



Michigan Flu Focus

Weekly Influenza Surveillance Report

October 15, 2021

Vol. 19; No. 1

Week Ending October 9, 2021 | WEEK 40

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Data provided in this report are preliminary and will be updated as additional data is received

Updates of Interest

The Michigan Department of Health and Human Services have recently updated Influenza Guidance documents for the 2021-2022 influenza season. These documents will provide guidance on influenza surveillance, reporting, and testing for Local Health Departments, Healthcare Providers, and Laboratories.

Please visit www.michigan.gov/CDinfo for more information.

Seasonal Flu Vaccination Coverage

Michigan's goal is to vaccinate **4 million** residents during the 2021-2022 flu season.

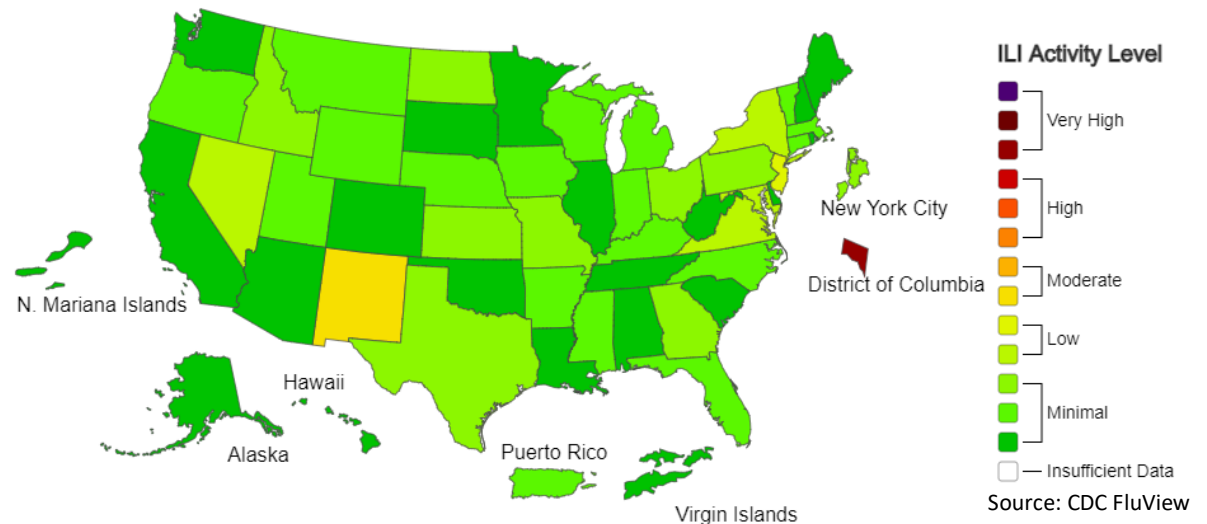
As of **October 9, 2021** there have been **975,008** doses administered (**24.4%** towards goal) for the 2021-2022 flu season.

Please visit the Flu Vaccination Dashboard at www.michigan.gov/flu for more info.

Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet

This system monitors visits for ILI (fever and cough or sore throat), not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

2021-22 Influenza Season Week 40 ending Oct 09, 2021



Note: This map represents U.S. ILI activity levels reported to ILINet. The display used in past seasons showing Geographic spread of influenza has been suspended for the 2021-2022 influenza season

Influenza-associated Pediatric Mortality

Nationally, zero (0) influenza-associated pediatric deaths have been reported thus far for the 2021-2022 flu season.

No pediatric deaths have been confirmed by MDHHS for the 2021-2022 flu season to date.

