



MI Flu Focus

Influenza Surveillance Updates
Bureaus of Epidemiology and Laboratories

Michigan Department
of Community Health



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Surveillance and Infectious Disease Epidemiology

October 10, 2013
Vol. 10; No. 36

Updates of Interest

- **International:** WHO has been informed of an additional six laboratory-confirmed cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection in Saudi Arabia

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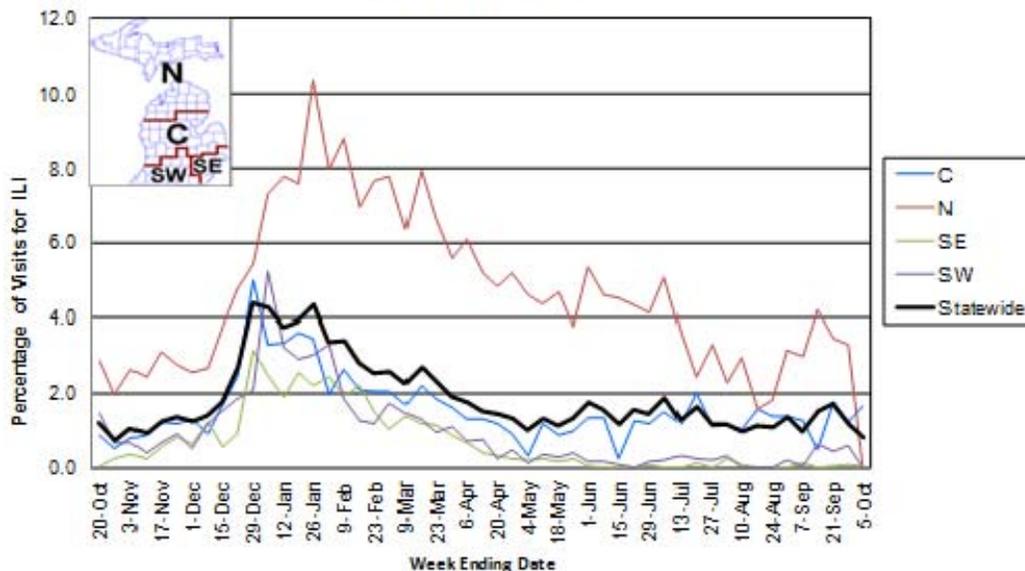
Influenza Surveillance Reports

Michigan Disease Surveillance System (as of October 10): MDSS influenza data for the week ending October 5, 2013 indicated that compared to levels from the previous week, aggregate reports slightly decreased, while individual reports remained steady at very low levels. Both aggregate and individual reports are similar to levels seen during the same time period last year.

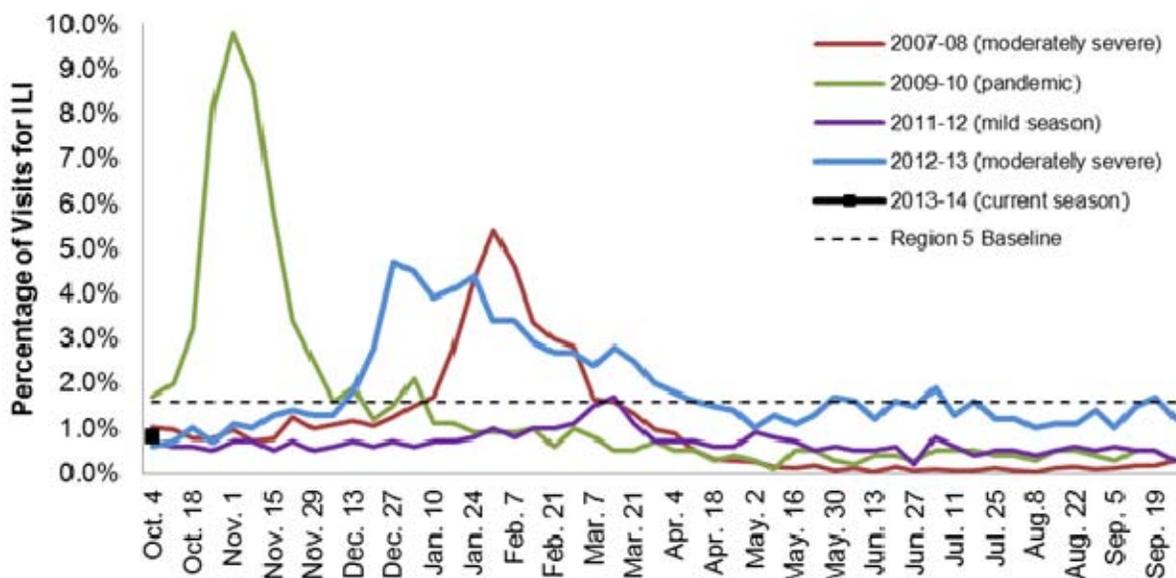
Emergency Department Surveillance (as of October 10): Emergency department visits due to respiratory complaints were similar to levels from the previous week, while constitutional complaints saw a minimal increase. Emergency department visits from constitutional complaints were similar to levels during the same time period last year, while respiratory complaints were slightly lower. In the past week, there were 4 constitutional alerts in the SW(1) and C(3) Influenza Surveillance Regions and 5 respiratory alerts in the SW(1), C(2) and N(2) Regions.

