

MEMORANDUM

TO: Local Health Departments and Hospitals, Departments of Critical Care, Emergency Medicine, Family Practice, Geriatrics, Internal Medicine, Infectious Disease, Infection Control, Pediatrics, Pharmacy, Neonatal Units, Obstetrics and Gynecology, Pulmonary Medicine and Laboratory Medicine

FROM: Communicable Disease Control Section
Division of Laboratories

DATE: October 2, 2014

RE: Illinois Department of Public Health - Influenza Testing and Reporting Guidance

The Illinois Department of Public Health (IDPH) is issuing updated guidance related to submission of influenza laboratory specimens and reporting. Influenza surveillance would not be possible without the help of clinicians and infection control practitioners and laboratories. We thank you for your assistance and cooperation.

1. **Influenza Testing at IDPH Division of Laboratories:**

Testing performed for inpatient and outpatient clinical care, including PCR testing, should be obtained at clinical and hospital laboratories. For the 2014-15 influenza season, only the following specimens shall be sent to IDPH for influenza testing¹:

- a) Specimens that are approved by the local health department on a case-by-case basis (e.g., for outbreak management in a congregate facility, post-mortem evaluation, cases of suspected animal to human transmission of influenza virus).
- b) Specimens that cannot be subtyped (e.g., PCR testing is performed and is negative for currently circulating strains of H1 and H3). Information regarding availability of PCR testing at clinical and hospital laboratories is attached. To authorize the submission of specimens, **local health department (LHD) staff** will complete the online influenza lab request form at the following address:

<https://dph.partner.illinois.gov/communities/communicabledisease/Lists/H3N2v%20Lab%20Request%20List/AllItems.aspx>.

The ID number will be created by the LHD and entered into the online Influenza Lab Request Form. It will consist of the disease (for influenza = INF), followed by the first four letters of the LHD name, followed by the next consecutive number of influenza specimen. For example, the first specimen from Sangamon County would

¹ These criteria do not apply to IDPH-designated influenza sentinel surveillance providers, who will receive separate instructions regarding specimen submission.

have the code INFSANG001. Utilization of this form will provide notification to the IDPH Division of Laboratories that a specimen has been authorized by the LHD for testing. LHD staff will ask the submitting agency to include this authorization code on the requisition form to IDPH. To obtain the respiratory influenza testing requisition form, contact the appropriate regional laboratory (Chicago: 312-793-4760; Springfield: 217-782-6562; Carbondale: 618-457-5131).

- c) Any specimen not maintained at the proper temperature, or is more than three days old when received (except if sent frozen) will not be tested and an unsatisfactory result will be provided.
- d) Specimens received that are not authorized by IDPH or the LHD will be rejected by the laboratory and stored until further information is obtained from the submitter. The submitter may contact their LHD or the IDPH Communicable Disease Section at 217-782-2016 to discuss specimen testing guidelines.
- e) If you have questions about specimen submission, collection or transportation call the appropriate regional laboratory (Chicago: 312-793-4760; Springfield: 217-782-6562; Carbondale: 618-457-5131). For after hour emergencies, contact the Illinois Emergency Management Agency at 800-782-7860 and request to speak with the IDPH duty officer.

2. Interim guidance for reporting of influenza:

The major objectives of influenza surveillance during 2014-2015 are to describe risk factors for and burden of severe illness, provide information for management of situations requiring public health intervention (e.g., prophylaxis in a congregate care facility), identifying changes in the severity and epidemiology of influenza, and to identify novel strains.

3. Report the following to the local health department:

- a) **Suspected novel influenza** (e.g., severe respiratory illness of unknown etiology associated with recent international travel or contact with swine or any case of human infection with an influenza A virus that is different from currently circulating human influenza H1 and H3 viruses).
 - Reportable immediately, within three hours. *Note: 2009 H1N1 (A) influenza is not currently considered to be a novel influenza strain for surveillance purposes.*
- b) **Pediatric influenza-associated deaths** is defined as death of an individual < 18 years of age resulting from a clinically compatible illness confirmed to be influenza by culture, PCR, commercial rapid influenza, or other appropriate diagnostic test. Reportable as soon as possible, but within seven days.
- c) **Influenza associated Intensive Care Unit (ICU) hospitalizations** are defined as individuals hospitalized in an ICU with a positive laboratory test for influenza A or B, including specimens identified as influenza A/H3N2, A/H1N1, A/H1N1(2009), and specimens not subtyped (e.g., influenza positive

cases by PCR or any rapid test such as EIA). Reportable as soon as possible, but within 24 hours².

- d) Outbreaks of influenza or influenza like illness in a congregate setting** (e.g., correctional or long term care facility). Additional information regarding reporting of outbreaks of influenza and influenza-like illness in congregate settings will be provided under separate cover.

4. INEDSS reporters note:

I-NEDSS contains three different case-based modules (novel influenza, pediatric influenza-associated deaths and influenza-associated ICU hospitalization) for influenza reporting. Be sure to enter cases into the proper module. For female patients in the ICU, make certain to indicate pregnancy/postpartum status. If updated information for any patient becomes available after the initial report (e.g., results of a PCR test, death), update the I-NEDSS report.

5. Influenza Reports

IDPH will publish the first weekly influenza surveillance report of the 2014-15 season (week 40, week ending October 4, 2014) on October 10, 2014. IDPH reports will be available at <http://www.idph.state.il.us/flu/surveillance.htm>.

Local or regional influenza surveillance reports also are available on many LHD websites. If you have questions about influenza surveillance, contact IDPH at 217-782-2016, or your LHD.

6. PCR Testing for Influenza

Points of contact for additional laboratories to arrange a billing account, specimen shipping, etc., for influenza PCR testing are listed below. Testing protocols vary by laboratory (e.g., not every lab performs sub-typing). Laboratories are listed in alphabetical order; IDPH does not endorse any particular laboratory. This list may be incomplete; it is based on currently available information and will be updated periodically. To add the name of a laboratory to this list, contact Bernard Johnson, Division Chief of Laboratories, at Bernard.Johnson@Illinois.gov or at (217) 782-6562.

Lab	Contact	Phone
ACL Laboratories	Sales	800-877-7016

² Such cases are reportable under the Communicable Disease Code, Section 690.295 as any unusual case that may indicate a public health hazard.

Alverno Clinical Laboratories, LLC	Melissa Mace	219-989-3888
Marshfield Labs	Sandra Molter	800-222-5835, x16278
Mayo Medical Laboratories	Customer Service	800-533-1710
North Shore University Health System	Brian Staes	847-663-2105
Northwestern Memorial Hospital	Angie Bialkowski-Gunn	312-926-4296
Quest Diagnostics	Customer Service	866- 697-8378
University of Illinois	Jessica Padilla	312-996-4800