



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### Interim Criteria for Submission of Specimens to the

### Connecticut Department of Public Health Laboratory for 2009 Influenza A (H1N1) Testing (02/03/10)

#### UPDATE:

Influenza activity in Connecticut and much of the nation is subsiding following the second wave of the 2009 influenza A (H1N1) pandemic. Although the primary flu strain circulating in Connecticut is the 2009 pandemic influenza A (H1N1) virus, we are beginning to receive reports of findings of influenza B and other isolates. To ensure that any new flu types, subtypes, and strains circulating in Connecticut are quickly identified, the Department of Public Health (DPH) is temporarily expanding criteria for submitting specimens to the DPH Laboratory for testing.

While hospitalized patients and health care workers with influenza-like illness (ILI\*) remain the priority groups for testing, the DPH Laboratory will now be accepting nasopharyngeal swabs and other respiratory specimens for flu testing from *all* patients with ILI including patients being evaluated in emergency departments and outpatient clinics.

\* Definition of Influenza-Like Illness: Fever  $>37.8^{\circ}$  ( $100^{\circ}$ F) plus cough or sore throat

The sensitivities of rapid influenza diagnostic tests (RIDTs) and direct immunofluorescence assays (DFAs) are lower than real-time reverse transcriptase polymerase chain reaction (rRT-PCR) tests and viral culture ([http://www.cdc.gov/h1n1flu/guidance/rapid\\_testing.htm](http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm)). A negative RIDT or DFA result does not rule out influenza virus infection. Further, these tests cannot distinguish between 2009 H1N1 and seasonal H1N1 or H3N2 influenza A viruses.

When submitting specimens to the DPH Laboratory for rRT-PCR influenza testing, it is important that the entire top portion of the lab requisition form is filled out completely and that the reason for testing is written in the "Comments" section; this includes patient symptoms and rapid flu test results. If any of this information is missing, specimens will NOT be tested. Specimens from asymptomatic patients will not be tested.

**Please note that the guidelines for specimen shipping have changed; specimens must be transported on ice or with ice packs. For submitters that meet the testing criteria, please call the Virology Laboratory at 860-509-8553 if you need assistance with shipping. See VR-C Kit Collection Instructions on the following page.**

#### Other Important Information:

- **Specimens must be accompanied by a *completed* laboratory requisition form.** Laboratory requisition forms are available in the State Lab VR-C kits or on-line at <http://www.ct.gov/ctfluwatch>.
- Test results will be provided to the healthcare provider ordering the test and the local health director where the patient resides.
- Healthcare providers are requested to contact the local health director for the town where their patient resides with positive results obtained through commercial laboratories.

***These criteria are subject to change based on the evolving situation with the 2009 H1N1 virus.***

## Diagnostic Laboratory Testing for Suspected Novel H1N1 Influenza A

- Collect one nasopharyngeal swab using a Dacron swab in viral transport medium for submission to the Department of Public Health Laboratory (DPHL), 10 Clinton St., Hartford CT 06106, for molecular testing.
- Respiratory viral reference collection kits (VRCs) may be obtained by calling the DPH Laboratory at 860-509-8501. Please see attached collection instructions. For questions regarding the collection, handling, and transport of specimens, please call the DPH Laboratory at 860-509-8500.
- Diagnostic laboratory work on clinical samples from patients who are suspected cases of 2009 H1N1 influenza A virus infection should be conducted in a BSL2 laboratory. All sample manipulations should be done inside a biosafety cabinet (BSC).
- Results of testing of initial cases suggest that rapid EIA influenza tests may be insensitive for the detection of 2009 H1N1 influenza A and these assays should not be relied on as screening tests for this agent.

### **VR-C Kit Collection Instructions**

1. Remove all contents of the kit:
  - a. Requisition sheet
  - b. M4-RT viral transport tube
  - c. Dacron sampling swab
  - d. Diagnostic Specimen mailer (Zip lock plastic bag, inner aluminum tube, outer fiberboard tube with State Laboratory mailing address)
  - e. A copy of these instructions
2. Completely fill out the requisition sheet
3. Label the M4-RT with patient name, facility ID, source of specimen (throat, eye, etc.)
4. Obtain specimen from patient.
5. Remove screw cap top from M4-RT vessel.
6. Insert swab into the M4-RT vessel until swab touches the bottom. Break or cut off excess swab handle.
7. Discard excess handle.
8. Screw on top of M4-RT tube tightly.
9. Place M4-RT tube in plastic bag, seal top and insert into aluminum tube, seal inner tube, place requisition sheet around aluminum tube and insert into fiberboard tube.
10. Clinical specimens should be shipped on wet ice or cold packs in appropriate packaging.
11. Attach appropriate postage and place the mailer in a mailbox or hand deliver.