



MLS: Influenza Laboratory Update #11
Update on MN Influenza Surveillance Plans for the Summer (May - August)
May 3, 2010

Purpose of this Message

To inform the healthcare community about how influenza surveillance will proceed in MN during the summer (May – August, 2010), a non-traditional influenza surveillance period.

- (1) Specimen Submission
- (2) Reporting Influenza
- (3) Laboratory Testing
- (4) Long-term Care Facilities

(1) Specimen Submission - Surveillance for Hospitalized Patients

In an effort to keep abreast of any re-emergence of novel (2009) H1N1 influenza over the summer, MDH is continuing its reliance on the healthcare community to assist in our surveillance efforts. As such, MDH is continuing its request for the submission of specimens on all hospitalized patients admitted with influenza-like illness (ILI) or clinical suspicion of influenza, as well as the other situations mentioned directly below. [Note: if your laboratory is performing influenza PCR testing, you are requested to send only positive PCR samples.]

MDH-PHL will continue to only test submitted specimens for novel H1N1 influenza among patients with ILI or admitted with influenza-like illness (ILI) who are:

- Hospitalized (or deceased following ILI illness);
- Have had DIRECT contact with pigs in the 7 days prior to their symptom onset or during their illness (e.g., swine worker); or
- Part of a cluster investigation or other unusual circumstance, for which MDH Epidemiology at 651-201-5414 or 1-877-676-5414 has been consulted and has specifically requested the submission of specimens

Forms for submitting specimens for Influenza RT-PCR testing (both forms are required)

Clinician Screening Form:

<http://www.health.state.mn.us/divs/idepc/diseases/flu/hcp/testing.html#clinscreen>

Clinical Testing and Submission Form:

<http://www.health.state.mn.us/divs/phl/clin/forms.html>

(2) Reporting Positive Influenza Test Results on Hospitalized Patients to MDH

You do not need to report influenza PCR-positive results on hospitalized patients if that result was based on testing performed at MDH-PHL. However, you are requested to report PCR-positive, viral culture or

DFA positive influenza test results on hospitalized patients if that testing was performed at your facility or your normal reference lab (other than MDH). For example, if a patient is admitted to your hospital and a viral culture is ordered and positive for influenza, please report that case to MDH (regardless of whether a specimen was submitted to MDH for influenza PCR testing). Moreover, if your hospital is using a reference laboratory to perform influenza PCR testing or viral culture on a hospitalized patient and the result is positive for influenza, please report these cases to MDH.

Because of the low positive predictive value of rapid influenza testing during times of low incidence of influenza, specifically in the summer (May – August), MDH is discouraging the use of rapid influenza testing. As such, we are requesting that you not report rapid influenza test results to MDH. Clinicians who suspect influenza should request an alternate method of testing such as influenza PCR, viral culture, or DFA in lieu of rapid influenza testing.

If you do not currently use either the Minnesota Immunization Information Connection (MIIC) or another electronic reporting method, please send yellow Disease Report Cards or Laboratory/Epidemiology line lists to MDH via: mail, secure email (craig.morin@state.mn.us) or FAX. Mailed or faxed reports should be sent to: Attn: Team Influenza

Minnesota Department of Health
Acute Disease Investigation and Control Section
625 Robert St. N., PO Box 64975
St. Paul, MN 55164-0975
651-201-5414 (phone)/651-201-5743 (FAX)

(3) Laboratory Testing

MDH Influenza RT-PCR testing

Currently MDH-PHL is performing influenza PCR testing on Tuesdays and Fridays. If volumes continue to decline, testing may be adjusted to once per week.

MDH-PHL Performing Influenza Sub-typing and Susceptibility Testing

Positive influenza specimens sent to MDH-PHL in addition to influenza isolates submitted by clinical virology laboratories are subtyped to monitor the influenza strain currently circulating in the state and for the identification of new influenza virus strains. Isolates are compared to the current vaccine subtypes. Selected influenza isolates are forwarded to CDC for neuraminidase subtyping. In addition, MN-PHL laboratory will perform oseltamivir susceptibility testing on a subset of positive H1N1 specimens. To date there have been no resistant strains found in Minnesota.

Laboratories Performing Influenza PCR

Reminder: if your laboratory has implemented Influenza PCR testing, MDH requests that your laboratory submit all positive specimens. This is important because MDH-PHL is monitoring the hemagglutinin types of the influenza viruses (2009 H1N1 and seasonal strains) as well as monitoring for the development of antiviral resistance based on submission of clinical specimens and viral isolates. When sending specimens to MDH-PHL please indicate your laboratory's test results on the request form.

Laboratories Participating in the MLS Weekly Laboratory Influenza Surveillance – CHANGES

Those laboratories that have been providing rapid influenza and RSV testing data on a weekly basis through the MLS weekly laboratory surveillance program will not be asked to provide rapid testing data over the summer. Only laboratories performing PCR and/or viral culture will be requested to continue to submit data throughout the summer. An additional correspondence will be sent out shortly detailing the changes. Thanks to all laboratories that provided data for this robust surveillance program!

Link for MDH Laboratory Influenza Information: <http://www.health.state.mn.us/divs/phl/clin/labflu.html>

(4) Long-term Care Facility Reminder

MDH would like to remind long-term care facilities to continue to report suspect outbreaks of influenza during the summer months (May 2010 – August 2010).

Please call 651-201-5414 or 1-877-676-5414 to report the following when:

- 3 or more cases of influenza-like illness occurring within 48 to 72 hours, in residents who are in close proximity to each other (e.g., in the same area of the facility)
- Sudden increase of ILI cases over the normal background rate
- Any resident tests positive for influenza

Thank you for your continued assistance in influenza surveillance.

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This is an update from the Minnesota Department of Health – Public Health Laboratory (MDH-PHL) and the Minnesota Laboratory System (MLS). This message is being sent to MLS laboratory contacts serving Minnesota residents. You are not required to reply to this message.

****Please forward this to all appropriate personnel within your institution and Health System****

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