



STATE OF ALABAMA

DEPARTMENT OF PUBLIC HEALTH

DONALD E. WILLIAMSON, M.D. • STATE HEALTH OFFICER

BUREAU OF CLINICAL LABORATORIES

SHARON P. MASSINGALE, Ph.D., HCLD(ABB) • DIRECTOR

## Guidance for Laboratory Testing for Influenza Viruses

### What specimens should be submitted?

*Specimens should be collected from:*

- **All hospitalized patients** with influenza-like illness (ILI\*)
- **All pregnant females with** ILI\*
- **All patients with recent international travel** and ILI\*
- **All patients with recent exposure to pigs or poultry and** ILI\*
- **ADPH SpeciNet Providers**
  - Sampling as directed from outpatient visits with ILI\*
  - Do not collect more than **one** specimen per family, household, or close contact.
  - The State Influenza Coordinator will communicate any changes to this guidance via email.

*\*ILI symptoms include 100.4°F fever along with cough or sore throat with no other known cause*

### What specimen should I collect?

- Nasopharyngeal swabs, nasopharyngeal aspirates/washes, throat swabs, and nasal swabs
- Swab specimens should be collected **only on swabs with synthetic tips** (polyester, Dacron, etc.) with aluminum or plastic shafts.
- Cotton swabs, wooden shafted swabs, and calcium alginate swabs are not acceptable. Calcium alginate can inhibit laboratory-testing procedures.
- Specimens should be **collected within 72 hours of onset** of symptoms **and shipped immediately** to the Bureau of Clinical Laboratories (BCL).
  - ✓ If specimen cannot be shipped immediately, it must be stored in the refrigerator, but **must be received at the BCL within seven days of collection**.
  - ✓ **DO NOT FREEZE** the specimens as this reduces viral recovery.

### How do I collect the specimen?

#### Nasopharyngeal swab or aspirate/wash

Specimen should be collected by trained personnel per the instructions used at collecting facility.

#### Throat swab

1. Ask patient to cough; swab the posterior pharynx and tonsil areas (avoid tongue).
2. Place swab into tube of viral/universal transport medium.
3. **Break shaft of swab** so that it does not protrude above the rim of the tube.

4. Screw cap on tube securely to avoid leakage.
5. Label the transport tube with the patient's name, specimen source, collection date.
6. Refrigerate specimen(s) until ready to ship to the laboratory as described above.  
**\*Note that refrigerated specimens must arrive at the laboratory within seven days of collection.**

#### Nasal Swab

1. Insert a sterile Dacron swab into the nostril that presents the most secretion under visual inspection.
2. Using gentle rotation, push the swab until resistance is met at the level on the turbinates (less than one inch into the nostril).
3. Rotate the swab a few times against the nasal wall.
4. Place swab into tube of viral/universal transport medium.
5. **Break shaft of swab** so that it does not protrude above the rim of the tube and cap.
6. Label the transport tube with the patient's name, specimen source, and collection date.
7. Refrigerate specimen(s) until ready to ship to the laboratory as described above.  
**\*Note that refrigerated specimens must arrive at the laboratory within seven days of collection.**

#### **How do I submit the specimen?**

- Log in to your facility's BCL's Web Portal account, complete the test ordering process, and print out the generated specimen form.
  - If you have not signed up for the BCL's Web Portal, contact Ron Howard (334-260-3409 or [Ron.Howard@adph.state.al.us](mailto:Ron.Howard@adph.state.al.us))
- Alternatively, you may complete the ADPH-BCL-300 09/2010 requisition.

#### **How do I package the specimen?**

1. Place the media tube into a sealable plastic bag with absorbent material and place in Styrofoam box. More than one media tube may be placed in the plastic bag. A canister may also be used.
2. Place a **frozen** cold pack on top of the specimen(s).
3. Place the Styrofoam lid on the box.
4. Place the specimen form printed from the Web Portal (or completed requisition form) in a separate sealable plastic bag and place on the cooler in the box. (Make sure your facility name is included.)
5. Close and seal the cardboard box.  
Place the appropriate shipping labels on the box: address label and UN 3373 (biological substance) label if not already on the outer box.

