

# Influenza Surveillance, Reporting and Testing Guidance for Healthcare Providers for the 2014–2015 Influenza Season

Michigan Department of Community Health  
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This guidance outlines Michigan Department of Community Health (MDCH) recommendations on influenza surveillance, reporting and testing for healthcare providers. 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.
- MDCH highly encourages *voluntary* reporting of influenza hospitalizations (ICU admissions, severely ill pregnant or post-partum 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.
- MDCH participation in the CDC Influenza Hospitalization Surveillance Project (Clinton, Eaton, Ingham and Genesee counties) will continue during the 2014-2015 influenza season.
- Michigan influenza activity is summarized in the MI FluFocus weekly report (available online at [www.michigan.gov/flu](http://www.michigan.gov/flu)).
- 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 year. No pre-requisite 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:  
[http://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***

- Continue to report counts to your local health department as previously established.

### ***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 a clinically compatible 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 a reportable method unless there are paired specimens collected at least two weeks apart that demonstrate a four-fold rise in titers.

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

- Please report these cases and their relevant information individually to your local health department. While individual reporting of these cases is voluntary, this information is still useful and will be evaluated.
  - If entering these cases directly into MDSS, use the “Influenza” form.
  - Be sure to update the Patient Status variable if it is a hospitalization or death.
  - If not entering cases into MDSS, then report cases to your local health department.

- ***All other individual influenza cases***

- If entering cases directly into MDSS, decide whether to enter as individual cases (use “Influenza” form) or enter as aggregate counts under “Flu-like Disease.”
- If not entering cases into MDSS, then report cases to your local health department.

- ***Please notify your local health department regarding the following case presentations:***

- Pediatric influenza-associated deaths (<18 years of age)
- Severe, unusual presentations of influenza
  - Encephalitis
  - Pulmonary hemorrhage
  - Pregnant or newly postpartum women with severe complications or ICU hospitalization
- Congregate Facility outbreaks

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

- Immediately notify your local health department (alternatively, MDCH may be contacted at 517-335-8165 or after hours at 517-335-9030).