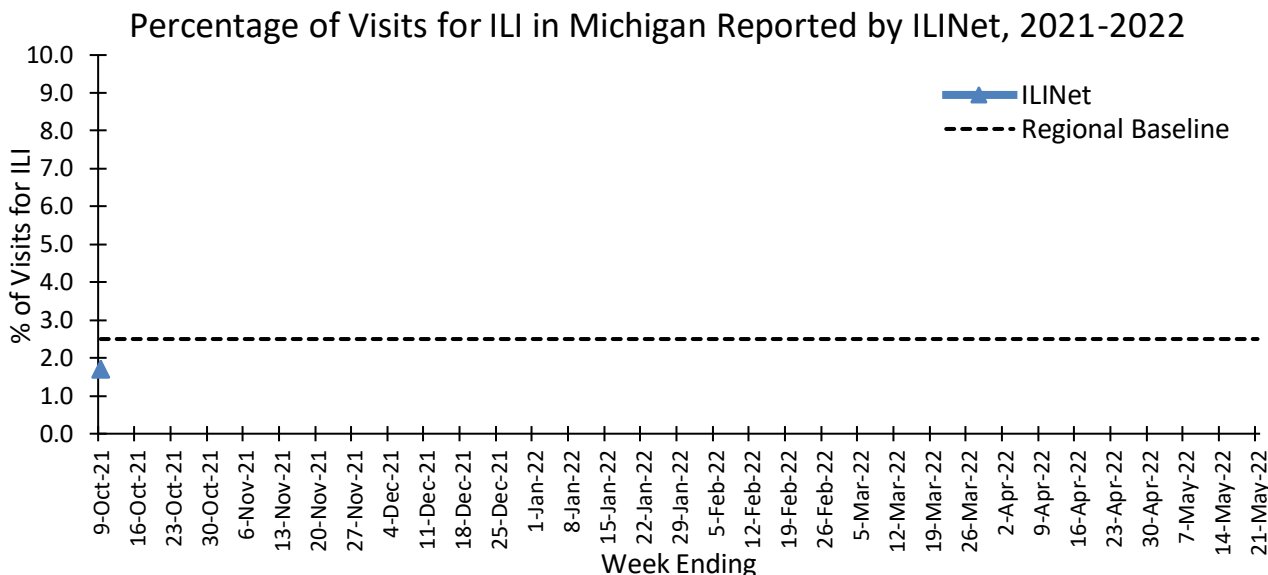
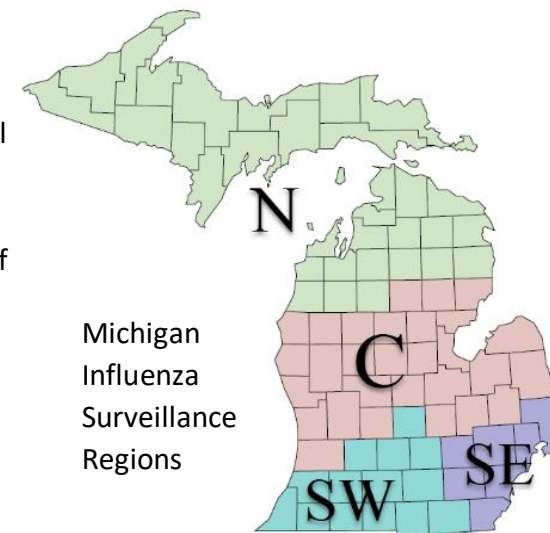
U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)

Michigan participates in ILINet, a collaborative effort between the CDC, state and local health departments, and volunteer sentinel clinicians as part of Michigan's influenza surveillance. ILINet provides data on the total number of outpatient visits to health care providers seen for any reason and the number of those patients with influenza-like illness (ILI[‡]). Participating Michigan emergency department and urgent care facilities send syndromic data voluntarily in near real-time to the Electronic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE). Discharge diagnosis and chief complaint data elements are used to determine whether visits meet the ILI case definition. One-hundred and forty-one (141) Michigan facilities contributing data to ESSENCE were validated and enrolled in ILINet for the 2021-2022 flu season.

[‡]ILI is defined as fever (>100°F) and a cough and/or a sore throat (new definition for the 2021-2022 season).

Number of Reports and ILI % by Region during this time period:

Region	C	N	SE	SW
No. of Reporters (142)	48	17	49	28
ILI %	1.8	2.9	1.6	1.5



Note: ILINet monitors visits for ILI (fever and cough and/or sore throat) and may capture patient visits due to other respiratory pathogens that cause similar symptoms.

Michigan ILI Activity: **1.7%**

(Last week: 0.9%)

Regional Baseline*: 2.5%

A total of 1,392 patient visits due to ILI were reported out of 81,884 outpatient visits for Week 40.

