

Updated Influenza Surveillance, Reporting and Testing Guidance for Local Health Departments

Michigan Department of Community Health October 2010

This guidance replaces prior MDCH recommendations on influenza surveillance, reporting and testing; it does not replace previous guidance on clinical treatment or influenza vaccination. 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

- The increased surveillance implemented by the Centers for Disease Control and Prevention (CDC) during the 2009 H1N1 influenza pandemic was downgraded to include systems utilized in previous influenza seasons (the ILINet sentinel outpatient provider network, pediatric death reporting, Emerging Infections Program (EIP) surveillance, laboratory data, etc.).
- CDC concluded its influenza hospitalization and adult mortality reporting in April 2010. MDCH still encourages *voluntary* reporting of hospitalizations and adult deaths into the MDSS by local health departments and providers.
- Reporting of pediatric influenza-associated deaths (<18 years of age) is required as during previous influenza seasons.
- 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).
- MDCH's participation in the CDC EIP tri-county hospitalization study (now known as the Influenza Hospitalization Surveillance Project) will continue through the 2010-2011 influenza season.

Influenza Testing

- The clinical criteria instituted for BOL influenza testing in September 2009 were removed in the spring of 2010. Submission of respiratory specimens from a representative sample of outpatients, hospitalizations and adult deaths to the MDCH Bureau of Laboratories (BOL) for influenza and respiratory virus testing is encouraged.
- Specimen submission from all pediatric deaths, patients with severe or unusual presentations and patients in congregate facility outbreaks, is especially important and highly encouraged.
- BOL will utilize viral culture as the first line of testing for influenza A and B during the upcoming 2010-2011 influenza season. 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:
http://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

- **Updated 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 “2009 H1N1 Influenza” form will no longer be available for new case entry after October 2010. The form will remain 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.