

Influenza Surveillance, Reporting and Testing Guidance for Laboratories for the 2014–2015 Influenza Season

Michigan Department of Community Health (MDCH)
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This guidance outlines MDCH recommendations on influenza surveillance, reporting and testing for laboratories. Future updates may be issued if influenza virus severity or activity changes. Please call the MDCH Division of Communicable Disease at (517) 335-8165 or Bureau of Laboratories at (517) 335-8063 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).
- MDCH's 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.

Testing

- Submission of respiratory specimens to BOL from a representative sample of outpatients, hospitalizations and adult deaths for influenza and respiratory virus testing is encouraged throughout the year. No pre-requisite clinical criteria are currently in place for MDCH Bureau of Laboratories (BOL) 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. Please include all clinical testing results on the test requisition form.
- Laboratory-associated resources can be found at the following website:
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 per your previously established protocols.
- **Additional cases of public health interest include 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. Suspect avian or novel influenza cases should be reported immediately.