



Eastern Health

FROM: PUBLIC HEALTH and MICROBIOLOGY LABORATORY

TO: ALL HEALTH CARE PROVIDERS IN NEWFOUNDLAND AND LABRADOR

RE: FLU TESTING MEMORANDUM – FALL 2018

Diagnostic testing for seasonal influenza (FLU) and other respiratory infectious agents is centralized at the Public Health and Microbiology Laboratory (PHML). PHML has the capability to meet routine seasonal demand. However, the peak demand for testing services, the duration of that peak period as well as human resources during the FLU season is a moving target.

PHML will limit testing on outpatient specimens once the circulating flu strain(s) is established.

Individual patient-based testing services will continue to be offered based on patient care needs (ER, ICU, outbreak investigation, hospitalized cases etc). This, however, must be communicated when ordering the test.

Test Methodology

A molecular multiplex assay detects 11 respiratory pathogens including the FLU virus.

Supplemental H antigenic subtyping will be performed on a proportion of positive FLU A specimens and in any patients flagged to CDC/public health for having risk factors of being potentially infected with an emerging FLU subtype.

Availability of Testing Service

Testing service will be offered 7 days per week effective November 1, 2018 and urgent/stat requests can be available after hours if approved by the Microbiologist On-Call who can be reached through 709 777 6300. Results will be reported within 24 h of specimen receipt at the PHML.

Specimen Collection Swab and Transport Medium

Specimens should be collected using non-expired **flocked swab** and submitted in non-expired **UTM viral transport medium**. These are supplied by the PHML to all regional hospital labs. Please contact your regional microbiology lab to obtain the supplies. Clinics in the St. John's area should contact the PHML directly.

Recommended Respiratory Specimens

- **Nasopharyngeal swab** or **nasal aspirate** is the appropriate specimen.
- For intubated patients, an endotracheal aspirate or bronchoalveolar lavage (BAL).

Instructions for Specimen Collection, Submission and Transmission

- Specimens should be collected **ASAP** and no later than the **first three days after symptom onset**; those taken later are less likely to detect the pathogen. Detailed collections instructions are below.
- Include relevant clinical data on test requisition. In all areas, order test mnemonic, **RESVIP**.
- Refrigerate specimens promptly after collection. All clinics should channel specimens through their regional hospital labs. Regional labs should courier specimens to the PHML as soon as possible, or within 72 hrs on ice packs. If a longer delay is anticipated, specimens must be frozen at -70°C and shipped on dry ice.

Instructions for Collection of Nasopharyngeal Swab

1. Use a NON-EXPIRED swab supplied with the universal transport media.
2. Explain the procedure to patient.
3. When collecting the specimens, wear eye protection, gloves, and a mask. Change gloves and wash your hands between each patient.
4. If the patient has a lot of mucus in the nose, this can interfere with the collection of cells. Either ask the patient to use a tissue to gently clean out visible nasal mucus or clean the nostril yourself with a cotton swab (e.g. Q-Tip).
5. How to estimate the distance to the nasopharynx: Prior to insertion, measure the distance from the corner of the nose to the front of the ear and insert the shaft approximately 2/3 of this length.
6. Seat the patient comfortably. Tilt the patient's head back slightly to straighten the passage from the front of the nose to the nasopharynx to make insertion of the swab easier.
7. Insert the swab along the medial part of the septum, along the floor of the nose, until it reaches the posterior nares; gentle rotation of the swab may be helpful. (If resistance is encountered, try the other nostril; the patient may have a deviated septum.)
8. Allow the swab to sit in place for 5-10 seconds.
9. Rotate the swab several times to dislodge the columnar epithelial cells. *Note: Insertion of the swab usually induces a cough.*
10. Withdraw the swab and place it in the collection tube. Replace cap securely.
11. Refrigerate immediately.
12. Remove gloves.
13. Wash hands.
14. Attach completed requisition.
15. Transport to the laboratory.



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

For a video on collection of an NP swab please see:
<http://www.youtube.com/watch?v=TFwSefezlHU>