Sentinel Provider Surveillance (as of October 10): During the week ending October 5, 2013, the proportion of visits due to influenza-like illness (ILI) decreased to 0.8% overall; this is below the regional baseline (1.6%). A total of 50 patient visits due to ILI were reported out of 6,177 office visits. Data were provided by 15 sentinel sites from the following regions: Central (6), Southeast (7), and Southwest (2). No reports were provided from the North region. ILI activity decreased in two regions: SE (0.0%) and SW (0.0%) and increased in one region: C (1.7%). Please Note: these rates may change as additional reports are received.

Percentage of Visits for Influenza-like Illness (ILI)
Reported by Sentinel Providers, Statewide and Regions
2013-14 Flu Season



Percentage of Visits for Influenza-like Illness (ILI) Reported by the US Outpatient Influenza-like Illness Surveillance Network (ILINet): Michigan, Select Seasons



As part of pandemic influenza surveillance, CDC and MDCH highly encourage year-round participation from all sentinel providers. New practices are encouraged to join the sentinel surveillance program today! Contact Stefanie DeVita at 517-335-3385 or DeVitaS1@michigan.gov for more information.

Hospital Surveillance (as of October 10): The CDC Influenza Hospitalization Surveillance Project provides population-based rates of severe influenza illness through active surveillance and chart review of lab-confirmed cases, starting on October 1, 2013, in the Clinton, Eaton, Genesee, and Ingham counties. No cases have been identified in the catchment area during the 2013-14 season.

The MDCH Influenza Sentinel Hospital Network monitors influenza hospitalizations reported voluntarily by hospitals statewide. Four hospitals (SE, SW, C) reported for the week ending October 5, 2013. No influenza hospitalizations have been reported through this network for the 2013-14 season.

Laboratory Surveillance (as of October 5): During September 28-October 5, no positive influenza results were reported by MDCH. For the 2013-14 season (starting Sept. 29, 2013), MDCH has identified no positive influenza results.

10 sentinel labs (SE, SW, C, N) reported for the week ending October 5, 2013. No labs reported influenza A or B, RSV, parainfluenza, adenovirus or hMPV activity. Most sites remain at very low testing volumes; several sites (SE, SW, C) reported increasing testing volumes.

Michigan Influenza Antigenic Characterization (as of October 10): For the 2013-14 season, no influenza specimens have been characterized at MDCH BOL.

Michigan Influenza Antiviral Resistance Data (as of October 10): For the 2013-14 season, no influenza specimens have been tested at the MDCH BOL for antiviral resistance.

CDC has made recommendations regarding the use of antivirals for treatment and prophylaxis of influenza, which are available at <http://www.cdc.gov/flu/professionals/antivirals/index.htm>.

Influenza-associated Pediatric Mortality (as of October 10): No pediatric influenza-associated influenza mortalities have been reported to MDCH for the 2013-14 season.

CDC requires reporting of flu-associated pediatric deaths (<18 yrs), including pediatric deaths due to an influenza-like illness with lab confirmation of influenza or any unexplained pediatric death with evidence of an infectious process. Contact MDCH immediately for proper specimen collection. The MDCH protocol is at www.michigan.gov/documents/mdch/ME_pediatric_influenza_guidance_v2_214270_7.pdf.

