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FAQ's for Oregon Laboratories

Regarding "Laboratory-confirmed Influenza Resulting In or Associated with Hospitalization or Death" reporting by laboratories as of 1 Sep. 2009

<http://www.flu.oregon.gov/DHS/ph/acd/oars/div18flu.shtml>

<http://www.oregon.gov/DHS/ph/acd/flu/provider-testing.pdf>

FAQ's Compiled by:

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and the Oregon State Public Health Laboratory (OSPHL) 503-693-4100.

Q. 1) How is "laboratory-confirmed influenza" defined?

Any laboratory test that is positive for influenza is considered a confirmatory test. This includes rapid tests, PCR, culture, DFA/IFA, serologic test with a 4-fold rise in influenza antibody titer on paired sera, etc. Also acceptable, but perhaps not as relevant to laboratorians, is documentation in the medical record (e.g. a written statement in a progress note or history and physical) or a verbal report from a healthcare provider's office of a laboratory result positive for influenza. Based on current Public Health Division guidance, all hospitalized patients "admitted for influenza-like illness (Fever >37.8°C (100°F)" with cough or sore throat, should have a specimen sent to OSPHL for surveillance purposes. A second specimen may be sent to a local lab for diagnostic purposes. A negative rapid test is not a basis for "ruling out" influenza, therefore a specimen should be sent to OSPHL regardless of rapid test result if the patient has influenza-like illness.

Q. 2) Will laboratories get results for OSPHL tests performed on inpatients? If so, approximately how long will this take?

All results of testing performed at OSPHL will be mailed to the specimen submitter, and POSITIVE results will also be reported by phone or fax to the specimen submitter. We encourage all submitters to request secure Web Access to Test Results, a web application, to view results for specimens submitted by them. To register as a submitter for Web Access to Test Results, go to the OSPHL home page at <http://oregon.gov/DHS/ph/ph/> and scroll down to **Submitters: Sign up for no-cost 24/7 Web Access to Test Results** at left center of the home page. Counties will receive positive influenza results via Electronic Laboratory Reporting (ELR). In addition, if a positive result for H1N1 is the first for the patient's county of residence, the result will be reported immediately to the county via phone or fax. The typical turnaround time for test results will be 72 hours. The OSPHL will run specific specimens on an expedited basis if the Local Health Department and ACDP agree that it is necessary. Should circumstances change, the turnaround time may be adjusted if OSPHL and ACDP determine it's necessary to effectively perform surveillance.

Q. 3) If influenza is confirmed, should the hospital Infection Control Practitioner-ICP (new term for ICP is Infection Preventionist-IP) report that to the Local Public Health Department?

Hospitalized influenza cases are now reportable to the county in which the patient resides by clinicians, other healthcare providers, and laboratorians. If you hear about laboratory-confirmed influenza resulting in hospitalization or death, let us know. ICPs/IPs may choose to work closely with their laboratory to review positive flu cases for admissions. ICPs/IPs may also help identify cases that may have had a positive flu test outside of the hospital.

Q. 4) Would the ICP/IP also enter the hospitalized influenza case into the eSentinel system?

All ICPs/IPs in Oregon may report hospitalized influenza cases through eSentinel for surveillance purposes at: <https://apps.dhs.state.or.us/phnPortal/pal?page=Logon> throughout the 2009-10 influenza season. Please contact Ryan.M.Asherin@state.or.us if you require assistance obtaining an account or updating your login and password. ICPs/IPs may also choose to report via fax to their local health departments.

Q. 5) How should an influenza specimen sent to the OSPHL be labeled?

Information on labeling of specimens can be found on the OSPHL home page at: <http://www.oregon.gov/DHS/ph/phl/index.shtml>. Click on "Specimen Collection to 'Rule-Out' H1N1 Flu" under "Information You Need To Know, H1N1 Flu". In these four pages, you will find information on: acceptable specimen types, specimen collection procedures, and a link to ordering both the OSPHL Virus Collection Kits and Virology/Immunology Request Form 42.

