

Influenza Surveillance, Reporting and Testing Guidance for Laboratories for the 2011–2012 Influenza Season

Michigan Department of Community Health September 2011

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 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

- MDCH encourages *voluntary* reporting of influenza hospitalizations of all ages and adult deaths into the Michigan Disease Surveillance System (MDSS) by local health departments and healthcare 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).
- MDCH's participation in the CDC Influenza Hospitalization Surveillance Project (Clinton, Eaton and Ingham counties) will continue through the 2011-2012 influenza season.
- The increased pandemic surveillance implemented by the Centers for Disease Control and Prevention (CDC) was scaled back during the 2010-2011 influenza season to those systems utilized in previous influenza seasons (the ILINet outpatient sentinel provider network, pediatric death reporting, Emerging Infections Program (EIP) surveillance, laboratory data, etc.).

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 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 2011-2012 influenza season, influenza testing at BOL will be either by RT-PCR or viral culture, depending on testing volume. 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.

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. Suspect avian or novel influenza cases should be reported immediately.