Influenza Surveillance, Reporting and Testing Guidance for Healthcare Providers 2023-2024 Influenza Season

Michigan Department of Health and Human Services

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This guidance outlines Michigan Department of Health and Human Services (MDHHS) recommendations on influenza surveillance, testing, and reporting for healthcare providers. 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 http://www.michigan.gov/mdhhslab. Please call the MDHHS Division of Communicable Disease at (517) 335-8165 with any questions.

<u>Updates on Surveillance Activities</u>

- MDHHS coordinates four voluntary statewide programs for influenza surveillance: outpatient sentinel physicians
 network (<u>ILINet</u>), 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 2023-2024 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.
- 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).
- Influenza 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.

<u>Influenza Reporting Requirements and Recommendations</u>

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

- 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)
- Facility outbreaks or clusters
 - Contact your local health department or MDHHS at (517) 335-8165 to report a facility outbreak or clusters of influenza-like illness.
- Pediatric influenza-associated deaths (<18 years)
 - 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 after hours at (517) 335-9030.
 - o Enter case in MDSS as "Influenza, Novel" 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. Notify your local health department of these cases so that arrangements can be made to have specimens shipped to MDHHS BOL for confirmatory testing.

• 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 your local health department to develop a system for identifying and reporting cases that
warrant follow-up. (*Exclude serologic positives)

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 MDHHS AVR quidance for antiviral resistance testing requests.

MDHHS requests hospitals and clinical laboratories to submit representative influenza-positive specimens yearround to the MDHHS Bureau of Laboratories for further testing and viral strain characterization. **Your assistance is needed** to identify and facilitate submission of any specimens that are of high public health importance, including those below.

• 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 quidance on influenza-associated pediatric deaths*.

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.