

April 28, 2009 Update # 5

Human Swine Flu Virus (SIV) Infections - Update # 5

Swine Flu Testing -Some changes have been made

Swine influenza testing is recommended in the following situations:

- 1) Persons hospitalized with severe respiratory illness (i.e., fever >37.8 [100°F] **plus** shortness of breath, hypoxia, or radiographic evidence of pneumonia) that may be due to influenza;
- 2) Unexplained deaths in people less than 50 years of age that appear due to severe respiratory illness, respiratory failure, or pneumonia;
- 3) Persons seen in emergency departments or outpatient settings with influenza-like illness (i.e., fever >37.8 [100°F] **plus** cough and/or sore throat) **and** one of the following risk factors:
 - a. Travel in Mexico in the 7 days prior to illness onset
 - b. Contact with a person influenza-like illness who had traveled to Mexico in the 7 days prior to their illness
 - c. Contact with a confirmed or probable case of swine influenza.

As affected regions within the United States are better defined, these risk factors may be modified in the future.

This surveillance strategy is specifying surveillance for “influenza-like illness” and is different from that suggested by CDC. CDC has previously recommended testing all persons with acute respiratory illness, a much less specific case definition. That strategy could rapidly overwhelm State Public Health Lab’s (DOHPHL) ability to provide timely polymerase chain reaction (PCR) test results. We will periodically re-evaluate the lab’s available capacity to do additional testing and may revise the case definition used for this enhanced surveillance accordingly.

If a person is in one of these three groups, we recommend the following testing strategy. These are the recommended steps:

- Determine if the patient is within 7 days of illness onset. If onset within 7 days, testing should be done. Establish appropriate infection control precautions before obtaining specimens.
- For hospitalized patients with severe respiratory illness:
 - Perform a rapid test for influenza at their hospital lab under BSL2 conditions (i.e., using a biosafety cabinet)
 - If the patient tests positive for influenza A, obtain a second nasopharyngeal specimen using a synthetic (not cotton or calcium alginate) swab, place in viral transport medium and refrigerate

April 28, 2009 Update # 5

- If the rapid test is positive, healthcare providers should notify local public health that they have a hospitalized case of severe respiratory illness due to influenza A and that they are shipping the sample to DOHPHL.

[For hospitalized cases that meet the case definition **AND** have travel exposure **BUT** their rapid test is negative, please contact the health department to specifically discuss whether a sample should still be sent to DOHPHL.

- For patients with risk factors seen in outpatient settings or emergency departments:
 - Collect a single nasopharyngeal specimen using a synthetic (not cotton or calcium alginate) swab, place in viral transport medium and refrigerate. Healthcare providers should contact the health department to notify them that they have a suspected case of swine influenza and the healthcare provider should ship the sample directly to PHL.

[Note: This is a change from previous recommendations. For test validity, PHL can only perform influenza PCR testing on nasopharyngeal swabs that have **NOT** been in contact with reagents that are used for other tests. As a result, PHL will only test swabs that have not been previously used for other testing. In places where rapid influenza testing is already the standard of care for persons seen in outpatient clinics or emergency departments, you may consider collecting two nasopharyngeal swabs and using one for rapid testing and forwarding the other to PHL regardless of the rapid test result.]

- For persons with unexplained deaths:
 - Collect nasopharyngeal as soon as possible post-mortem and if possible tracheal specimens using synthetic (not cotton or calcium alginate) swabs. Place in viral transport medium, refrigerate and ship directly to PHL for rapid flu testing.
 - Nasal lavage and broncho-alveolar lavage samples will be handled differently and guidance for handling these samples will be given separately.

Specimens should be shipped cold (not frozen) and must arrive at PHL within 72 hours of collection. Please inform CD Epi when a specimen is being shipped (206-418-5500). A virology form found at www.doh.wa.gov/EHSPHL/PHL/Forms/SerVirHIV.pdf should accompany the specimen. Specimens should be shipped:

Attn: PHL Virology Laboratory
1610 NE 150th Street
Shoreline, WA 98155

COMMUNICABLE DISEASE UPDATE

COMMUNICABLE DISEASE CONTROL AND PREVENTION SECTION
THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT
412 LILLY RD NE
OLYMPIA, WA, 98506-5132
DISEASE REPORTING: (360)786-5470 INFORMATION: (360) 867-2533
Diana T. Yu, MD, MSPH, Health Officer



April 28, 2009 Update # 5

Report all suspect cases to 24 hour recorded line at 360-786-5470.

Recent Communicable Disease Updates are available online at
www.co.thurston.wa.us/health/personalhealth/communicabledisease/
