ministry of Health of Indonesia has announced a new case of human infection of H5N1 avian influenza. A 21-year-old male from Jakarta Province developed symptoms on September 18, was hospitalized on September 25 and died in hospital on September 28. The investigation found that the case was an egg seller in a traditional market. All of the contacts remain healthy, where they will continue to be monitored for ten days after their last contact with the case.

Of the 107 cases confirmed to date in Indonesia, 86 have been fatal.

**International, Poultry (Xinhua News Agency, September 27):** Preecha Ruengchan, governor of northern Thailand's province of Phichit, called an urgent meeting with livestock officials on Thursday [Sep 27] after birds there were found to have died without cause. Preecha is considering whether to declare Phichit the bird flu zone, local newspaper Bangkok Post reported.

Thawatpong Paekwamdee, chief of Taphan Hin district of the province, said that test results of carcasses of chickens raised by a villager were found to have the H5N1 virus. The local authorities have killed 90 chickens within a 1-km (0.6 mi) radius from the location.

Transportation of birds is prohibited in the area unless receiving authorization from authorities, who are keeping a close watch on the spread of the virus within 5-km (3 mi) radius.

**International, Poultry, H7N3 (CBC [edited], September 29):** The Canadian Food Inspection Agency (CFIA) has put another Saskatchewan chicken farm under quarantine, but says the move is only a precautionary measure.

The small farm affected by the decision on Friday [Sep 28] is less than 3 km away from Pedigree Poultry, a much larger operation just north of Regina, where officials confirmed on Thursday they had found a strain of avian influenza. The CFIA said the quarantine measures are standard given the close proximity of the 2 farms. It said the 20 chickens tested on what the agency calls a "small backyard operation" have shown no signs of disease.

More than 50,000 chickens at the Pedigree Poultry operation near Regina Beach were to be killed and all equipment thoroughly sanitized.

The H7N3 strain of influenza is fatal to birds but isn't a danger to human health, and it's not expected to have much of an economic impact, according to Lisa Bishop Spencer of the Chicken Farmers of Canada.

She says much has changed since Canada had its last case of avian flu 3 years ago in British Columbia, where the virus swept through a number of farms, and that industry and government have developed a system to respond quickly to any future outbreaks.

She says she's confident the virus in Saskatchewan will be contained to the large commercial farm and that there will be little economic fallout, even if other countries close their borders.

"We export roughly 7.5 per cent of what we produce here in Canada," she told CBC News.

**Michigan Wild Bird Surveillance (USDA, as of October 4):** For the 2007 testing season, 260 Michigan samples have been taken so far, comprised of 100 live bird samples, 99 hunter-killed birds and 61 morbidity/mortality samples.

According to the National HPAI Early Detection Data System website, no virus was isolated from live mallard duck samples taken in Addison, VT that initially tested positive on August 2, 2007. HPAI subtype H5N1 has not been recovered from any Michigan samples tested to date, or from the 18,133 birds or environmental samples tested nationwide. The 2007 testing season will run from April 1, 2007-March 31, 2008. For more information, visit the National HPAI Early Detection Data System website at <http://wildlifedisease.nbio.gov/ai/>.

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>.

**Please contact Susan Vagasky at [VagaskyS@Michigan.gov](mailto:VagaskyS@Michigan.gov) with any questions regarding this newsletter or to be added to the weekly electronic mailing list.**