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

National Surveillance

In the United States, **1.9%** of outpatient visits were due to ILI (Last week: 1.9%)

This is **below** the national baseline of 2.5%

Become an ILINET provider!

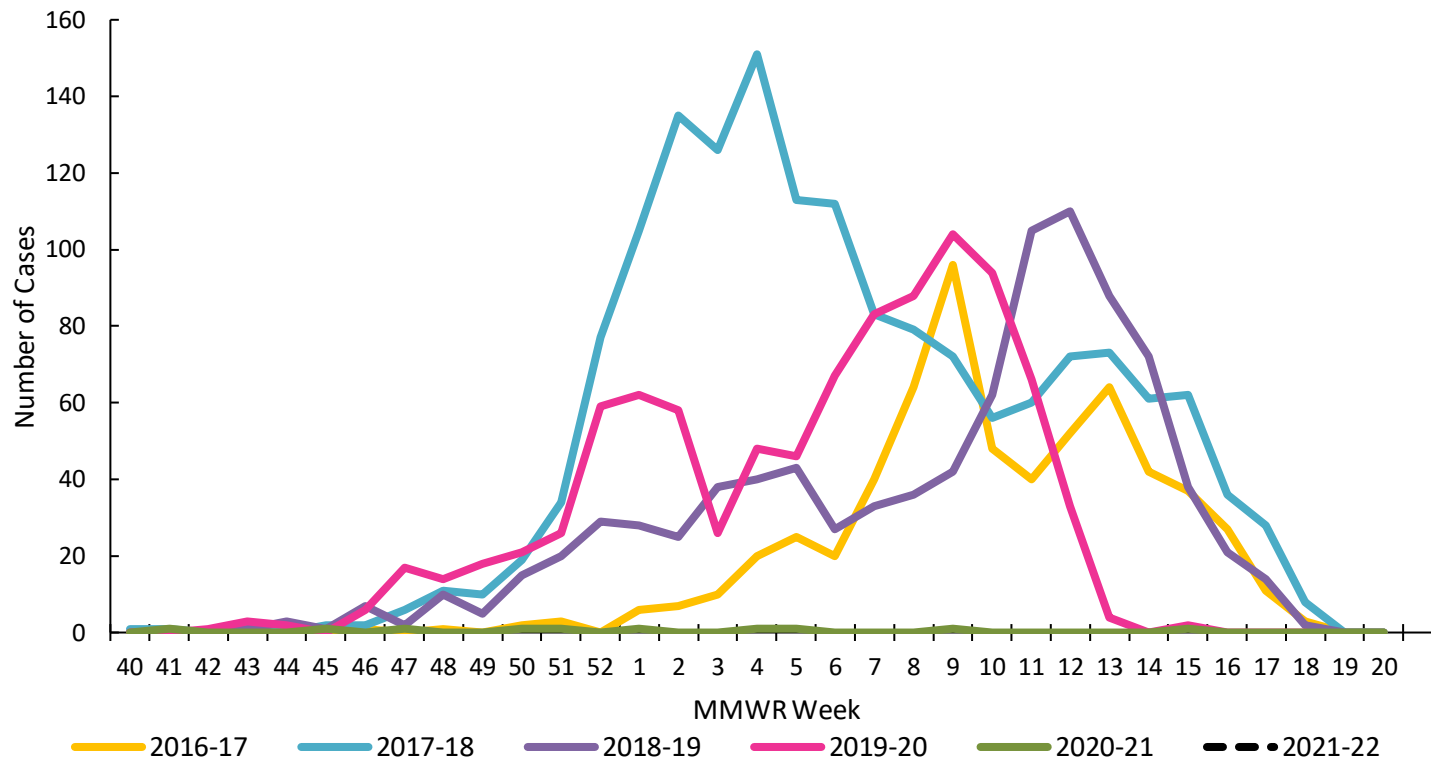
Contact Shelly Doebler at DoeblerM@michigan.gov

Influenza Hospitalization Surveillance Project (IHSP)

The CDC's Influenza Hospitalization Surveillance Network (FluSurv-NET) provides population-based rates of laboratory-confirmed influenza-associated hospitalizations from October 1st through April 30th each year. Michigan participates as an IHSP state in FluSurv-NET for Clinton, Eaton, Genesee, Ingham, and Washtenaw Counties.

