

# Influenza Surveillance, Reporting and Testing Guidance for Local Health Departments for the 2014–2015 Influenza Season

Michigan Department of Community Health  
October 6, 2014

This guidance outlines Michigan Department of Community Health (MDCH) recommendations on influenza surveillance, reporting and testing for local health departments. 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**

- Required reporting continues for pediatric influenza-associated deaths (<18 years).
- MDCH highly encourages *voluntary* reporting of influenza hospitalizations (ICU admissions, severely ill pregnant or postpartum women, patients with unusual and/or severe presentations) of all ages and adult deaths into the Michigan Disease Surveillance System (MDSS) by local health departments and healthcare providers.
- Michigan influenza activity is summarized in the MI FluFocus weekly report (available online at [www.michigan.gov/flu](http://www.michigan.gov/flu)).
- MDCH participation in the CDC Influenza Hospitalization Surveillance Project (Clinton, Eaton, Ingham and Genesee counties) will continue through the 2014-2015 influenza season.
- Suspected variant strain influenza cases (such as H3N2v) should continue to be tested for influenza (preferably by PCR testing at MDCH) and reported to your local health department.

## **Influenza Testing**

- Submission of respiratory specimens to the MDCH Bureau of Laboratories (BOL) from a representative sample of outpatients, hospitalizations and adult deaths for influenza and respiratory virus testing is encouraged throughout the flu season. No prerequisite clinical criteria are currently in place for submissions to MDCH (BOL) for influenza testing.
- Specimen submission to BOL from all pediatric deaths, patients with severe or unusual presentations and cases associated with congregate facility respiratory outbreaks, is especially important and highly encouraged.
- During the 2014-2015 influenza season, BOL will utilize RT-PCR as the first line testing for Influenza A and B. Specimens negative for influenza by PCR will then undergo culture to test for other respiratory viruses.
- 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 can be found at the following website: [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***

- 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***

- **Case definitions**

- **Confirmed:** Cases with positive results for influenza via confirmatory laboratory test methods (PCR, viral culture, direct fluorescent antigen or DFA, indirect fluorescent antigen or IFA).
- **Probable:** Cases with positive results 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.

*Note: The MDSS “2009 H1N1 Influenza” form is no longer available for new case entry but is available for running reports and editing of previously entered cases.*

- **Hospitalized, or adult death cases (seasonal or 2009 H1N1 strains)**

- Please report these cases individually on the MDSS “Influenza” form. While individual reporting of these cases is 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 may be requested to obtain additional epidemiologic information on these cases.

- **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.

- **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.

- **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.

- **Facility outbreaks**

- Please contact your Regional Epidemiologist or alternately MDCH at (517) 335-8165.

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

- Please notify MDCH immediately for avian influenza cases, call (517) 335-8165 or after hours (517) 335-9030.
- Enter case on the “Novel Influenza” form in MDSS and fill out the case details form.