Ohio Health Alert

6/11/2018

The Ohio Department of Health (ODH) Bureau of Infectious Diseases’ (BID) Vaccine Preventable Disease Epidemiology section would like to increase statewide influenza viral surveillance activities during the summer months. Although there is minimal influenza activity in Ohio at this time, the Centers for Disease Control and Prevention (CDC) is requesting that states continue to test influenza specimens at state public health laboratories. This continued testing is important to maintain situational awareness and ensure adequate novel influenza surveillance even with low levels of influenza.

ODH is requesting that you coordinate with the healthcare providers, hospitals and clinical laboratories in your jurisdictions to encourage them to report suspect novel influenza cases and to send in specimens from any RT-PCR or rapid molecular tests which are positive for influenza A or B to the ODH Laboratory for confirmatory testing and subtyping. This increased surveillance will continue through October 31, 2018, after many jurisdictions have started their seasonal influenza surveillance activities. With the beginning of Ohio’s agricultural fair season, it is especially important to be mindful of potential human infections with swine variant influenza (e.g. H3N2v, H1N1v, H1N2v) and avian influenza viruses. When animal influenza viruses infect people, they are considered novel influenza A infections, a Class A notifiable condition, and should be reported immediately to public health. Novel influenza A should be considered in people with influenza-like illness (ILI) and recent contact to swine or poultry during the summer months. Specimens should be collected and sent to the ODH laboratory as soon as possible for any suspected novel influenza A infections.

When working with providers wishing to submit specimens, it is important to note that either nasopharyngeal (NP) OR oropharyngeal (OP) swabs are appropriate specimen types in addition to bronchoalveolar lavages (BAL) and tracheal aspirates. **Local health departments should call the ODH Bureau of Infectious Diseases’ Vaccine-Preventable Disease Epidemiology team at (614) 995-5599 to notify them when a specimen is available for testing.**

For each specimen sent, please include an ODH Laboratory Microbiology Submission Form with "INFLUENZA SUMMER SURVEILLANCE" written in the comments section. This form and general submission guidelines are attached to this message, and can also be referenced in the OPHCS document library (EPI ISSUES\Influenza\Novel Influenza\Swine Influenza Guidance). An updated copy of **Measures to Minimize Influenza Transmission at Swine Exhibitions, 2018** has been attached to this message. Local health departments are encouraged to review the attachment as well as the resources (documents, forms and template fair barn signage) within the OPHCS document library (which can be accessed through the following file pathway: EPI ISSUES\Influenza\Novel Influenza\Swine Influenza Guidance) and to share these resources with their local fair boards.

Thank you,
Ohio Health Alert Network
Collection and Submission of Influenza Specimens
Ohio Department of Health

When to collect influenza specimens
- Within three days of symptom onset, preferably as soon as possible after onset. Specimens collected up to five days after onset of symptoms may be submitted if necessary.

How to collect influenza specimens
Collect one nasal swab specimen with viral transport media from each patient, using the following methods:

   Nasal Swab
   - Use swabs with a synthetic tip (e.g., polyester or Dacron®) and an aluminum or plastic shaft.
   - **Assure that the transport media used for specimen collection is not expired.**
   - Insert a dry swab past the nares until the tip reaches the area below the inferior turbinate.
   - Allow swab to remain in place for a few seconds to absorb secretions.
   - Rotate the swab gently 2-3 times and withdraw slowly.
   - Place the swab in container with viral transport media, break off end of swab so that it fits in container.
     - Types of acceptable transport media are: viral transport media (VTM), universal transport media (UVT), M4, or M5 media.
   - Label the container with patient name, date of collection, and type of specimen.
   - **Specimens may be stored at 8°C no longer than 5 days before submission to lab for processing.**

How to submit specimens to the ODH Laboratory
- Complete the Ohio Department of Health Laboratory Microbiology Specimen Submission Form for each specimen (fill out a separate form for each nasal swab specimen) as completely as possible.
  - **Indicate one of the following in the Comments section:**
    - H1N1 Outbreak
    - Suspect Novel Influenza
    - Summer Surveillance

- Place collected specimen (primary media container) and one frozen cold pack in a sealed plastic bag (or other watertight secondary packaging).
- Place sealed plastic bag in a rigid third container, such as a fiberboard box.

- **Overnight shipment is preferred for receipt within 24 hours.** Specimens collected on a Friday should be held for shipment until the following Monday. Follow protocols for standard interstate shipment of etiologic agents. All shipments must comply with current DOT/IATA regulations for Category B Biological Substances, as listed above.

