MLS: Laboratory Update - Influenza Season: Update #2
Submission of Lower Respiratory Tract Specimens
October 7, 2009

Purpose of this Message:
This message was sent from MDH to Infection Preventionists and Physicians on October 6, to inform the healthcare community about testing lower respiratory specimens for influenza viruses by PCR at the Minnesota Department of Health Public Health Laboratory (MDH-PHL) and a change in reporting novel H1N1 influenza PCR test results to hospital infection preventionists (IPs).

Included in this Update:
1. Lower Respiratory Tract Specimens Submission Instructions
2. Discontinuing Faxed Daily Reports to IPs After 10/9/09.

1. Lower Respiratory Tract Specimens
Continue to submit specimens for influenza testing to MDH-PHL for all hospitalized patients admitted with ILI or suspect influenza. The preferred specimen is a nasopharyngeal (NP) swab. (Other acceptable specimens include: nasal swab, throat swab, nasal wash/aspirate, or combined nasopharyngeal/oropharyngeal swab).

For hospitalized patients with ILI/suspect influenza AND evidence of pneumonia or other lower respiratory disease, an additional lower respiratory tract specimen should be submitted (see list below) if such a specimen is available. DO NOT perform a procedure (including bronchoscopy or a sputum induction, etc.) solely to collect a specimen for MDH. Ideally, this specimen should be collected around the same time as the NP swab (paired specimens).

Lower respiratory specimens include: BAL, tracheal aspirate, sputum, pleural fluid, lung biopsy, lung tissue (in the case of evaluation of a death, a NP swab should also be submitted).

NOTE: Influenza PCR testing of lower respiratory tract specimens is not CLIA approved; test sensitivity and specificity is unknown for these specimens. As such, testing is being done for surveillance purposes only.

Other laboratory diagnostics should be completed by the healthcare facility as specimens submitted to MDH-PHL will only be tested for influenza viruses.

Questions about PCR testing of lower respiratory tract specimens can be directed to Dave Boxrud, MDH-PHL at 651-201-5257 or Jean Rainbow 651-201-5104 or Christine Lees at 651-201-5925. Additional updated information on influenza testing is available from CDC at: http://www.cdc.gov/h1n1flu/guidance/diagnostic_tests.htm.

2. Discontinuing Faxed Daily Reports to IPs After 10/9/09
Since July, MDH Epidemiology has been faxing hospital-specific reports to IPs of novel H1N1 influenza PCR test results. This daily report was initiated in an effort to provide IPs with more timely results.

MDH-PHL has recently implemented a faxing option for influenza PCR results ONLY. Many hospitals and submitting laboratories are now receiving these autofax results, usually the same day that testing is completed at MDH-PHL. This includes all PCR test results for influenza, both seasonal and novel H1N1

strains. Because of this, MDH Epidemiology will stop faxing results to IPs after 10/9/2009. If you have questions or concerns about this change, please contact Catherine Lexau at 651-201-5283.

How to Get Faxed Influenza Reports

If your laboratory is not receiving PCR influenza results by fax from MDH-PHL, this is a reminder about this new service. In order to receive these results, laboratories must complete a short survey (see link below), including the following information: 1) HIPAA-compliant fax number; 2) days and times the fax system can receive results; and 3) names of one or two laboratory contacts, their phone numbers and email addresses. For laboratory staff responsible for multiple clinics in a health system, please complete a survey for each location. Fax survey link: http://www.health.state.mn.us/divs/phl/survey/flufax2009.htm

Thank you and Questions

If you have any further questions or concerns about influenza reporting please contact MDH Epidemiology at 651-201-5414. If you have questions about specimen submission or faxing of influenza results from MDH-PHL, please contact Susan Fuller (Virology Laboratory Supervisor) at 651-201-5255.

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**__Please forward__ this message to all appropriate personnel within your institution **

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