**Updates of Interest:**

- MDHHS is going to be updating the MI Flu Focus with the goal of improving the usability and functionality for our readers. Prior to any changes, please take this opportunity to share your ideas for improvement and any comments you have about the publication. This can be done by completing a short survey (link below). We appreciate you taking a few minutes out of your day to give us feedback!

MIFF Survey (closes Friday August 12th): [https://www.surveymonkey.com/r/MIFluFocus](https://www.surveymonkey.com/r/MIFluFocus)

- MDHHS and MSU are hosting our 5th annual webinar to kick off the upcoming flu season! We invite you to join us Wednesday, August 24, 2016 from 12:00-1:00 PM for the Pediatric and Adult Influenza Webinar: 2016-2017 Flu Season. We will be presenting all the information that influenza vaccination providers will need to get ready for the upcoming flu season. There is 1.0 CME credit available for physicians and nurses, and 1.0 PCE credit available for pharmacists. Registration is required and you can find additional information [here](#).

**Sentinel Provider Surveillance**

The proportion of visits due to influenza-like illness (ILI) decreased to 0.3% overall, which is below the regional baseline of 1.9%. A total of 53 patient visits due to ILI were reported out of 14,901 office visits. Please note: These rates may change as additional reports are received.

Number of Reports by Region (55 total):

- C (32)
- N (3)
- SE (16)
- SW (4)

**Become a Sentinel Provider!**

As part of pandemic influenza surveillance, CDC and MDHHS highly encourage year-round participation from all sentinel providers. New practices are encouraged to join the sentinel surveillance program today! Contact Jalyn Ingalls ([IngallsJ@michigan.gov](mailto:IngallsJ@michigan.gov)) for more information.

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**Table of Contents:**

- Michigan Surveillance ……1-3
- National Surveillance ……..3
- International Surveillance …3
- FluBytes ……………………4
Hospital Surveillance
The CDC Influenza Hospitalization Surveillance Project provides population-based rates of hospitalization due to severe influenza illness through active surveillance and chart review of lab-confirmed cases from Oct. 1, 2015 until Apr. 30, 2016, for Clinton, Eaton, Genesee, and Ingham counties. During the surveillance period, there were 75 pediatric (39.3 per 100,000 population) and 217 adult (31.6 per 100,000 population) hospitalizations reported within the catchment area. Note: The catchment period for the IHSP has ended for the 2015-2016 influenza season.

The MDHHS Influenza Sentinel Hospital Network monitors influenza hospitalizations reported voluntarily by hospitals statewide. During the summer months, hospitalizations are reported on a case-by-case basis. Results for the 2015-16 flu season are listed in the table below. Additional hospitals are welcome to join; please contact Seth Eckel at eckels1@michigan.gov.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>New Flu Hospitalizations Reported</th>
<th>Total 2015-16 Flu Hospitalizations Reported to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 years</td>
<td>0</td>
<td>40 (22N, 1C, 8SW, 9SE)</td>
</tr>
<tr>
<td>5-17 years</td>
<td>0</td>
<td>28 (13N, 1C, 4SW, 10SE)</td>
</tr>
<tr>
<td>18-49 years</td>
<td>0</td>
<td>166 (30N, 3C, 34SW, 99SE)</td>
</tr>
<tr>
<td>50-64 years</td>
<td>0</td>
<td>225 (30N, 9C, 40SW, 146SE)</td>
</tr>
<tr>
<td>65 years &amp; older</td>
<td>0</td>
<td>262 (30N, 9C, 43SW, 180SE)</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>721 (125N, 23C, 129SW, 444SE)</td>
</tr>
</tbody>
</table>

Laboratory Surveillance
MDHHS Bureau of Laboratories reported no new positive influenza results. A total of 381 positive influenza results have been reported for the 2015-16 season. Influenza results for the 2015-16 season are in the table below.

<table>
<thead>
<tr>
<th>Respiratory Virus</th>
<th># Positive Respiratory Virus Results by Region</th>
<th>Total</th>
<th># Specimens Antigenically Characterized</th>
<th># Tested for Antiviral Resistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C</td>
<td>N</td>
<td>SE</td>
<td>SW</td>
</tr>
<tr>
<td>2009 A/H1N1pdm</td>
<td>62</td>
<td>23</td>
<td>72</td>
<td>113</td>
</tr>
<tr>
<td>Influenza A/H3</td>
<td>15</td>
<td>7</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>Influenza B</td>
<td>8</td>
<td>6</td>
<td>17</td>
<td>24</td>
</tr>
<tr>
<td>A / subtypeable</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAIV recovery</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RSV</td>
<td>2</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adenovirus</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Parainfluenza type 1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Specimens antigenically characterized by CDC; **A/California/07/2009-like (H1N1)pdm09 is the H1N1 component of the 2015-16 Northern Hemisphere flu vaccines; †A/Switzerland/9715293/2013-like (H3N2) is the H3N2 component of the 2015-16 Northern Hemisphere flu vaccines; ††B/Phuket/3073/2013-like virus is the B/Yamagata component of the 2015-16 Northern Hemisphere trivalent and quadrivalent flu vaccines.

In addition, 8 sentinel clinical labs (2SE, 2SW, 4C) reported influenza results. One lab (SW) reported sporadic influenza A activity. No labs reported influenza B activity. Two labs (SE, C) reported ongoing low Parainfluenza activity. No labs reported RSV activity. One lab (C) reported sporadic Adenovirus activity. One lab (SW) reported sporadic hMPV activity. Testing volumes overall remain low or very low.
Influenza Congregate Settings Outbreaks
There was one (N) new respiratory facility outbreaks reported. There have been a total of 34 respiratory facility outbreaks reported to MDHHS for the 2015-16 season. Respiratory facility outbreaks are listed in the table below by facility type and surveillance region.

