

Influenza Surveillance, Reporting and Testing Guidance for Local Health Departments for the 2011–2012 Influenza Season

Michigan Department of Community Health September 2011

This guidance outlines MDCH recommendations on influenza surveillance, reporting and testing for local health departments. Future updates may be issued if influenza virus severity or activity changes. Please call the MDCH Division of Communicable Disease at (517) 335-8165 with any questions.

Updates on Surveillance Activities

- MDCH encourages *voluntary* reporting of influenza hospitalizations of all ages and adult deaths into the Michigan Disease Surveillance System (MDSS) by local health departments and healthcare providers.
- *Reporting of pediatric influenza-associated deaths (<18 years of age) continues to be required.*
- Surveillance for influenza cases with severe, unusual presentations (encephalitis, pulmonary hemorrhage, pregnant or postpartum women with severe complications, etc.) continues.
- Michigan influenza activity continues to be summarized in the MI FluFocus weekly report (available online at www.michigan.gov/flu).
- MDCH's participation in the CDC Influenza Hospitalization Surveillance Project (Clinton, Eaton and Ingham counties) will continue through the 2011-2012 influenza season.
- The increased pandemic surveillance implemented by the Centers for Disease Control and Prevention (CDC) was scaled back during the 2010-2011 influenza season to those systems utilized in previous influenza seasons (the ILINet sentinel outpatient provider network, pediatric death reporting, Emerging Infections Program (EIP) surveillance, laboratory data, etc.).

Influenza Testing

- Submission of respiratory specimens to BOL from a representative sample of outpatients, hospitalizations and adult deaths for influenza and respiratory virus testing is encouraged throughout the flu season. No clinical criteria are currently in place for MDCH Bureau of Laboratories (BOL) influenza testing.
- Specimen submission to BOL from all pediatric deaths, patients with severe or unusual presentations and cases associated with congregate facility respiratory outbreaks, is especially important and highly encouraged.
- During the 2011-2012 season, influenza testing at BOL will be either by RT-PCR or viral culture, depending on testing volume. Specimens positive for influenza A on viral culture will then undergo RT-PCR to further distinguish between influenza A/H3N2, A/H1N1, and 2009 A/H1N1.
- Healthcare providers and labs should consider the low positive predictive value of rapid influenza diagnostic tests (i.e. false positives) during times of low influenza prevalence in the community. Confirmatory testing should be sought for rapid test-positive specimens or negative specimens from patients with a high clinical index of suspicion for influenza.
- Laboratory-associated resources, including a list of Michigan laboratories with validated 2009 H1N1 PCR capabilities, can be found at the following website:
www.michigan.gov/mdch/0,1607,7-132-2945_5103-213906--,00.html.

Influenza Reporting Recommendations

Weekly counts of influenza-like illness

- At the end of each week, continue to report these counts into the MDSS, marking them as “Confirmed” under the aggregate “Flu-like Disease” category, including during the summer.

Individual influenza cases

- **Case definitions**
 - **Confirmed:** Cases with results positive for influenza via confirmatory laboratory test methods (PCR, viral culture, direct fluorescent antigen or DFA, indirect fluorescent antigen or IFA).
 - **Probable:** Cases with results positive for influenza via screening test methods (rapid test, enzyme immunoassay or EIA).
 - **Suspect:** Cases with no lab testing but that do have an influenza-like illness.
 - Cases with negative test results can be classified as either “Suspect” or “Not a Case” depending on clinical presentation and current community prevalence of influenza.
 - Serology testing (also referred to as antibody testing, IgG, IgM, IgA) is not an approved testing method unless there are paired specimens collected at least two weeks apart that demonstrate a four-fold rise in titers.
- The MDSS “2009 H1N1 Influenza” form is no longer be available for new case entry but is available for running reports and editing of previously entered cases.
- **If hospitalized, an adult death, or lab-confirmed (seasonal or 2009 H1N1 influenza strains)**
 - Please report these cases individually on the MDSS “Influenza” form. While individual reporting of these cases is now voluntary, this information is still useful and will be evaluated. Be sure to update the Patient Status variable if it is a hospitalization or death.
 - If not reporting individually, then add to weekly aggregate counts.
 - For surveillance purposes, MDCH may pursue confirmatory lab testing on specimens from MDSS cases during time of low influenza prevalence. Local health departments do not need to obtain additional epidemiologic information on these cases unless requested by MDCH.
- **All other individual influenza cases:** As a local health jurisdiction, decide whether to enter as individual cases on the “Influenza” form or as aggregate counts under “Flu-like Disease” in MDSS.
- **Pediatric influenza-associated deaths (<18 years of age)**
 - Notify MDCH via phone at (517) 335-8165.
 - Enter case into MDSS using the “Influenza” form and fill out the case details form.
- **Severe, unusual presentations of influenza (encephalitis, pulmonary hemorrhage, pregnant or newly postpartum women with severe complications or ICU hospitalization, etc.):** Report cases individually in MDSS on the “Influenza” form and fill out the case details form.
- **Facility outbreaks**
 - Please notify MDCH via phone at (517) 335-8165.
 - Optional: individual cases can be entered onto the MDSS “Influenza” form.
- **Suspect cases of avian influenza or novel influenza strains (not the 2009 A/H1N1 strain)**
 - Please notify MDCH within 24 hours, preferably immediately, at (517) 335-8165 or after hours at (517) 335-9030.
 - Enter case on the “Novel Influenza” form in MDSS and fill out the case details form.