

Influenza Surveillance, Reporting and Testing Guidance for Local Health Departments 2022-2023 Influenza Season

Michigan Department of Health and Human Services October 2022

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 as needed in the setting of the COVID-19 pandemic. Additional guidance for influenza testing, reporting, and investigation can be found at www.michigan.gov/cdinfo and www.michigan.gov/mdhhs/lab. Please call the MDHHS Division of Communicable Disease at (517) 335-8165 with any questions.

Updates on Surveillance Activities

- MDHHS coordinates four voluntary statewide programs for influenza surveillance: outpatient sentinel physicians network ([ILINet](#)), influenza sentinel hospitals network, influenza sentinel laboratories network, and syndromic surveillance. 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 (IHSP) will continue during the 2022-2023 influenza season. This project will provide population-based rates of hospitalization due to severe influenza illness through active surveillance and chart review of lab-confirmed cases from October 1st - April 30th for Clinton, Eaton, Genesee, Ingham, and Washtenaw Counties.
- MDHHS encourages surveillance and reporting of severe or unusual influenza cases (ICU admissions, severely ill pregnant or postpartum women, patients with atypical presentations) into the Michigan Disease Surveillance System (MDSS).
- **Required reporting** continues for **pediatric influenza-associated deaths** (<18 years).
- Surveillance activities are recommended year-round for rapid detection of drifted strains or potential novel or variant events.
- Michigan influenza activity is summarized in the [MI Flu Focus](#) weekly report, where data from all of the above surveillance systems is included.

Influenza Testing

MDHHS Bureau of Laboratories (BOL) will utilize RT-PCR testing for Influenza A and B. Influenza A subtyping or influenza B lineage determination is performed on all influenza-positive specimens. A subset will be sent for genetic sequencing. See updated [AVR guidance](#) for antiviral resistance testing requests.

- **Routine surveillance samples**
MDHHS requests clinical laboratories throughout Michigan to voluntarily submit influenza-positive specimens to the BOL (up to 10/month) from a representative sample of outpatients, inpatients, and adult deaths. Specimen submission is encouraged throughout the flu season and the summer period.
- **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. Please see [MDHHS guidance for identifying and investigating pediatric deaths due to influenza](#).
- **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, should be facilitated by local health jurisdictions. For outbreak specimens without a known etiology, MDHHS will initially perform multiplex PCR testing for Influenza A, B, and SARS-CoV-2. Complete test requisition form [MDHHS-5895 Influenza SARS-CoV-2 Multiplex Assay \(Flu SC2\)](#)

- **Novel or variant strain testing**
ALL suspected novel or variant strain influenza cases 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.
- **Cases with international travel**
Specimens should be submitted to BOL from influenza cases with a history of international travel within two weeks of symptom onset.

Influenza Reporting Requirements and Recommendations

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 cases**
 - At the end of each week, report influenza-positive[†] counts into the MDSS marking them as “Confirmed” under the aggregate “Flu-like Disease” category. (**†Exclude serologic testing.**)
 - 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**
 - Contact your Regional Epidemiologist or MDHHS at (517) 335-8165 to report facility outbreaks or clusters of influenza-like illness. Enter the report into MDSS (preferred) or submit a completed “Cluster and Facility Outbreak Notification Report Form” and fax to MDHHS at (517) 335-8263.
- **Pediatric influenza-associated deaths (<18 years of age)**
 - Notify MDHHS immediately at 517-335-8165
 - Enter case into MDSS using the “Influenza” form and fill out the case details form.
- **Suspect cases of novel or variant influenza strains**
 - Notify MDHHS immediately for avian influenza cases or other novel/variant strains, at 517-335-8165 (or 517-335-9030 after hours).
 - 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.)**
 - 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**
 - Individually report and obtain additional epidemiologic information on all influenza cases identified during times of low influenza prevalence. LHDs should pursue confirmatory lab testing on specimens from such cases and facilitate specimen submission to MDHHS BOL.
- **Electronic laboratory reporting (ELR) of influenza-positive cases**
 - 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. MDHHS recommends working with facilities to develop a system for identifying cases that warrant follow-up.