

Influenza Surveillance, Reporting and Testing Guidance for Healthcare Providers

2020-2021 Influenza Season

Michigan Department of Health and Human Services

October 2020

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 as needed in the setting of the COVID-19 pandemic. Additional guidance for influenza testing, reporting, and investigation can be found at www.michigan.gov/cdinfo and www.michigan.gov/mdhhs/lab. Please call the MDHHS Division of Communicable Disease at (517) 335-8165 with any questions.

Updates on Surveillance Activities

- MDHHS coordinates four voluntary statewide programs for influenza surveillance: outpatient sentinel physicians network ([ILINet](#)), influenza sentinel hospitals network, influenza sentinel laboratories network, and syndromic surveillance. These programs contribute essential data on influenza-like illness activity, influenza hospitalization trends, and virologic surveillance data throughout Michigan.
- MDHHS participation in the CDC Influenza Hospitalization Surveillance Project (IHSP) will continue during the 2020-2021 influenza season. This project will provide population-based rates of hospitalization due to severe influenza illness through active surveillance and chart review of lab-confirmed cases from October 1st - April 30th for Clinton, Eaton, Genesee, Ingham, and Washtenaw Counties.
- MDHHS encourages surveillance and reporting of severe or unusual influenza cases (ICU admissions, severely ill pregnant or postpartum women, patients with atypical presentations) into the Michigan Disease Surveillance System (MDSS) by 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 is included.

Influenza Reporting Requirements and Recommendations

Reporting of influenza is required either by weekly aggregate counts or by individual case reports as listed below. Congregate facility outbreaks and any unusual clusters are also required to be reported.

Required Reporting (*Michigan Communicable Disease Rules; 333.5111 of the Michigan Compiled Laws*)

- **Weekly counts of influenza cases**
 - At the end of each week, report influenza-positive[†] counts to your local health department, or into the MDSS marking them as “Confirmed” under the aggregate “Flu-like Disease” category.
[†] *Excludes serologic positives.*
- **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
 - 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. 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 reports (ELRs) 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. (*Exclude serologic positives).

Influenza Testing

MDHHS Bureau of Laboratories will use RT-PCR testing for Influenza A and B detection. Influenza A subtyping or influenza B lineage determination is performed on all influenza-positive specimens. Testing for oseltamivir resistance markers in seasonal influenza A/H1N1pdm09 and A/H3N2 specimens is available for clinical management purposes. See [MDHHS Antiviral Resistance Testing](#) for details.

MDHHS requests hospitals and clinical laboratories to submit representative influenza-positive specimens year-round to the MDHHS Bureau of Laboratories for further testing and viral strain characterization. **Your assistance is needed** to identify and facilitate submission of any specimens that are of high public health importance, including those below

- **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. Please see additional guidance for identifying and investigating cases: http://www.michigan.gov/documents/mdch/ME_pediatric_influenza_guidance_v2_214270_7.pdf
- **Atypical or severe cases and congregate setting outbreaks**

Specimen submission to BOL from influenza cases with severe or unusual presentations, and cases associated with congregate facility respiratory outbreaks, should be coordinated through your local health department. MDHHS will initially perform multiplex PCR testing for Influenza A, B, and SARS-CoV-2 on respiratory outbreak specimens without a known etiology.
- **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 should be tested for influenza, with arrangements to include PCR testing at MDHHS.
- **Cases with international travel history**

Submit specimens to BOL from influenza cases with international travel within 2 weeks of symptoms