

**Indiana State Department of Health (ISDH)
Novel Influenza A (H1N1) Lab Submission Form**

Beginning **Thursday, May 14**, viral specimen submissions to the ISDH Laboratory to rule out infection with the *novel influenza A (H1N1) virus* strain **have to meet** at least one of the three following criteria.

Mark the criterion that applies to your submission.

Y N **We are a pre-established sentinel provider who participate in Indiana’s Influenza Sentinel Physicians Surveillance Network.** Sentinel providers are encouraged to continue to submit specimens on patients presenting with influenza-like illness (ILI), which is defined as fever greater than or equal to 100 degrees F with cough or sore throat.

or

Y N **Our specimen is from a patient that meets the requirement of at least one “High Risk Category.” Mark the high risk categories below that best describe your patient.**

or

Y N **Our specimen is from a patient whose death is associated with ILI.**

Specimens collected after May 14 from patients that do not meet these criteria will NOT be tested by the ISDH Laboratory.

High Risk Categories – please mark the categories that best describe your patient.

The patient is hospitalized or has symptoms indicating need for hospitalization.

Date of admission: / / Hospital: _____

The patient is pregnant.

Estimated Delivery Date: / / _____

The patient is immunocompromised.

The patient is a health care worker.

Occupation: _____ Facility: _____

Last day of work (& shift worked): / / _____

The patient is under the age of 5.

The patient is over the age of 65.

If you have any questions please contact:

Epidemiology and Surveillance

Shawn Richards

ISDH Influenza Coordinator

317-233-7740

srichard@isdh.IN.gov

Laboratory Issues

David Dotson

Director, Emergency Preparedness & Response

317-921-5545

ddotson@isdh.IN.gov

Please complete the entire ISDH Virology submission form to ensure prompt testing.

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RATIONALE FOR MODIFYING LAB SUBMISSION GUIDELINES:

The ISDH is modifying its laboratory submission and case investigation guidelines in response to new CDC recommendations and to conduct more effective and efficient surveillance of the novel influenza A (H1N1) virus. National and statewide surveillance data continue to show that infection caused by the H1N1 virus is mild and widespread. Indiana and several other states are focusing now on maintaining outpatient sentinel surveillance and surveillance of hospitalized cases in an effort to conserve resources and begin planning for the fall influenza season.

SPECIMEN COLLECTION:

1. Insert a nasopharyngeal swab with flexible shaft through nostril to posterior nasopharynx. (Do not use wooden shaft swabs. Dacron, rayon, or flocked swabs give optimal results.)
2. Place swab in viral transport medium. If you cannot obtain viral transport medium, you may use other transport media but sensitivity may be compromised.
3. If necessary, break or cut shaft to allow the transport tube to be completely sealed.
4. NP aspirates in viral transport medium are also excellent specimens.
5. Label each tube with the patient's name and the collection date.
6. When submitting specimens from **deceased patients** with ILI as a cause of death, the specimen should be from a tracheal wash or swab that is placed in an appropriate transport medium.
7. Specimens should be placed at refrigerator temperature immediately after collection and transported with cold packs.
8. Make sure you meet the requirements for virology lab submission associated with the novel Influenza A (H1N1) virus strain (see page 1). Complete an Influenza Lab Submission form for each specimen (form is included here and can be found at: <http://www.in.gov/icpr/webfile/formsdiv/35212.pdf>). Make sure your clinic or laboratory address is complete.
9. If unable to ship the same day, refrigerate the specimens.
10. Transport the specimens on cold packs with Overnight Delivery. Holding the specimens longer than 24 hours will decrease the chance for influenza isolation.

PACKING AND SHIPPING:

1. Wrap the specimen(s) in an absorbent pad and secure all specimens a Ziploc-type bag.
2. Place the completed Influenza Lab Submission form(s) in the liner of the bag and enclose with the frozen cold pack in a Styrofoam container.
3. Place the Styrofoam container into the cardboard box and secure the box with packaging tape.
4. Address to:
 1. Indiana State Department of Health Laboratory
 2. Attn: Virology Laboratory
 3. 550 W. 16th Street, Suite B
 4. Indianapolis, IN 46202
5. Attach your **return address** label; include the **name and telephone number** of the person who knows the content of the package (requirement) with the return address.
6. Specimens should be shipped so they arrive at the ISDH Lab during business hours, Monday – Friday.

Please complete the entire ISDH Virology submission form to ensure prompt testing.

**VIROLOGY**State Form 35212 (R5/7-08)
CLIA Certified Laboratory #15D0662599Indiana State Department of Health Laboratories
550 W. 16th Street, Suite B
Indianapolis, IN 46202
(317) 921-5500

Use a separate form for each specimen. Specimens without a name will not be analyzed.