There were 0 new influenza-associated hospitalizations reported to MDHHS for the IHSP during this time period. Since October 1st, 0 influenza-associated hospitalizations were reported in the catchment area for the 2021-2022 season.

IHSP Cases, 2016-2017 through 2021-2022



Washtenaw County was added in the 2017-2018 season

Join the Influenza Sentinel Hospital Network (ISHN)!

What is it? ISHN is a group of hospitals in Michigan that voluntarily report weekly aggregate counts of influenza positive inpatients to assist MDHHS with statewide influenza surveillance.

How it works: As a participating hospital in the ISHN, you would complete a brief Survey Monkey every week containing:

- Number of hospitalizations with a positive influenza test by age group during that time period
- The total number of hospitalizations due to any condition during that time period (if available)

The data you provide will assist public health in recognizing changes in the age or geographic distribution of influenza in this population.

If your facility is interested in participating or would like more information, please contact Sue Kim (KimS2@michigan.gov)

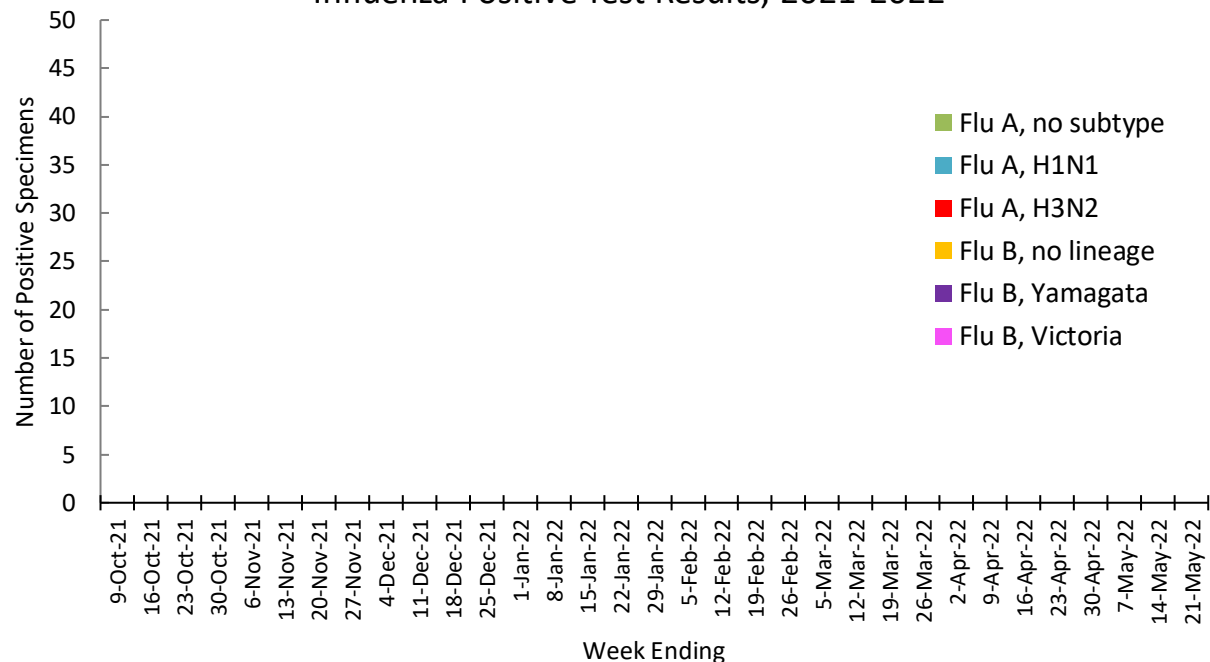
MDHHS BOL Virology Laboratory Data

There were 0 new positive influenza results (0C, 0N, 0SE, 0SW) reported by the MDHHS Bureau of Laboratories (BOL) during this time period. Positive flu results for the 2021-2022 season are summarized below.

of Positive Influenza Virus Results by Region

	C	N	SE	SW	Total
H1N1					
H3N2					
Infl B					
Total					

Influenza Positive Test Results, 2021-2022



Note: Based on Specimen Collection Date. Flu B lineage data will be reported based on MDHHS BOL testing runs and will be backtracked into this graph

