



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES



NEW HAMPSHIRE PUBLIC HEALTH LABORATORIES (NH PHL)

NOTIFICATION OF SUSPECTED SWINE INFLUENZA

- **Prior to submitting samples to NH Public Health Laboratories for influenza testing, contact NH Bureau of Disease Control at 603-271-4496, toll-free at 800-852-3345, ext. 4496 or after hours at 800-852-3345 ext. 5300 to obtain approval. They will assess the need and priority for influenza testing at NH PHL.**
- Case definitions are continuing to change, please refer to NH DHHS website for the latest information at <http://www.dhhs.nh.gov/>

TEST REQUISITION

- Use the attached NH PHL requisition for influenza testing.

SPECIMEN COLLECTION FOR LABORATORY TESTING ON SUSPECTED SWINE INFLUENZA

- Collect one nasopharyngeal swab or nasopharyngeal aspirate or nasopharyngeal wash, for submission to the NH PHL for molecular testing. **Note: preferred specimen is nasopharyngeal swab in viral transport medium.**
- Follow CDC Swine Influenza A (H1N1) Virus Biosafety Guideline for Laboratory Workers (http://www.cdc.gov/swineflu/guidelines_labworkers.htm) when collecting and processing clinical specimens from patients with suspected swine influenza (H1N1) virus infection.
- Nasopharyngeal swab collection using the specimen collection and transport kit
 1. Remove the contents of the specimen collection and transport kit.
 2. Identify the patient. Label the UTM transport media with patient name, specimen source and the date of collection.
 3. Fill out the PHL test requisition form completely and legibly, and write down "suspect swine influenza" on the right of Specimen Information.
 4. With the patient's neck in an extended position, gently insert a sterile DACRON nasopharyngeal swab into the nostril. Pass the swab along the floor of the nose until it contacts the posterior nasopharyngeal wall and gently rotate for 5 seconds to absorb

secretions. Remove the swab and place it in the transport media. Aseptically break off or cut the applicator leaving the tip in the vial and cap the tube. If vortex available, vortex the media with swab for 10 seconds.

5. To help prevent leaking, wrap a piece of parafilm around the outside of the UTM media tube and cap. Seal the tube of transport media into the resealable bag provided.
 6. Specimens should be refrigerated (2-8°C) as soon as possible after collecting.
- Specimen collection and transport kit components:
 - 1 tube of UTM viral transport medium
 - 1 DACRON nasopharyngeal swab
 - 1 DACRON plastic shaft swab
 - parafilm
 - 1 small resealable bag
 - 1 freezer pack
 - specimen collection instructions
 - PHL test requisition form
 - cylindrical aluminum liner
 - cardboard mailing container
 - To order kits, please call the Public Health Laboratories at 603-271-4661 or 1-800-852-3345 ext. 4661. A maximum order of 10 kits per week will be filled as needed to each site.
 - For technical questions, contact Maureen Collopy, LRN Coordinator at 271-7391 or email macollopy@dhhs.state.nh.us.

TRANSPORT

- Keep specimen cold during transportation. Place the specimen in the aluminum inner liner with the freezer pack provided in the kit. Cap the inner liner. Wrap the completed PHL test requisition form around the outside of the inner liner and place into the cardboard mailing container.
- The mode of transportation will be dependent on the case assessment by Bureau of Disease Control conducted on your initial notification call. The statewide courier service is available for routine testing. Emergency courier services will be available as necessary.

RAPID TESTING

- **Diagnostic laboratory work on clinical samples from patients who are suspected cases of swine influenza A (H1N1) virus infection should be conducted in a BSL2 laboratory. All sample manipulations should be done inside a biosafety cabinet (BSC).**
- Commercially available rapid tests have unknown sensitivity and specificity to detect human infection with swine influenza (H1N1) virus in clinical specimens. A negative rapid test could be a false negative and should not be assumed a final diagnostic test for swine influenza infection.
- A rapid influenza antigen detection test may be performed on the nasopharyngeal sample using standard BSL2 work practices in a Class II biological safety cabinet. Regardless of the result, contact NH Bureau of Disease Control at 603-271-4496, or toll-free at 800-852-3345, ext. 4496 if a patient meets the criteria for molecular testing.

RESULTS

- Results should be available in 24 to 48 hours. All positive results will be phoned to the submitter.

REFERENCES

<http://www.cdc.gov/swineflu/guidance/>

http://www.cdc.gov/swineflu/guidelines_labworkers.htm

<http://www.dhhs.nh.gov>



SUBMITTER INFORMATION - Please Print Legibly

Submitter Facility Code: _____
 Submitter Facility Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone No.: _____ Fax No.: _____
 Referring Physician (Full Name): _____
 National Provider Identifier #: _____
 VT Medicaid Provider #: _____

PATIENT INFORMATION - Please Print Legibly

NOTE: All specimens MUST have Date of Birth and Date of Collection

Last Name: _____
 First Name: _____
 D.O.B: _____ Age: _____ Sex: M F
 MM/DD/YY
 Address: _____
 City: _____ State: _____ Zip: _____
 Patient Tel #: _____
 Parent/Guardian: _____
 Patient Medicaid #: _____ State: __NH__VT
 ICD-9 CM / Diagnosis (DX) Code: _____
 Race: WHITE BLACK ASIAN NATIVE-American/Alaskan MULTIRACIAL
 HAWAIIAN/PACIFIC ISLANDER UNKNOWN OTHER
 Ethnicity: NON-HISPANIC HISPANIC UNKNOWN
 ID #: _____

SPECIMEN INFORMATION:

DATE of specimen collection: _____
 TIME of specimen collection: _____ AM PM

SITE/SOURCE of Specimen (please check):

- _____ Nasopharyngeal Aspirate
- _____ Nasopharyngeal Swab
- _____ Nasopharyngeal Wash

TEST REQUEST

INFLUENZA PCR Test
 (you must check this for testing to occur)

1. Specimen must meet at least one of the following criteria to be tested. Please check one of the following criteria to request H1N1 Testing:

- Hospitalized patient with severe illness
- Health Care Worker in consultation with health care provider
- In consultation with public health as part of a cluster or outbreak
- Requesting provider participates in the ILI Sentinel Provider Network

Please note: Samples submitted that do not indicate above criteria will not be tested.

2. Rapid Influenza Test Performed:

Yes ___ No ___ Date _____

If rapid test performed, please enter result:

Influenza A _____

Influenza B _____

Negative _____

To order Influenza kits or viral transport media, call 603-271-4661

PHL LAB USE ONLY