



British Columbia's H1N1 Pandemic Influenza Response Plan (2009)

Updated Testing Guidelines: H1N1 Influenza

October 23, 2009

1. TESTING GUIDELINES: H1N1 INFLUENZA

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These guidelines are based on the best available information at this time. Recommendations may change as the situation evolves.

1.1 Clinical Care

Most adults and children with pandemic H1N1 influenza will have only mild illness and testing for H1N1 for clinical management is rarely

indicated. Testing should be based on clinical judgement, but in general reserved as follows:

- for cases of suspected influenza requiring hospitalization;
- for persons with severe illness or at high risk for whom testing will influence treatment decisions;
 - as requested by the medical health officer for outbreak investigation.
- Patients with mild illness who request testing should be advised that it is generally **NOT NECESSARY.**
- As antiviral medications are most effective when started early, treatment decisions should not wait for the results of laboratory testing, but should be made based on the severity of symptoms and the presence of risk factors (see treatment guidelines).

As with seasonal influenza, testing for mild illness is NOT necessary.

1.2 Public Health Surveillance

To identify outbreaks and type of influenza viruses, the current recommendations are:

- Testing of hospitalized patients with influenza-like illness, including those with severe acute respiratory illness not yet diagnosed.
- Confirming outbreaks of influenza in hospitals, long-term care facilities and schools (NOT ALL CASES in outbreaks need to be tested!).
- Testing through the network of sentinel physician volunteers who participate in ongoing testing and reporting of ILI for surveillance purposes (coordinated by the BC Centre for Disease Control).

1.3 Laboratory Samples: How to Test

Large volumes of unnecessary testing will put strain on laboratory resources and may impede the ability to perform needed services.

Samples

Optimal samples are Nasopharyngeal Swabs.

- COPAN flocked swabs are ideal but Starplex® non-flocked swabs are also acceptable for nasopharyngeal and nasal samples.
- Other acceptable swabs include those used for herpes culture. Gel and throat swabs are not desirable. DO NOT use the wire shaft pertussis swab as it interferes with the test and may give false negative results.

Submit **one swab per patient**.

Collection

- Use the swab supplied with the viral transport media.
- Explain the procedure to the patient.
- When collecting the specimens, wear eye protection (e.g. face shield), gloves, and a surgical mask. Change gloves and perform hand hygiene between each patient. Stand to the side and slightly behind the patient when obtaining specimen.



A sterile swab is passed gently through the nostril and into the nasopharynx

ADAM

*Image obtained from <http://www.nlm.nih.gov/medlineplus/ency/imagepages/9687.htm>

- Allow the swab to sit in place for 5–10 seconds.
- Rotate the swab several times to dislodge the columnar epithelial cells. Note: Insertion of the swab can induce a cough.
- Withdraw the swab and place it in the collection tube.
- Refrigerate immediately.
- Remove gloves.
- Perform hand hygiene.
- Label collection tube with patient’s full name and date of birth. Attach completed Virology Services requisition <http://www.phsa.ca/NR/rdonlyres/FBDA7450-2866-4772-9A7A-3CE43547628A/0/VIReq.pdf>.
- Transport to the laboratory.

Lab Requisitions

Mandatory information (patient name, PHN, date of birth, physician contact information, and physician requiring reports) must continue to be noted on the Public Health Lab’s regular Virology Services

requisition found at <http://www.phsa.ca/NR/rdonlyres/FBDA7450-2866-4772-9A7A-3CE43547628A/0/VIReq.pdf>.

Transport

Continue to use proper specimen transport methods (IDG/IATA guidelines). The Drop Box (rear of BCCDC) should be used on Sundays and after hours.

For urgent high-priority specimens only clearly identify specimens as STAT on both the

outside package and on the requisition. Please notify the Laboratory Surveillance Outbreak Coordinator at 604-707-2632 (office) or 778-887-0032 (cell) and relay information on: specimen type, number of specimens on each patient, the estimated time of arrival, and how the specimen will be arriving.