

# Updated Influenza Surveillance, Reporting and Testing Guidance for Laboratories

## 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 feel free to call the MDCH Bureau of Laboratories at (517) 335-8063 or 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 continues for pediatric influenza-associated deaths (<18 years) and influenza cases with severe, unusual presentations (encephalitis, pulmonary hemorrhage, pregnant or postpartum women with severe complications, etc.).
- 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)).
- MDCH's participation in the CDC EIP tri-county influenza hospitalization study (now known as the Influenza Hospitalization Surveillance Project) will continue through the 2010-2011 influenza season.

### 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).

### Reporting Recommendations

- **Weekly counts of influenza-like illness:** Please continue reporting these counts to your infection preventionist or local health department as previously established.
- **Additional cases of public health interest (pediatric influenza-associated deaths, severe, unusual presentations of influenza, facility outbreaks, suspect avian or novel strain influenza cases):** Please report these cases to your local health department.