Accelerated Subtyping of Influenza A in Hospitalized Patients

Since 2022, an ongoing outbreak of highly pathogenic avian influenza (HPAI) has infected poultry, dairy cows, and humans exposed to infected animals. The Alabama Department of Public Health (ADPH) encourages hospitals to subtype all influenza A positive specimens from hospitalized patients, ideally within 24 hours of admission or diagnosis, to support optimal patient care and proper infection prevention and control measures and to facilitate rapid public health investigation and action.

With the threat of influenza A(H5N1) infections increasing, it is **recommended that hospitals subtype these** specimens in-house, or if possible, forward them to one of the following commercial laboratories:







If a **patient is uninsured or underinsured**, these specimens may be forwarded to ADPH's Bureau of Clinical Laboratories [(BCL); https://www.alabamapublichealth.gov/flu/lab-testing.html]. Hospitals should reach out to the county health department (https://www.alabamapublichealth.gov/blog/assets/countycontacts.pdf) nearest its facility if there is a need to utilize the BCL's courier service during regular business hours. If the specimen is collected on a holiday or weekend, please send it according to the hospital's standard practices. By subtyping these specimens, ADPH can monitor the subtypes causing the most severe illness (e.g., hospitalizations and deaths) and identify additional cases of A(H5N1).

Although laboratories are required to report all positive influenza results electronically to ADPH within 24 hours of detection, clinicians are still required to report patients who have suspected or confirmed novel influenza A virus infections within 24 hours of presumptive diagnosis using the REPORT Card for Reportable Diseases/Conditions (https://redcap.link/REPORT2AL).

Patients who test **positive for influenza A** but are negative for the known seasonal influenza A virus subtypes [e.g., A(H1), A(H1-2009), or A(H3)] on a molecular assay should be reported as a case of novel influenza A virus infection to ADPH. Additionally, patients who are suspected or confirmed to be infected with a novel influenza A virus should be placed in an airborne infection isolation room with negative pressure with implementation by caregivers of standard, contact, and airborne precautions with eye protection (goggles or face shield).