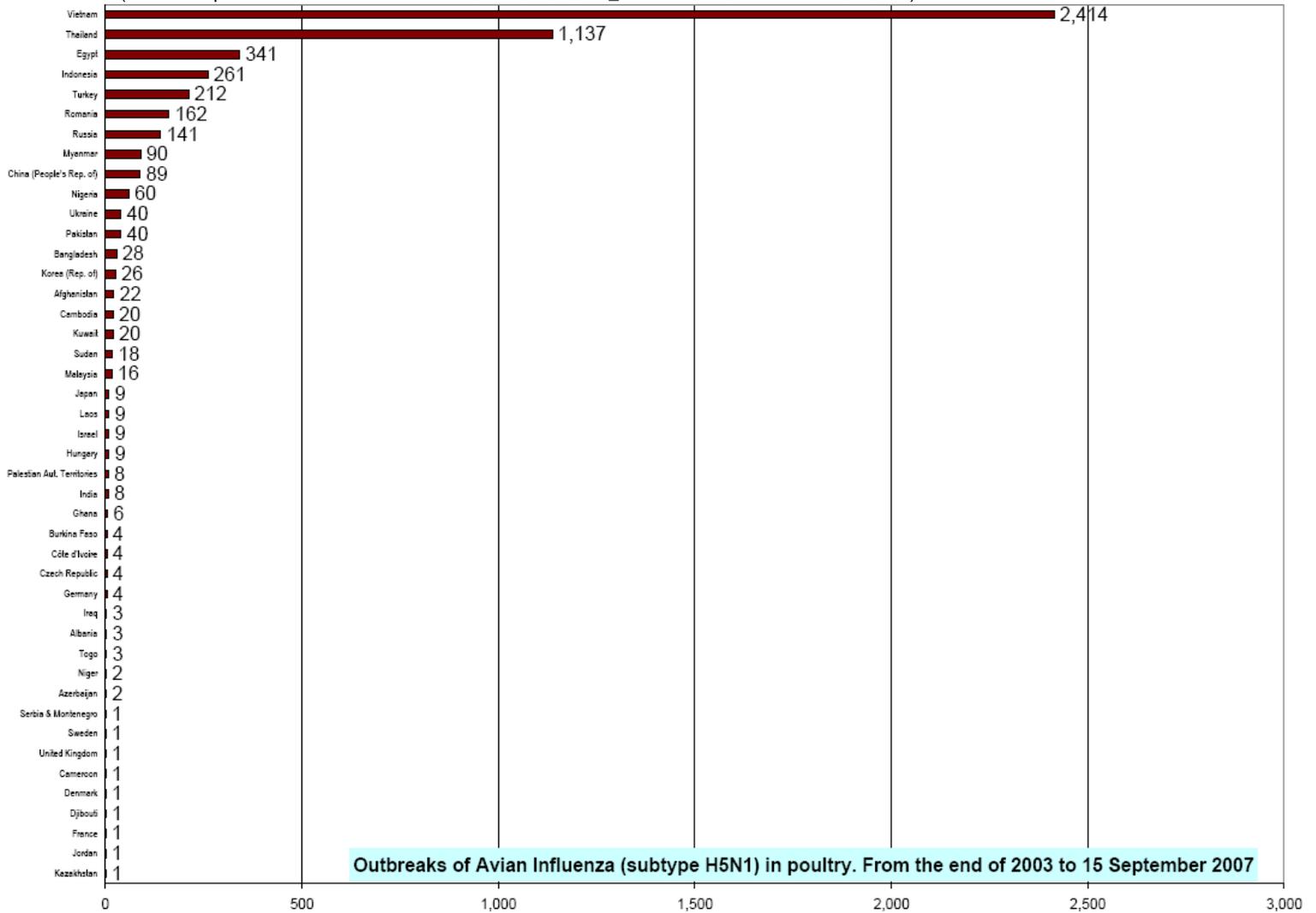
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**Table 1. H5N1 Influenza in Poultry (Outbreaks up to September 15, 2007)**

(Source: [http://www.oie.int/downld/AVIAN%20INFLUENZA/A\\_AI-Asia.htm](http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm) Downloaded 9/20/2007)



**Outbreaks of Avian Influenza (subtype H5N1) in poultry. From the end of 2003 to 15 September 2007**

**Table 2. H5N1 Influenza in Humans (Cases up to October 2, 2007)**

([http://www.who.int/entity/csr/disease/avian\\_influenza/country/cases\\_table\\_2007\\_10\\_02/en/index.html](http://www.who.int/entity/csr/disease/avian_influenza/country/cases_table_2007_10_02/en/index.html) Downloaded 10/2/2007)

Cumulative number of lab-confirmed human cases reported to WHO. Total number of cases includes deaths.

Country	2003		2004		2005		2006		2007		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	0	0	8	5
Cambodia	0	0	0	0	4	4	2	2	1	1	7	7
China	1	1	0	0	8	5	13	8	3	2	25	16
Djibouti	0	0	0	0	0	0	1	0	0	0	1	0
Egypt	0	0	0	0	0	0	18	10	20	5	38	15
Indonesia	0	0	0	0	20	13	55	45	32	28	107	86
Iraq	0	0	0	0	0	0	3	2	0	0	3	2
Lao PDR	0	0	0	0	0	0	0	0	2	2	2	2
Nigeria	0	0	0	0	0	0	0	0	1	1	1	1
Thailand	0	0	17	12	5	2	3	3	0	0	25	17
Turkey	0	0	0	0	0	0	12	4	0	0	12	4
Viet Nam	3	3	29	20	61	19	0	0	7	4	100	46
<b>Total</b>	<b>4</b>	<b>4</b>	<b>46</b>	<b>32</b>	<b>98</b>	<b>43</b>	<b>115</b>	<b>79</b>	<b>66</b>	<b>43</b>	<b>329</b>	<b>201</b>