Section 1. Patient Demographics

Last Name _____ First Name _____ MI _____ Date of Birth ____/____/____
 Number & Street Address _____ City _____ State _____ ZIP Code _____
 Race: _____ County of Residence _____ Phone Number _____
 Asian White Ethnicity:
 Black or African American Multiracial Hispanic or Latino Not Hispanic or Latino Unknown
 American Indian or Alaska Native Other Sex:
 Native Hawaiian or Other Pacific Islander Unknown Male Female Unknown
 Name of Employer School Care Facility Institution Facility Phone Number _____ Occupation _____
 Institution Resident? No Yes Institution Type Prison Nursing Home Other (specify) _____
 Address of Employer/School/Care Facility/Institution _____
 City _____ State _____ ZIP Code _____

Section 2. Clinical Information

Specimen Information:
 Isolate Swab Stool Fluid Tissue Other: _____
 _____/_____/_____ Anatomical Site _____
 Date of Illness Onset _____ Date of Collection _____ Is Patient Immunocompromised? Yes No
 Clinical Diagnosis
 State of Illness Asymptomatic Symptomatic (If patient is symptomatic, please check all signs/symptoms that apply)

General Symptoms	CNS	Exanthema	Respiratory	Gastrointestinal
<input type="checkbox"/> Fever _____°F	<input type="checkbox"/> Encephalitis	<input type="checkbox"/> Maculopapular	<input type="checkbox"/> Upper Resp. Inf.	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Headache	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Papular	<input type="checkbox"/> Lower Resp. Inf.	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Sore Throat	Ocular	<input type="checkbox"/> Hemorrhagic	<input type="checkbox"/> Pneumonia	Cardiovascular
<input type="checkbox"/> Cough	<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Vesicular	<input type="checkbox"/> ARDS	<input type="checkbox"/> Heart Inflammation
	<input type="checkbox"/> Photophobia	<input type="checkbox"/> Petechial		

 Other Symptoms (please specify) _____
 Is this specimen part of a public health investigation? Yes No Unknown

Section 3. Influenza Submission Information

Influenza Authorization Code _____ Influenza Sentinel Physician # _____
 Influenza Rapid Test: Positive Negative Not Performed If positive: Type A Type B Type A/B Not Typed
 _____/_____/_____ Vaccination Date Vaccine Type Killed Vaccine Attenuated Vaccine/Flu Mist Number of Doses: 1 2
 Patient Received/Receiving Antivirals? Yes No _____/_____/_____ If Yes, Date Administered
 Which antiviral prescribed? _____
 Patient Contact with (check all that apply): Birds Animals Family Community Resp. Disease Outbreak

Complete Reverse Side

VIROLOGY

State Form State Form 35212 (R5/7-08)

Section 4. Travel History

Travel history for the past 60 days:

Traveled to/from: _____

____ / ____ / ____
Date of Departure

____ / ____ / ____
Date of Return

Section 5. Virus Suspected

- | | |
|---|---|
| <input type="checkbox"/> Adenovirus | <input type="checkbox"/> Norovirus |
| <input type="checkbox"/> Enterovirus | <input type="checkbox"/> Parainfluenza |
| <input type="checkbox"/> Herpes Simplex | <input type="checkbox"/> Respiratory Syncytial Virus |
| <input type="checkbox"/> Influenza | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Community-Acquired Pneumonia |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Other _____ |

Section 6. Submitter Information

Healthcare Provider's Name _____

E-Mail Address _____

____ - ____ - ____ ____ - ____ - ____
Phone Number Fax Number

Submitting Facility Name _____

Number & Street Address _____

____ City State ZIP Code

____ - ____ - ____ ____ - ____ - ____
Phone Number Fax Number

Collect specimen for virus culture and PCR testing as early as possible in the acute stage of illness. Acceptable specimens may include the following: isolates, NP swabs or throat swabs, stools or rectal swabs, body fluids, lesion swabs or scrapings, biopsy tissue (no preservative), and postmortem tissues (no preservative) depending on the suspected virus. Swabs must be placed in 2-3 mL of viral transport media such as M4, M4-RT, M5 UTM-RT, etc. Use a 7A container, available from the ISDH Container Section, for Norovirus specimens.

Refrigerate specimens for virus culture and PCR testing immediately after collection at 2-8° C. Wrap the labeled specimen container with absorbent material and place in a biohazard specimen bag to prevent breakage or spillage during shipment. Ship specimens within 24 hours in a heavily insulated box with sufficient ice packs to maintain 2-8° C while in transit. Pack specimens to prevent breakage or spillage. Ship the box compliant with DOT and IATA regulations.

Viral recovery may be complicated if specimens are not shipped refrigerated immediately after collection. If shipment and delivery to the ISDH laboratories is not possible within 24 hours after collection, specimens must be frozen at -70° C or below. Do not store at -20° C. Ship frozen specimens on 10 lb. dry ice in a heavily insulated box. Do not ship on Friday, hold in freezer for Monday shipping.

Specimens should be received by the ISDH Laboratory within 5 days of collection.

For ISDH Lab. Use ONLY

Place Label here

____ / ____ / ____
Date Received