

# Influenza Surveillance, Reporting and Testing Guidance for Healthcare Providers for the 2017–2018 Influenza Season

## Michigan Department of Health and Human Services October 10, 2017

This guidance outlines Michigan Department of Health and Human Services (MDHHS) recommendations on influenza surveillance, testing, and reporting for healthcare providers. Future updates may be issued if influenza virus severity or activity changes. Please call the MDHHS Division of Communicable Disease at (517) 335-8165 with any questions.

### Updates on Surveillance Activities

- MDHHS coordinates three statewide programs for influenza surveillance: outpatient sentinel physicians network ([ILINet](#)), influenza sentinel hospitals network, and influenza sentinel laboratories network. These programs contribute essential data on influenza-like illness activity, influenza hospitalization trends, and virologic surveillance data throughout Michigan.
- MDHHS is pleased to announce that Washtenaw County hospitals will now be participating in the 2017-2018 CDC Influenza Hospitalization Surveillance Project in conjunction with hospitals in Clinton, Eaton, Ingham, and Genesee Counties. This project provides population-based rates of hospitalization due to severe influenza illness through active surveillance and chart review of lab-confirmed cases from October 1 – April 30.
- MDHHS encourages surveillance and reporting of severe or unusual influenza cases (ICU admissions, severely ill pregnant or postpartum women, patients with atypical and/or severe presentations) into the Michigan Disease Surveillance System (MDSS) by local health departments and healthcare providers.
- Required reporting continues for pediatric influenza-associated deaths (<18 years).
- Surveillance activities are recommended year-round for rapid detection of potential novel or variant events.
- Michigan influenza activity is summarized in the [MI FluFocus](#) weekly report, where data from all of the above surveillance systems will be included.

### Influenza Testing

During the 2017-2018 influenza season, MDHHS Bureau of Laboratories (BOL) will use RT-PCR as the first-line testing method for influenza, which provides subtyping for influenza A positive results.

- **Pediatric influenza-associated deaths (< 18 years)** - Specimen submission to BOL from all pediatric deaths with suspected or confirmed influenza should be promptly coordinated with MDHHS. Additional [guidance](#) for reporting and investigating these cases can be found at [www.michigan.gov/cdinfo](http://www.michigan.gov/cdinfo).
- **Congregate setting outbreaks** - Respiratory pathogen testing (including influenza) should be performed year round for all outbreaks of respiratory illness in congregate settings to determine the etiology. Influenza positive specimens tested at hospital or commercial laboratories should be forwarded to MDHHS BOL. Primary testing support for these outbreaks is available at MDHHS BOL via respiratory viral panel and can be coordinated by contacting your local health department.
- **Atypical or severe cases** - Specimen submission to BOL from influenza cases with severe or unusual presentations is important to surveillance and should be coordinated through your local health department.

- **Off-season (summertime) specimens** - Rapid-test positive specimens (or negative specimens) from patients with a high clinical index of suspicion for influenza during the summer (off-season) months are encouraged to be submitted to MDHHS BOL. 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 and confirmatory testing should be sought.
- **Novel or variant strain testing** - All suspected novel or variant strain influenza cases (such as H3N2v) should be tested for influenza, with arrangements to include PCR testing at MDHHS.
- Additional laboratory-associated resources at: [www.michigan.gov/mdhhs/lab](http://www.michigan.gov/mdhhs/lab).

## **Influenza Reporting Requirements and Recommendations**

Public health reporting of influenza is required either by weekly aggregate counts or by individual case reports as listed below. Reporting of congregated facility outbreaks or unusual clusters is also required.

### ***Required Reporting***

- **Weekly counts of influenza-like illness**
  - At the end of each week, report ILI counts to your local health department, or into the MDSS marking them as “Confirmed” under the aggregate “Flu-like Disease” category.  
*\*See below for off-season reporting recommendations, and for guidance if your facility reports influenza via ELR.*
- **Facility outbreaks or clusters**
  - Contact your local health department or MDHHS at (517) 335-8165 to report a facility outbreak or clusters of influenza-like illness.
- **Pediatric influenza-associated deaths (<18 years of age)**
  - Notify MDHHS immediately at (517) 335-8165 (or (517) 335-9030 after hours).
  - Enter case into MDSS using the “Influenza” form and fill out the case details form.
- **Suspect cases of novel or variant influenza strains**
  - For novel/variant strains (e.g., avian or swine influenza), immediately notify your local health department or MDHHS at (517) 335-8165 (or (517) 335-9030 after hours).
  - Enter case on the “Novel Influenza” form in MDSS and fill out the case details form.

### ***Recommended Reporting***

- **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.  
Also, contact your local health department directly for assistance with follow-up coordination.
- **Off-season (summertime) cases\***
  - Individually report and obtain additional epidemiologic information on all influenza cases identified during times of low influenza prevalence. Directly notify your local health department of these cases, so that arrangements can be made to have specimens shipped to MDHHS BOL for confirmatory testing.
- **Electronic laboratory reporting (ELR) of influenza-positive cases\***
  - Facilities that report all of their influenza testing results via ELR meet the reporting requirements and do not have to submit an aggregate report to local public health. The guidance for following-up on individual cases of public health importance (outlined above) still applies to ELRs. MDHHS recommends working with your local health department to develop a system for identifying and reporting cases that warrant follow-up.