

Influenza Surveillance, Reporting and Testing Guidance for Laboratories 2024-2025 Influenza Season

Michigan Department of Health and Human Services (MDHHS)

Updated October 2024

This guidance outlines Michigan Department of Health and Human Services (MDHHS) recommendations on influenza surveillance, testing, and reporting for laboratories. Additional guidance for influenza testing, reporting, and investigation can be found at [MDHHS Communicable Disease Information and Resources](#) and [MDHHS Lab Services](#). Please call the MDHHS Division of Communicable Disease at **(517) 335-8165** with any questions.

Surveillance Activities and Updates

- MDHHS participates in the CDC 'Right-Size' influenza virologic surveillance approach, centering on four aspects: *Situational Awareness* (monitoring the prevalence and spread of influenza viruses year-round), *Vaccine Strain Selection* (ability to detect a drift variant), *Anti-viral Resistance Monitoring* (timely detection of resistant viruses), and *Novel Event Detection* (early identification of a novel flu virus). **Year-round surveillance is necessary to maintain these detection goals.**
- MDHHS participation in CDC's [Influenza Hospitalization Surveillance Network \(FluSurv-NET\)](#) will continue during the 2024-2025 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 starting October 1st for Clinton, Eaton, Genesee, Ingham, and Washtenaw Counties. New to Michigan's FluSurv-NET surveillance is the addition of Livingston County which will serve as a pilot site for the 2024-2025 season.
- **Required** reporting continues for **pediatric influenza-associated deaths** (<18 years).
- MDHHS encourages surveillance and reporting of severe or unusual influenza cases (ICU admissions, severely ill pregnant or newly postpartum women, patients with atypical presentation) into the Michigan Disease Surveillance System (MDSS).
- Vigilance for variant strain influenza viruses (e.g. swine or avian-associated) should be maintained all year and all suspected cases should be tested for influenza – contact MDHHS to discuss testing options.
- Patient status (inpatient or outpatient) should be marked on the test requisition form for all influenza specimens submitted to MDHHS Bureau of Laboratories (BOL) to assist in characterizing influenza disease severity.
- Michigan influenza activity is summarized in the [MI Flu Focus](#) weekly report.
- New! MDHHS has created a [Respiratory Virus Dashboard](#) which provides weekly updates on influenza, RSV, and COVID-19 activity in Michigan.

Reporting Requirements and Recommendations

Required Reporting (*Michigan Communicable Disease Rules; 333.5111 of the Michigan Compiled Laws*)

- **Weekly counts of influenza cases**
 - Report weekly aggregate counts of influenza-positive[†] cases to your infection preventionist or local health department as per your previously established protocols. ([†]Exclude serologic testing). Year-round reporting is important.
- **Facility outbreaks or clusters**
 - All congregate setting outbreaks are required to be promptly reported.
- **Pediatric influenza-associated deaths (<18 years)**
 - Individual case reporting is required as soon as possible (*ideally within 24 hours*).
- **Suspect avian, zoonotic, or novel strain influenza**
 - Individual case reporting is required. Cases should be reported immediately without delay. Notify MDHHS immediately at (517) 335-8165 or after hours at (517) 335-9030.
- **International travel cases (*within 2 weeks of symptom onset*)**
 - Individual case reporting is required.

Recommended Reporting

- Unusual or atypical presentations of influenza
- Severe or hospitalized (ICU) cases
- Pregnancy-associated cases

Prompt reporting of these individual cases to your local health department is requested.

Influenza Testing

- Submission is encouraged throughout the year of influenza-positive specimens to MDHHS BOL from a representative sample of outpatients, hospitalizations, and adult deaths. **Please send up to 10 positive influenza specimens per month.** Specimen submission should be prioritized from *all pediatric deaths* and cases associated with *congregate facility respiratory outbreaks*.
- MDHHS 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.
- For influenza-like illness specimens without a known etiology (e.g. outbreak specimens) MDHHS will initially perform multiplex PCR testing for Influenza A, B, and SARS-CoV-2. Complete test requisition form *MDHHS-6097, VIRAL RESPIRATORY* found on the [test request forms webpage](#).
- For antiviral resistance testing requests, see updated [MDHHS AVR guidance](#). Approved specimens will be forwarded to the Wadsworth-New York State Department of Health Laboratory.
- **All suspect variant, novel, or zoonotic-transmission specimens should be immediately submitted to MDHHS BOL for confirmatory testing and characterization.**
- 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 at MDHHS should be sought for rapid test-positive specimens (or negative specimens) from patients with a high clinical index of suspicion for influenza. Please include all clinical testing results **AND inpatient or outpatient status** on the MDHHS test requisition form.
- The *MDHHS-6097, VIRAL RESPIRATORY* form should continue to be used for submitting influenza positive specimens or specimens with unknown etiology (e.g. outbreaks)

**Please remember to record Patient Status (Inpatient, Outpatient) on the
MDHHS Test Requisition Form for ALL submitted
influenza specimens**