

Test Tips



A Publication of Metropolitan Medical Laboratory, PLC

April 2009

Important Update - NEW CRITERIA EFFECTIVE May 11, 2009 at 8:00 AM

INFLUENZA A H1N1

“SWINE FLU”

From METROPOLITAN MEDICAL LABORATORY

Metropolitan Medical Laboratory values the confidence that you place in us to keep you up-to-date on important new developments.

For your reference, an updated case count of confirmed H1N1 flu infections in the United States may be found at: <http://www.cdc.gov/swineflu/investigation.htm>.

For your patients that present with influenza-like symptoms, the Iowa Department of Public Health has provided the following information. (We are recommending this same protocol for health care providers in Illinois, also.)

For more information:

www.cdc.gov/swineflu Centers for Disease Control and Prevention

www.who.int World Health Organization

PATIENT MUST HAVE INFLUENZA-LIKE SYMPTOMS FOR TESTING.

In order to conserve reagent for patients who meet the criteria for the H1N1 virus, state health departments **MUST** be selective of who may be tested. Specimens from patients who do not meet criteria for influenza-like illness may be rejected.

(Note: The seasonal human Influenza A strain is still being detected in the community. Clinicians suspecting seasonal influenza can still order the Rapid Influenza test.)

Requirements for Influenza A H1N1 testing – **NEW CRITERIA EFFECTIVE May 11, 2009 at 8:00 AM**

An ILI is defined as fever (temperature of 100°F / 37.8°C or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza

- A. Influenza-Like Illness (ILI) and are at high risk* for developing complications from influenza, OR
- B. Currently hospitalized with ILI, OR
- C. Patients meeting the clinical case definition of ILI

*Patients at high-risk for developing complications from influenza:

Children less than 5 years old

Persons aged 65 years or older

Children & adolescents (<18 yrs.) who are receiving long-term aspirin therapy & who might be at risk for experiencing Reye's syndrome after influenza virus infection

Pregnant women

Adults & children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders

Adults & children who have immunosuppression (including immunosuppression caused by medications or by HIV)


Residents of nursing homes & other chronic-care facilities

Illinois Phone: 309.762.8555 • Iowa Phone: 563.324.0471

www.metromedlab.com

Patient History Form - this form must be completed or University Hygienic Laboratory will reject the specimen.

Please complete the form with each Influenza A H1N1 order. (This information will be supplied to the state health department performing the test.) This form is available when ordering the supplies and also can be found on our web site at www.metromedlab.com. Photocopies are acceptable.



Metropolitan Medical Laboratory

Specimen Type:
Nasopharyngeal swab

Date Collected:
mm / dd / year

Test Requested:
Virus Isolation/Detection and Identification for Influenza A (H1N1) "Swine Flu"

Influenza A (H1N1) "Swine Flu", Virus Isolation & Identification (Metro #157255)

CRITERIA (effective May 11, 2009 at 8:00 a.m.) – according to the University Hygienic Laboratory, only patients meeting the following criteria are to be tested:

- Influenza-Like Illness (ILI) and one at high risk for developing complications from influenza, OR
- Currently hospitalized with ILI OR
- Patients meeting the clinical case definition of ILI

Patient: _____
 Date of Birth: ____/____/____ SSN #: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Gender: Female Male
 Patient ID #: _____
 Clinician: _____ Clinician ID #: _____
 Phone: (____) _____
 Clinician Signature: _____

As the clinician providing care to this patient, I request that this test be performed without charge to this patient because of the imminent and significant public health threat posed by the differential diagnosis.

Patient History (this section must be completed or University Hygienic Laboratory will reject the specimen)

Clinical Diagnosis: _____
 Date of Onset: ____/____/____ (mm/dd/year)

Fever: _____ (in office)

Signs & Symptoms:

- Cough (Duration: _____ days)
- Conjunctivitis
- Headache
- Prothrombosis
- Myalgia
- Pharyngitis
- Vesicular Rash / Lesion
- Maculopapular Rash
- Meningitis / Encephalitis
- Myocarditis / Pericarditis
- Diarrhea

International Travel: ____/____/____
 Influenza Vaccination: mm / dd / year
 Live (FluMist) Killed (Injection)
 Started Antibiotic / Antiviral: ____/____/____
 Type: _____

Does this patient have an influenza-like illness (ILI)? YES NO
An ILI is defined as fever (temperature of 100°F / 37.8°C or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza

IF YES:

1. Is this patient currently hospitalized? YES NO
 2. Is this patient at high-risk for developing complications from influenza? YES NO

IF YES to #2, select all that apply:

- Children less than 5 years old
- Persons aged 65 years or older
- Children & adolescents (<18 yrs.) who are receiving long-term aspirin therapy & who might be at risk for experiencing Reye's Syndrome after influenza virus infection
- Pregnant women
- Adults & children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders
- Adults & children who have immunosuppression (including immunosuppression caused by medications or by HIV)
- Residents of nursing homes & other chronic-care facilities

Viral Detection & PCR Test Request Form

University Hygienic Laboratory
 103 Oakdale Center, #212, OH
 Iowa City, IA 52242-2000
 Fax # 319-335-6500
<http://www.uhlab.org>

Revised 5/11/2009

Results are returned to this address

Step 2. Collection Instructions

Specimen collection for influenza (whether normal seasonal or Influenza A H1N1) requires a face mask or procedure mask for the collector during specimen collection. As long as your health care facility has the safety equipment required, the specimen should be collected where the patient presents for treatment and not referred to another facility (to limit unnecessary exposure). **Fax supply orders to 309-762-8014 Illinois Clients, or 563-324-2012 Iowa Clients.**

- Supplies: one mini-tip, flexible-shaft swab, one tube of M4 transport media (supplied by Metro). One face mask (not supplied by Metro). [Note: do not use calcium alginate swabs or swabs on wooden shafts.]
- Gently and slowly insert a mini-tip, flexible-shaft swab into the posterior nasopharynx (via the nose) until resistance is met.
- Rotate the swab slowly for 5 seconds to absorb secretions. Remove the swab. Place the swab in a tube containing M4 transport media. [Note: Do not remove the swab from the M4 media.]
- Immediately refrigerate the specimen at 2 -8° C. DO NOT FREEZE.
- **Place only one specimen in a specimen biohazard transport bag. Multiple specimens per bag is NOT ALLOWED**
- Contact Metropolitan Medical Laboratory 309-762-8555, ext. 3420 if you need to arrange for a specimen pick-up.