- Mail package to the following address:
  Ohio Department of Health Laboratory  
  Attn: Virology  
  8995 E. Main St., Building # 22  
  Reynoldsburg, OH 43068

- If you have any questions please call Nic Fisher, Influenza Epidemiologist at 614-466-0456 or the ODH Laboratory at 614-644-4654.
# Ohio Department of Health Laboratory

**Microbiology Specimen Submission Form**

Ohio Department of Health Laboratory  
8995 East Main Street  
Building 22  
Reynoldsburg, OH 43068  

Phone: 888-634-5227  
Fax: 614-387-1505  
Email: odhlabs@odh.ohio.gov  
CLIA Certification # 360D0655844

**Note:** Fields marked with an asterisk (*) must be completed

---

### Section 1: Patient Information

<table>
<thead>
<tr>
<th>Name (Last)</th>
<th>Name (First)</th>
<th>MI</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

* Sex  
- Male  
- Female  
- Unknown

* Date of Birth (MMDDYYYY)  

<table>
<thead>
<tr>
<th>Chart or Patient ID #</th>
<th>Ethnicity</th>
</tr>
</thead>
</table>
|                       | Hispanic/Latino,  
|                       | Non-Hispanic/Non-Latino |

**Race (check all that apply)**  
- White  
- Black  
- American Indian or Alaskan Native  
- Asian  
- Hawaiian native/Pacific Islander  
- Other

### Section 2: Submitter Information

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Contact Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>County</td>
<td>State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Fax Number</th>
</tr>
</thead>
</table>

### Section 3: Specimen Information (Check all that apply)

<table>
<thead>
<tr>
<th>Specimen</th>
<th>Specimen Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical (Human Origin)</td>
<td>BAL</td>
</tr>
<tr>
<td>Clinical (Non-human Origin)</td>
<td>CSF</td>
</tr>
<tr>
<td>Isolate (Human Origin)</td>
<td>Serum, Convalescent</td>
</tr>
<tr>
<td>Isolate (Non-human Origin)</td>
<td>Stool, Bulk</td>
</tr>
</tbody>
</table>

* Onset Date

<table>
<thead>
<tr>
<th>ODH Outbreak Number</th>
<th>Agent Suspected</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Swab, Specify</th>
<th>Tissue, Specify</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Wound, Specify</th>
<th>Body Fluid, Specify</th>
</tr>
</thead>
</table>

**Other, Specify**

### Section 4: Test Requested (Check all that apply)  

**ODH approval required prior to submission; Contact 614-995-5599**

- **Virology**
  - Respiratory virus
  - Other
    - Nucleic Acid Amplification

- **Mycobacteriology**
  - Smear only
  - Culture for AFB
  - Nucleic acid amplification
  - Isolate for Identification
  - Primary susceptibility testing (SM, INH, RIF, EMB, PZA)
  - Genotyping only
  - Other:

- **Microbiology**
  - Pulsed-field gel electrophoresis (PFGE)**
  - Enteric Isolate for ID
  - Salmonella
  - Shigella
  - E. coli O157 (STEC)
  - E. coli non-O157 (STEC)
  - Campylobacter
  - Bio-threat Agent:

**Mycology & Parasitology**

- Coccidioides immitis
- Cryptosporidium
- Other:

**For Use by the Ohio Department of Health Laboratory Only**

<table>
<thead>
<tr>
<th>Comments</th>
<th>Date Received</th>
<th>Date Reported</th>
</tr>
</thead>
</table>

**INFLUENZA SUMMER SURVEILLANCE**

HEA 2530 (ODH Lab Rev 2/2012)
ODH Microbiology Specimen Submission Form (Form HEA 2530) Instructions

1) One HEA 2530 is required for each specimen submitted to the Ohio Department of Health Laboratory (ODHL) for the testing listed on this form.

2) Please print legibly.

3) Each field marked with an asterisk (*) is required information.

4) Section 1: Submitter’s may include a patient specimen identification or medical record number in the box labeled ‘Chart or Patient ID#’.

5) Section 2: In order to receive results by fax, a Health Information Portability and Accountability Act (HIPAA) secure fax declaration form must be on file with the ODHL. If necessary, contact Microbiology Customer Service 888/ODH-LABS to request a HIPAA secure fax form. Reports will be mailed to the submitter if a fax number is not provided.

6) Section 3:
   a. ‘Specimen’ – indicate the type of specimen being submitted. For instance, if a BAL from a human is submitted, mark the bullet labeled ‘Clinical (Human Origin)’; if the specimen is an isolate recovered from a BAL from a human, mark the bullet labeled ‘Isolate (Human Origin)’.
   b. ‘Specimen Type’ – indicate specimen source, e.g., BAL.
   c. ‘ODH Outbreak Number’ – for a specimen associated with an outbreak under investigation by ODH Outbreak Response and Bioterrorism Investigation Team (ORBIT), enter the assigned outbreak number.

7) Section 4:
   a. Indicate the test(s) requested.
   b. Fields marked with a double asterisk (**) require approval prior to submission.

8) ‘Comments’: Enter additional information related to the specimen submission

9) ‘For Use by the Ohio Department of Health Laboratory Only’: Please do not mark in this area.