The CDC has issued a health advisory on March 28, 2019 via the CDC Health Alert Network to notify clinicians that influenza activity remains high in the U.S., with increasing proportion of activity due to influenza A(H3N2) viruses, continued circulation of influenza A(H1N1) viruses, and low levels of influenza B viruses. Please see the following link for details.

Link: https://emergency.cdc.gov/han/HAN00419.asp
Regional baseline is developed by calculating the mean percentage of patient visits for ILI during non-influenza weeks for the previous three seasons and adding two standard deviations.

National Surveillance

In the United States, 3.2% of outpatient visits were due to influenza-like illness (ILI), which is above the national baseline of 2.2%.

Sentinel Provider Surveillance

Week Ending March 30

- Number of reports by region: 32 total [C(9), N(2), SE(15), SW(6)]
- Proportion of visits due to ILI: ↓3.1% (regional baseline*: 1.8%)
- A total of 361 patient visits due to ILI were reported out of 11,700 office visits

*Regional baseline is developed by calculating the mean percentage of patient visits for ILI during non-influenza weeks for the previous three seasons and adding two standard deviations.

MI Statewide ILI NET and Syndromic Surveillance Rates, 2018-2019

Become a sentinel provider!
Contact Shelly Doebler at DoeplerM@michigan.gov
The CDC Influenza Hospitalization Surveillance Project (IHSP) provides population-based rates of hospitalization due to severe influenza-related illness through active surveillance and chart review of lab-confirmed cases from Oct. 1, 2018 until Apr. 30, 2019, for Clinton, Eaton, Ingham, Genesee, and Washtenaw counties. Since Oct. 1, there have been **779 (110 pediatric, 669 adult)** influenza-related hospitalizations reported in the catchment area for the 2018-2019 season.
Laboratory Surveillance

Week Ending March 30

MDHHS Bureau of Laboratories reported 102 new positive influenza results (36C, 6N, 4SE, 56SW)

<table>
<thead>
<tr>
<th>Respiratory Virus</th>
<th># Positive Respiratory Virus Results by Region</th>
<th>Overall Total</th>
<th>2017-18 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C</td>
<td>N</td>
<td>SE</td>
</tr>
<tr>
<td>2009 A/H1N1pdm</td>
<td>168</td>
<td>23</td>
<td>50</td>
</tr>
<tr>
<td>Influenza A/H3</td>
<td>78</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Influenza B</td>
<td>2</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>248</td>
<td>45</td>
<td>73</td>
</tr>
</tbody>
</table>

### Influenza Positive Test Results, 2018-2019

<table>
<thead>
<tr>
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</tbody>
</table>

**Michigan Sentinel Clinical Lab Respiratory Virus Data**

Thirteen (13) sentinel clinical labs (3SE, 2SW, 7C, 1N) reported during this week

**SE Region**
- Influenza A: moderate-high; increasing
- Influenza B: moderate; increasing
- Parainfluenza: slightly elevated
- RSV: slightly elevated; decreasing
- Adenovirus: low
- hMPV: elevated; slight decrease

**Central Region**
- Influenza A: upper moderate; some increases
- Influenza B: low
- Parainfluenza: low
- RSV: low to slightly elevated
- Adenovirus: low
- hMPV: low-slightly elevated

**SW Region**
- Influenza A: upper moderate; some increases
- Influenza B: low
- Parainfluenza: low
- RSV: low to slightly elevated
- Adenovirus: low
- hMPV: slightly elevated

**North Region**
- Influenza A: slightly elevated; decreasing
- Influenza B: slightly elevated; decreasing
- Parainfluenza: no data available
- RSV: no data available
- Adenovirus: no data available
- hMPV: no data available

**FLU A, unsubtypable**
- 98

**H1N1**
- 23

**H3**
- 18

**FLU B, no subtype**
- 10

**Victoria**
- 10

**Yamagata**
- 0

Based on STARLIMS MDHHS BOL Testing Portal

Note: Flu B subtyping will be reported based on MDHHS BOL testing runs (roughly each month) and will be backtracked into this graph

Most recent MDHHS BOL Flu B subtyping run: **April 4, 2019**
There were 8 new respiratory viral outbreaks (4C, 0N, 3SE, 1SW) reported to MDHHS during this time period. Respiratory outbreaks for the 2018-2019 season are listed in the table below.

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>C</th>
<th>N</th>
<th>SE</th>
<th>SW</th>
<th>Total</th>
<th>2016-2017 Total</th>
<th>2017-2018 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools: K-12 &amp; College</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>9</td>
<td>25</td>
<td>14</td>
</tr>
<tr>
<td>Long-term Care / Assisted Living Facility</td>
<td>13</td>
<td>2</td>
<td>15</td>
<td>13</td>
<td>43</td>
<td>138</td>
<td>238</td>
</tr>
<tr>
<td>Healthcare Facility</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>23</td>
<td>4</td>
</tr>
<tr>
<td>Daycare</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Homeless Shelter</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Correctional Facility</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19</td>
<td>7</td>
<td>19</td>
<td>15</td>
<td>60</td>
<td>195</td>
<td>270</td>
</tr>
</tbody>
</table>

Did you know?
Congregate setting outbreaks of viral respiratory illnesses are required to be reported to your local health department? See:
- [Influenza Guidance for Healthcare Providers](#)
- [Guideline for influenza and Respiratory Virus Outbreaks in Long-Term Care Facilities](#)

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**FluBytes**

- WHO Recommendation Made for H3N2 Virus Vaccine Strain
- NIH Begins First Human Trials of Potential Universal Flu Vaccine
- CDC Releases Influenza Activity HAN Message Resulting from Increased H3N2 Virus Circulation
- Flu Vaccine Tied to Lower Mortality in Heart Failure Patients
- Flu Activity Surveillance Update

**MDHHS Contributors**

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**Bureau of Family Health Services** – M. Doebler, MPH

**Bureau of Labs** – B. Robeson, MT, V. Vavricka, MS

For questions or to be added to the distribution list, please contact Sue Kim at [KimS2@michigan.gov](mailto:KimS2@michigan.gov)