Michigan Sentinel Clinical Lab Network Respiratory Virus Data

Nine (9) sentinel clinical labs (2SE, 1SW, 5C, 1N) reported for the week ending 10/09

SE Region	
Influenza A:	sporadic
Influenza B:	sporadic
Parainfluenza:	moderate
RSV:	high
Adenovirus:	low
hMPV:	low
Central Region	
Influenza A:	no activity
Influenza B:	no activity
Parainfluenza:	elevated
RSV:	moderate – high
Adenovirus:	slightly elevated
hMPV:	low
SW Region	
Influenza A:	no activity
Influenza B:	no activity
Parainfluenza:	low
RSV:	elevated
Adenovirus:	sporadic
hMPV:	no activity
North Region	
Influenza A:	no activity
Influenza B:	no activity
Parainfluenza:	low
RSV:	elevated
Adenovirus:	sporadic
hMPV:	sporadic

There were 0 new influenza outbreaks (OC, ON, OSE, OSW) reported to MDHHS during this time period. Influenza outbreaks for the 2021-2022 season are summarized below.

of Influenza Outbreaks by Region

Facility Type	C	N	SE	SW	Total
Schools: K-12 & College	0	0	0	0	0
Long-term Care / Assisted Living Facility	0	0	0	0	0
Healthcare Facility	0	0	0	0	0
Daycare	0	0	0	0	0
Homeless Shelter	0	0	0	0	0
Correctional Facility	0	0	0	0	0
Other	0	0	0	0	0
Total	0	0	0	0	0

Did you know?

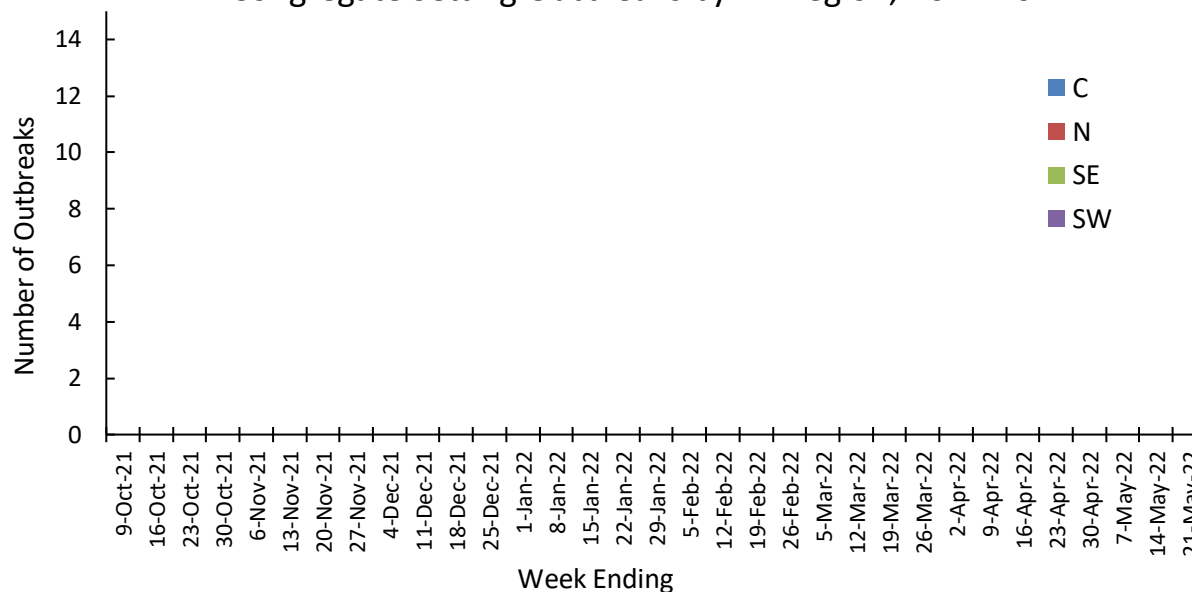
Congregate setting outbreaks of viral respiratory illness are required to be reported to your local health department? See:

- [Influenza Guidance for Healthcare Providers](#)
- [Guideline for influenza and Respiratory Virus Outbreaks in Long-Term Care Facilities](#)

Note: Data are reported on laboratory confirmed influenza outbreaks. For information on outbreaks exclusively associated with COVID-19, please visit the MDHHS Covid-19 webpage located under Additional Resources on the last page. Non-flu, non-COVID outbreaks and ILI outbreaks without confirmatory flu testing are not reported in the table and graph.