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>C</th>
<th>N</th>
<th>SE</th>
<th>SW</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-12 School</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Long-term Care / Assisted Living Facility</td>
<td>8</td>
<td>2</td>
<td>5</td>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td>Healthcare Facility</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Daycare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Correctional Facility</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>13</td>
<td>34</td>
</tr>
</tbody>
</table>

Michigan Disease Surveillance System
MDSS influenza data indicated that compared to levels from the previous week, aggregate reports had increased while individual reports had decreased. Aggregate and individual reports were both similar to levels seen during the same time period last year.

Emergency Department Surveillance
Compared to levels from the week prior, emergency department visits from constitutional complaints were slightly higher, while respiratory complaints were lower. Levels of constitutional complaints were lower than those recorded during the same time period last year, while respiratory complaints were higher.
- 6 constitutional alert (1N, 2C, 3SW)
- No alerts

Influenza-associated Pediatric Mortality
No new influenza-associated pediatric deaths were reported to MDHHS. One influenza-associated pediatric death (SE) has been reported to MDHHS for the 2015-16 season.

**National:** In the United States, 0.8% of outpatient visits due to influenza-like illness, which is below the national baseline of 2.1%. One new influenza-associated pediatric death was reported, for a total of 83 pediatric deaths for the 2015-16 flu season. Additional information is in the weekly FluView reports available at: [www.cdc.gov/flu/weekly/](http://www.cdc.gov/flu/weekly/).

**NOTE:** Influenza surveillance in the U.S. will continue through the summer months with condensed reports available at [www.cdc.gov/flu/weekly/](http://www.cdc.gov/flu/weekly/); the full FluView resumes on October 16, 2015. [FluView interactive](http://www.cdc.gov/flu/weekly/) will be updated over the summer months.

**International:** In the Northern Hemisphere, influenza activity was low with influenza B detections predominating, and ILI levels below seasonal thresholds. In the Southern Hemisphere, influenza activity varied in countries of temperate South America and increased steadily in the last few weeks in South Africa, but remained low overall in most of Oceania. More information is available at: [www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/](http://www.who.int/influenza/surveillance_monitoring/updates/latest_update_GIP_surveillance/en/).
PEDIATRIC AND ADULT INFLUENZA WEBINAR: 2016-17 FLU SEASON

The Michigan Department of Health and Human Services and Michigan State University Extension are hosting the 5th annual flu season kick-off webinar on Wednesday, August 24th, from 12:00-1:00pm. Objectives for the webinar are to discuss influenza disease rates, surveillance, vaccine coverage levels, and influenza vaccine recommendations, as well as identify strategies to improve influenza vaccination rates. The webinar has been approved for CME and PCE credits.

Advanced registration for the webinar is required. Registration will be open through August 23rd, and may close early if we reach capacity. Click here for the registration link. For assistance please contact Connie DeMars at demars@anr.msu.edu.

ACIP MEETING RECAP, 2016-17 FLU RECS

Recap of the ACIP recommendation: Based on data provided at the ACIP meeting, the committee has voted that live attenuated influenza vaccine (LAIV), also known as the nasal mist, should not be used during the 2016-2017 flu season. Studies showed that LAIV was only 3% effective in flu prevention. In comparison, the inactivated influenza vaccine (IIV), was 63% effective. This change in recommendation is an example of scientific research influencing new policies that improve public health responses and overall population health.

INFLUENZA-RELATED JOURNAL ARTICLES

- Effectiveness of the Influenza Vaccine in Preventing Admission to Hospital and Death in People with Type 2 Diabetes
- Risk of Preterm or Small-for-Gestational-Age Birth After Influenza Vaccination During Pregnancy: Caveats when Conducting Retrospective Observational Studies
- Influenza Vaccination Administration: When is it too Early?

NATIONAL IMMUNIZATION AWARENESS MONTH (NIAM)

National Immunization Awareness Month is an annual observance to highlight the importance of vaccination for people of all ages. NIAM is happening throughout the month of August with each week representing awareness for a specific group: Adults, Pregnant Women, Babies & Young Children, and Preteens & Teens. If you would like to support NIAM, there are toolkits that you can use to help guide communication initiatives within your organization. Get involved and help spread awareness about the importance of vaccines!

Sample tweets for NIAM:
- It’s Nat’l Immunization Awareness Month, a great time to make sure your entire family is up-to-date on vaccines. #NIAM16 #VaxWithMe
- #AdultVaccines are available in many places, including doctor offices, health departments & pharmacies. #NIAM16 #MImmunizes

AVIAN INFLUENZA INTERNATIONAL NEWS

- H5N1 Avian Influenza: Six African Countries Battle the Bird Flu
- China Reports 7 Additional Human H7N9 Avian Influenza Cases, 4 Deaths

OTHER INFLUENZA-RELATED NEWS

- Over 1,000 Deaths from H1N1 Outbreak in Brazil
- 1,233 deaths linked to H1N1 outbreak in Brazil
- GSK Ships 2016-17 Seasonal Influenza Vaccines for US Market

FLU WEBSITES

www.michigan.gov/flu
www.cdc.gov/flu
www.flu.gov
http://vaccine.healthmap.org/

For questions or to be added to the distribution list, please contact Seth Eckel at eckels1@michigan.gov.

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