Influenza Surveillance, Reporting and Testing Guidance for Local Health Departments for the 2016-2017 Influenza Season

Michigan Department of Health and Human Services
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This guidance outlines Michigan Department of Health and Human Services (MDHHS) recommendations on influenza surveillance, testing, and reporting for local health departments. Future updates may be issued if influenza virus severity or activity changes. Please call the MDHHS Division of Communicable Disease at (517) 335-8165 with any questions.

Updates on Surveillance Activities

- MDHHS continues to coordinate three main statewide programs for influenza surveillance: outpatient sentinel physicians network (ILINet), influenza sentinel hospitals network, and influenza sentinel laboratories network. These programs contribute essential data on influenza-like illness activity, influenza hospitalization trends, and virologic surveillance data throughout Michigan.

- MDHHS participation in the CDC Influenza Hospitalization Surveillance Project (Clinton, Eaton, Ingham and Genesee counties) will continue throughout the 2016-2017 influenza season. This project provides population-based rates of hospitalization due to severe influenza illness through active surveillance and chart review of lab-confirmed cases from October 1 – April 30.

- MDHHS encourages surveillance and reporting of severe or unusual influenza cases (ICU admissions, severely ill pregnant or postpartum women, patients with atypical and/or severe presentations) into the Michigan Disease Surveillance System (MDSS) by local health departments and healthcare providers.

- Required reporting continues for pediatric influenza-associated deaths (<18 years).

- Surveillance activities are recommended year-round for rapid detection of potential novel or variant events.

- Michigan influenza activity is summarized in the MI FluFocus weekly report (archived at www.michigan.gov/flu), where data from all of the above surveillance systems will be included.

Influenza Testing

During the 2016-2017 influenza season, MDHHS Bureau of Laboratories (BOL) will use RT-PCR as the first-line testing method for Influenza A and B. Specimens negative for influenza by PCR will then undergo culture to test for other respiratory viruses.

- **Routine surveillance samples**
  
  MDHHS requests clinical laboratories throughout Michigan to voluntarily submit influenza-positive specimens to the BOL from a representative sample of outpatients, hospitalizations, and adult deaths. Periodic specimen submission is encouraged throughout the flu season (beginning, middle, and end) as well as during the summer period. No prerequisite clinical criteria are currently in place for specimen submissions to MDHHS BOL for influenza testing.

- **Pediatric Influenza-associated deaths (< 18 years)**
  
  Specimen submission to BOL from all pediatric deaths with suspected or confirmed influenza should be promptly coordinated with MDHHS. Additional guidance for reporting and investigating these cases can be found at the CD Info website.

- **Atypical or severe cases and congregate setting outbreaks**
  
  Specimen submission to BOL from influenza cases with severe or unusual presentations, and cases associated with congregate facility respiratory outbreaks, are important and should be facilitated by local health jurisdictions.
• **Novel or variant strain testing**
  ALL suspected novel or variant strain influenza cases (such as H3N2v) should be tested for influenza, with arrangements to include PCR testing at MDHHS.

• **Off-season (summertime) specimens**
  Rapid-test positive specimens (or negative specimens) from patients with a high clinical index of suspicion for influenza during the summer (off-season) months are encouraged to be submitted to MDHHS BOL. 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 and confirmatory testing should be sought.

• Additional laboratory-associated resources can be found at BOL’s [website](#).

**Influenza Reporting Requirements and Recommendations**

Public health reporting of influenza is required either by weekly aggregate counts or by individual case reports as listed below. Congregate facility outbreaks and any unusual clusters are also required to be reported.

**Required Reporting**

• **Weekly counts of influenza-like illness**
  o At the end of each week, report ILI counts into the MDSS marking them as “Confirmed” under the aggregate “Flu-like Disease” category. Submit a report even if the count is ‘zero’.  
    *See below for off-season reporting recommendations when influenza prevalence is low.*

• **Facility outbreaks or clusters**
  o Contact your Regional Epidemiologist or alternatively MDHHS at (517) 335-8165. Enter the report into MDSS as the preferred method or alternately complete and submit a “Cluster and Facility Outbreak Notification Report Form”.

**Individual influenza cases**

• **Pediatric influenza-associated deaths (<18 years of age)**
  o Notify MDHHS via phone at (517) 335-8165.
  o Enter case into MDSS using the “Influenza” form and fill out the case details form.

• **Suspect cases of novel or variant influenza strains**
  o Notify MDHHS immediately for avian influenza cases or other novel/variant strains, call (517) 335-8165 or after hours (517) 335-9030.
  o Enter case on the “Novel Influenza” form in MDSS and fill out the case details form.

**Recommended Reporting**

• **Severe, unusual presentations of influenza (encephalitis, pulmonary hemorrhage, pregnant or newly postpartum women with severe complications or ICU hospitalization, etc.**)
  o Report cases individually in MDSS on the “Influenza” form and fill out the case details form.  
    Also contact MDHHS directly for assistance with follow-up coordination.

• **Off-season (summertime) cases**
  o Individually report and obtain additional epidemiologic information on all influenza cases identified during times of low influenza prevalence. LHD’s should pursue confirmatory lab testing on specimens from such cases and facilitate specimen submission to MDHHS BOL.

• **Electronic laboratory reports (ELR’s) of influenza-positive cases**
  o Facilities that report all of their influenza testing results via ELR meet the reporting requirements and do not have to submit an aggregate report to local public health. The guidance for following-up on individual cases of public health importance (outlined above) still applies to ELRs, with additional information required/recommended in most circumstances. Additional guidance on this topic can be found on [CD Info](#).