Mixed outbreaks with confirmed flu (including COVID) will be included in the table and graph. There were 0 mixed outbreaks reported during Week 40.

Congregate Setting Outbreaks by MI Region, 2021-2022



Influenza Vaccine Update

Influenza Recommendations 2021-2022

On August 27, 2021, the Centers for Disease Control and Prevention (CDC) published a [Morbidity and Mortality Weekly Report](#) (MMWR) on the recommendations from the Advisory Committee on Immunization Practices (ACIP) for the 2021-2022 flu season.

All seasonal influenza vaccines in the United States for the 2021-2022 influenza season are expected to be quadrivalent. The composition of the 2021-2022 influenza vaccines in the United States includes: A/Victoria/2570/2019 (H1N1)pdm09-like virus (for egg-based vaccines), A/Wisconsin/588/2019 (H1N1)pdm09-like virus (for cell culture-based and recombinant vaccines), A/Cambodia/e0826360/2020 (H3N2)-like virus, B/Washington/02/2019 (Victoria lineage)-like virus, and B/Phuket/3073/2013 (Yamagata lineage)-like virus.

One labeling change was described to reflect the Food and Drug Administration's (FDA) approval of the age expansion for the use of Flucelvax Quadrivalent vaccine in children ages ≥ 2 years old.

Another important update to the 2021-2022 influenza season includes the coadministration of influenza vaccines with other vaccines. The coadministration of influenza and COVID-19 vaccines is encouraged with guidance stating vaccines that are given at the same time should be administered in separate anatomic sites.

Guidance concerning timing of influenza vaccinations was also modified for pregnant persons in their third trimester. Guidance now states that vaccination soon after vaccine becomes available can now be considered. Guidance for children who need 2 doses of influenza stayed the same; these children are recommended to receive the first dose as soon as possible after vaccine becomes available to allow for the second dose to be administered by the end of October. Lastly, for nonpregnant adults, guidance states vaccination in July and August should be avoided unless there is concern that vaccination later in the season may not be possible.

The final recommendation includes modifications to contraindications and precautions to persons with a history of severe allergic reaction to influenza vaccines. A history of a severe allergic reaction to a previous dose of any egg-based IIV, LAIV, RIV (for cclIV4), or cclIV (for RIV4) of any valency is a precaution. The use of cclIV4 and RIV4 in such instances should occur in an inpatient or outpatient medical settings and under the supervision of a provider who can recognize and manage a severe allergic reaction. Allergists may be consulted to help with the identification of the component(s) of the vaccine that is responsible for the reaction. For cclIV4, history of a severe allergic reaction to any cclIV of any valency or any component of cclIV4 is a contraindication. For RIV4, history of a severe allergic reaction to any RIV of any valency or any component of RIV4 is a contraindication.

Influenza News Blast

- [Flu and Tdap Vaccination Coverage Among Pregnant Women – United States, April 2021](#)
- [CDC Program Engages Partners to Promote Vaccine Equity Among Racial and Ethnic Minority Groups](#)
- [Pediatric Flu Deaths During 2019-2020 Reach New High](#)
- [CDC 2021-2022 Flu Vaccination Campaign Kickoff](#)
- [Study: Identifies Racial and Ethnic Disparities in Severe Flu Outcomes](#)
- [Study: Wearable Biometric Monitoring Sensors to Detect Influenza and the Common Cold](#)

Additional Resources

- [MDHHS Influenza Webpage](#)
- [Influenza Surveillance in Michigan](#)
- [MDHHS Bureau of Laboratories \(BOL\) Webpage and Test Request Forms](#)
- [MDHHS COVID-19 Outbreak Reporting](#)
- [CDC FluView Weekly Report](#)
- [CDC Healthcare Professionals Flu Toolkit](#)
- [Immunization Action Coalition: Ask the Experts - Flu](#)

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