

# Updated Influenza Surveillance, Reporting and Testing Guidance for Healthcare Providers

## 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 only include systems utilized in previous influenza seasons (the ILINet outpatient sentinel 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.
- 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.
- Michigan influenza activity continues to be summarized in the MI FluFocus weekly report (available online at [www.michigan.gov/flu](http://www.michigan.gov/flu)).

### 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](http://www.michigan.gov/mdch/0,1607,7-132-2945_5103-213906--,00.html).

## **Influenza Reporting Recommendations**

### ***Weekly counts of influenza-like illness***

- Continue to report counts to your local health department as previously established.

### ***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 a clinically compatible 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.

- ***Laboratory-confirmed, hospitalized, or adult death cases (seasonal or 2009 H1N1 strains)***

- Please report these cases and their relevant information individually to your local health department. While individual reporting of these cases is now voluntary, this information is still useful and will be evaluated.
  - If entering these cases directly into MDSS, use the “Influenza” form. The “2009 H1N1 Influenza” individual form will no longer be available for new case entry after October 2010.
  - Be sure to update the Patient Status variable if it is a hospitalization or death.
  - If not entering cases into MDSS, then report cases to your local health department.

- ***All other individual influenza cases***

- If entering cases directly into MDSS, decide whether to enter as individual cases (use “Influenza” form) or enter as aggregate counts under “Flu-like Disease.”
- If not entering cases into MDSS, then report cases to your local health department.

- ***Please notify your local health department regarding the following case presentations:***

- Pediatric influenza-associated deaths (<18 years of age)
- Severe, unusual presentations of influenza
  - Encephalitis
  - Pulmonary hemorrhage
  - Pregnant or newly postpartum women with severe complications or ICU hospitalization
- Facility outbreaks

- ***Suspect cases of avian influenza or novel influenza strains (not the 2009 A/H1N1 strain)***

- Immediately notify your local health department (alternatively, MDCH may be contacted at (517) 335-8165 or after hours at (517) 335-9030).