Influenza Congregate Settings Outbreaks (as of October 10): No respiratory outbreaks have been reported to MDCH during the 2013-14 season.

National (CDC): Past weekly reports and updated data during the summer months are available online at: <http://www.cdc.gov/flu/weekly/>.

International (WHO [edited], September 30): Influenza activity in the northern hemisphere temperate zones remained at inter-seasonal levels. In most regions of tropical Asia influenza activity decreased, with the exception of Hong Kong Special Administrative Region, China, where influenza activity associated with A(H3N2) viruses increased. In the Caribbean region of Central America and tropical South America the influenza season appeared to have come to an end. Acute respiratory infections continued to decline. Respiratory Syncytial Virus predominated, and influenza A(H1N1)pdm09 and influenza A(H3N2) were the main respiratory viruses reported since May of this year. Influenza activity peaked in the temperate countries of South America and in South Africa in late June. Influenza activity in these areas was primarily associated with influenza A(H1N1)pdm09 throughout the season, but since July greater numbers of influenza A(H3N2) and influenza type B viruses were observed. Australia and New Zealand had a late start of a season in August. Influenza activity seemed to decrease in mid-September in Australia. Co-circulation of influenza A(H3N2), influenza A(H1N1)pdm09 and type B was reported in both countries.

The entire WHO report is available online at www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/index.html.

MDCH reported NO INFLUENZA ACTIVITY to CDC for the week ending October 5, 2013.

For additional flu vaccination and education information, the MDCH *FluBytes* newsletter is available at http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_22779_40563-125027--,00.html.

Novel Influenza Activity and Other News

WHO Pandemic Phase: Post-pandemic – Influenza disease activity has returned to levels normally seen for seasonal influenza. It is expected that the pandemic virus will behave as a seasonal influenza A virus. It is important to maintain surveillance and update pandemic preparedness/response plans accordingly.

International, MERS-CoV (WHO [edited], October 4): WHO has been informed of an additional six laboratory-confirmed cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection in Saudi Arabia.

The six new patients are from Riyadh region with ages from 14 to 79 years old, of which three are women and three men. The dates of onset of the patients range from 15 to 26 September 2013. One patient has mild symptoms while the others are hospitalized. Three patients are contacts of previously confirmed cases with MERS-CoV, two are reported to have had no exposure to animals or a confirmed case, and there is no information on exposure of one patient.

Globally, from September 2012 to date, WHO has been informed of a total of 136 laboratory-confirmed cases of infection with MERS-CoV, including 58 deaths.

The full article is available online at http://www.who.int/csr/don/2013_10_04/en/index.html.

For questions or to be added to the distribution list, please contact Susan Peters at peterss1@michigan.gov

MDCH Contributors

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Table. H5N1 Influenza in Humans – As of August 29, 2013. http://www.who.int/influenza/human_animal_interface/EN_GIP_20130829CumulativeNumberH5N1cases.pdf. Downloaded 08/29/2013. Cumulative lab-confirmed cases reported to WHO. Total cases include deaths.

Country	2003-2009		2010		2011		2012		2013		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Azerbaijan	8	5	0	0	0	0	0	0	0	0	8	5
Bangladesh	1	0	0	0	2	0	3	0	1	1	7	1
Cambodia	9	7	1	1	8	8	3	3	17	10	38	29
China	38	25	2	1	1	1	2	1	2	2	45	30
Djibouti	1	0	0	0	0	0	0	0	0	0	1	0
Egypt	90	27	29	13	39	15	11	5	4	3	173	63
Indonesia	162	134	9	7	12	10	9	9	1	1	193	161
Iraq	3	2	0	0	0	0	0	0	0	0	3	2
Lao PDR	2	2	0	0	0	0	0	0	0	0	2	2
Myanmar	1	0	0	0	0	0	0	0	0	0	1	0
Nigeria	1	1	0	0	0	0	0	0	0	0	1	1
Pakistan	3	1	0	0	0	0	0	0	0	0	3	1
Thailand	25	17	0	0	0	0	0	0	0	0	25	17
Turkey	12	4	0	0	0	0	0	0	0	0	12	4
Vietnam	112	57	7	2	0	0	4	2	2	1	125	62
Total	468	282	48	24	62	34	32	20	27	18	637	378