Complete all required fields on the Virology/Immunology Request Form 42 as follows:

- Both Request Form 42 and the specimen container must be labeled with the patient name or unique identifier and/or other relevant information, or the sample will NOT be tested.
- Each Request Form 42 has a series of barcode labels at the bottom – one of these barcode labels should be placed on the patient's specimen that corresponds to their Request Form.
- During this time of surveillance for hospitalized influenza cases, please make sure to **check the "OTHER" box under the "VIRUS ISOLATION" section (on the bottom left hand side of Form 42) and write "R/O H1N1" on the line next to "OTHER". Please indicate if the patient is hospitalized or deceased by writing "hospitalized" or "death" after "R/O H1N1" and give the admission date or date of death.**
- It is important to indicate the actual specimen type being submitted. **If you are submitting a specimen type other than a nasopharyngeal swab**, in the "SPECIMEN INFORMATION" -"SPECIMEN SOURCE" box toward the top of Request Form 42, check the "OTHER" box and specify the source on the line next to "OTHER".

Samples from hospitalized patients that meet the requirements mentioned above will be processed by OSPHL at NO COST. However, if the number of hospitalized specimens becomes overwhelming during the flu season, OSPHL will work with ACDP to identify which samples should be tested in order to adequately track influenza activity in Oregon.

Q. 6) How should a laboratory interpret the term "Hospitalized"?

This could, admittedly, be tricky, as laboratorians may not always have access to information about "admit" status. That said, laboratorians should work with ICPs/IPs to report confirmed cases of influenza that meet the following criteria:

- a) The person was admitted to the hospital and had a test for influenza done during work-up for admission that subsequently was positive.
- b) The person had a positive test for influenza as an outpatient and subsequently was admitted to the hospital for influenza-like illness or related complications within 14 days of the positive test, or
- c) The person develops influenza-like illness while already hospitalized and, upon testing, is confirmed to have influenza.

It is NOT necessary to report:

- a) confirmed influenza in a person receiving emergency room services but not admitted as an inpatient or
- c) confirmed influenza in an outpatient or a resident of a nursing home or extended care facility that is not part of a hospital

Q. 7) The rule requests that ONLY hospitalized patients be reported, but as a reference lab (without direct access to hospital records), we often can't distinguish between inpatients and outpatients. Is it acceptable for us to fax all positive results to the county in which the case resides?

This reportable event requires hospitalization information. If the admission information is not available, then your laboratory might consider adapting your request forms and information systems to include a mandatory field regarding admission information. Another option would be to contact the submitting provider to determine inpatient status on all positive results, or working with infection control professionals within hospital systems to identify these cases. Your laboratory's normal public health reporting procedure for reportable events should be used (link to Oregon Laboratory Compliance Public Health Reporting for Laboratories <http://oregon.gov/DHS/ph/lcqa/reports.shtml>).

Thank you for your continued efforts to report these important test results on hospitalized patients for public health surveillance purposes.

Q. 8) Question:

Should laboratories continue to submit specimens to OSPHL under seasonal rule-out influenza surveillance? Will influenza A subtypes be identified at the OSPHL and be reported back to submitters for R/O H1N1 submissions?

The OSPHL will **NOT** be accepting specimens for 'rule out influenza' (seasonal) submissions for the 2009-10 influenza season, in order to allocate public health laboratory resources for subtype-specific (including H1N1) surveillance. Subtype-specific surveillance is very resource intensive and therefore we must limit our surveillance to the following activities:

- Lab-confirmed hospitalization and death surveillance
- Oregon's outpatient influenza-like illness network (ILINet) <http://www.oregon.gov/DHS/ph/acd/flu/flusurv.shtml>
- Kaiser influenza-like illness pilot project
- Outbreak investigations

This means that any specimen submitted by an ILINet provider, for a special study/outbreak, or from a hospitalized patient that is positive for influenza A and negative for pandemic H1N1 will be tested for seasonal H1 and H3 and the result reported. Testing for influenza B will also be performed if negative for influenza A.

Additional Resources:

Links to OSPHL H1N1 laboratory information: <http://www.oregon.gov/DHS/ph/phl/>

Link to www.flu.oregon.gov (find links to important documents on the right menu under: [Health Care Providers](#), [Local Health Departments](#), [Public Health Lab](#))

Link to <http://www.cdc.gov/h1n1flu/> (click on "Guidance")