### **How do I ship the box?**

1. You may ship the package via UPS on Monday through Thursday (specimen must be received within seven days of collection) to:

**Bureau of Clinical Laboratories  
8140 AUM Drive  
Montgomery, AL 36117**

2. You may take the box to your local county health department to be placed into the courier system (to be received within seven days of collection) Monday through Friday. The specimen **MUST** be properly packaged before taking to the county health department. Coordinate delivery prior to arrival to meet daily shipping cut-off times.

### **How Do I Order Additional Flu Specimen Collection Kits and Supplies?**

- Please email your request to [FluTestKit@adph.state.al.us](mailto:FluTestKit@adph.state.al.us). You may also complete and fax the SpeciNet Collection Supply Order Form (page 4) to 334-274-9805.

### **Unsatisfactory Specimens**

- Specimens received warm or hot because of missing or melted ice packs
- Specimens in media other than viral/universal transport media
- Dry swabs (not in transport media)
- Expired transport media
- Specimens that were collected and stored longer than seven days
- Specimens without patient identification
- Specimens where required CLIA demographics cannot be attained
- Incomplete lab slips

### **How Do I Get the Results?**

- All influenza test requests submitted using the secure Web Portal will receive final results electronically.
- All influenza test requests submitted using the ADPH-BCL-300 09/2010 requisition form will receive final results through the mail.

### **Influenza Testing & Surveillance Contact information**

- For more information about specimen collection please go to [www.ADPH.org/BCL](http://www.ADPH.org/BCL), Seasonal Influenza or call 334-260-3429.
- For more information about influenza surveillance, please go to [www.ADPH.org/Influenza](http://www.ADPH.org/Influenza) or call 1-800-338-8374.

## ADPH Influenza Specimen Submitting Network (SpeciNet) Collection Supply Order Form

- Please order a month's supply of material.
- You may order complete kits or items individually.
- Please allow 1 week for shipments to be delivered.

Quantity	Item
	Complete Specimen Collection Kits

Quantity	Individual Items Not in a Complete Kit
	Styrofoam Cooler and Cardboard Shipping Boxes
	Dacron Swabs
	Ice Packs
	Plastic Zip Lock Bags
	UN 3373 Biological Substance Labels
	Flu PCR Lab Slips
	Viral Transport Media Vials

**Ship To**

<b>Practice Name</b>	
<b>Contact Person</b>	
<b>Physical Address</b>	Street Address
	Suite # or Building #
	City and Zip
<b>Contact Person's Phone Number</b>	

Fax the completed form to 334-274-9805 or email your request to:  
[FluTestKit@ADPH.state.AL.US](mailto:FluTestKit@ADPH.state.AL.US).

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 call 1-800-338-8374.

**INFLUENZA  
SPECIMEN  
SUBMISSION  
FORM**

(Shaded area for lab use only)

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF CLINICAL LABORATORIES  
INFLUENZA SURVEILLANCE REPORTING**  
8140 AUM Drive, P.O. Box 244018, Montgomery, AL 36124-4018 (334) 260-3400

ADPH-BCL-300 09/2010

Patient Last Name		Patient First Name		Patient MI	Date Specimen Received MM DD YYYY
Patient Address					
Street		City		State	Zip
Patient County of Residence		Patient Date of Birth MM DD YYYY		Patient SSN	
Patient Sex	Patient Race		Ethnicity	Rapid Test Results (if performed)	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unknown <input type="checkbox"/> Pacific Islander/Hawaiian Native		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> Influenza A <input type="checkbox"/> Negative <input type="checkbox"/> Influenza B <input type="checkbox"/> Not Tested <input type="checkbox"/> Influenza A/B	
Onset Date MM DD YYYY	Respond to All Questions				Specimen Source <input type="checkbox"/> Throat Swab <input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Nasal Swab <input type="checkbox"/> Nasopharyngeal Wash/Aspirate
Specimen Collection Date MM DD YYYY	Is the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Is (was) the patient admitted to the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Has patient recently traveled outside of the country? <input type="checkbox"/> Yes (Where _____) <input type="checkbox"/> No <input type="checkbox"/> Unknown				
	Is your facility a member of the <b>ADPH Surveillance Reporting Network</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Practice/Hospital Name		Practice/Hospital Address			
		Street		City	State Zip
Physician Name		Physician Phone Number (If applicable)		Practice/ Hospital Phone Number	Practice/Hospital County

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Practice/Hospital Name		Practice/Hospital Address			
		Street		City	State Zip
Physician Name		Physician Phone Number (If applicable)		Practice/ Hospital Phone Number	Practice/Hospital County

