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California Department of Public Health



EDMUND G. BROWN, JR.
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GUIDELINES FOR SUBMITTING SPECIMENS FOR INFLUENZA 2011-2012

CRITERIA FOR SUBMITTING SPECIMENS:

Patients with influenza-like illnesses (temperature $\geq 100^{\circ}\text{F}$ or 37.8°C orally, AND cough and/or sore throat), especially those:

- with severe disease
- with recent overseas travel
- who have received this year's influenza vaccine

COLLECTING SPECIMENS FROM PATIENTS WITH SUSPECTED INFLUENZA:

- **Please use the sterile swabs provided.** Only collect one nasal swab and one throat swab from each patient and place into one tube of viral transport medium (VTM). Break off sticks, only leaving swabs in the VTM. **Screw caps on tightly.** After inoculation, the tube **MUST BE REFRIGERATED at 4°C !**
- Label each tube with the following: **patient's name, physician's name, date collected, and type of specimen** (under "Comments").
- Complete a Viral and Rickettsial Disease Specimen Submittal Form (enclosed) for each tube.
- For **shipping**: Set the VTM tube with swabs in the plastic biohazard bag (STP-701) and the secondary envelope (STP-700) provided. Then place it in the plastic zip-lock bag with the specimen form and put in the Styrofoam icebox with the two frozen ice packs.
- Call courier (Golden State Overnight) **1-800-322-5555** for specimen pick-up ("remote pickup"). Use account # **35297**; our shipping address is on the air bill with the kit.
- Specimens can be shipped Monday through Thursday.
- Specimens can be stored at 4°C for up to five days. Please do not collect specimens if the hold time will exceed five days.
- Do NOT ship specimens on Fridays; for specimens collected late on Thursday or Friday, please store at 4°C and arrange for pick up on Monday (or Tuesday if over a holiday weekend). *However, please do not collect specimens if the hold time will exceed five days.*
- Freezing may decrease viability of the specimen and is not recommended unless a -70°C deep freezer is available.

Note: VTM can be stored at room temperature PRIOR to inoculation. Please place cool packs in freezer until ready to use. Replacement kits will be sent to you for each specimen we receive.

If you have any questions concerning submission of specimens, contact Katharine King at 510-307-8562 or katharine.king@cdph.ca.gov

Viral and Rickettsial Disease Specimen Submittal Form for Sentinel Providers

- Please use 1 form per patient
- Each specimen should be labeled with date of collection, specimen type, and patient name.
- Specimens should be sent cold using an overnight courier
- Send to State Laboratory: **Specimen Receiving/Influenza Surveillance**
850 Marina Bay Parkway
Richmond, CA 94804
- Please do not send specimens on Friday.** Refrigerate over the weekend and send on Monday.

IMPORTANT: please complete the form below and submit with specimens

Patient's last name, first name			Patient's mailing address (including Zip code)		
Age or DOB:	Sex (circle): M F	Onset Date:	County		
Disease suspected or test requested: Influenza and Other Respiratory Viruses			This section for Virus Laboratory use only. Date received by VRDL and State Accession Number		
1 st	Specimen type and/or specimen source	Date Collected	1 st		
Was this specimen tested by influenza rapid antigen test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of test used:			
If yes, rapid test result was: <input type="checkbox"/> Flu A Positive <input type="checkbox"/> Flu B Positive <input type="checkbox"/> Negative		<input type="checkbox"/> QuickVue (flu/non-flu, blue box) <input type="checkbox"/> QuickVue (flu A/flu B, purple box) <input type="checkbox"/> BinaxNow (flu A/flu B) <input type="checkbox"/> Other _____			
Please provide clinical findings and/or pertinent laboratory data:					
<input type="checkbox"/> fever to _____ F <input type="checkbox"/> malaise <input type="checkbox"/> lymphadenopathy <input type="checkbox"/> bronchiolitis / bronchitis <input type="checkbox"/> chills <input type="checkbox"/> headache <input type="checkbox"/> croup <input type="checkbox"/> pharyngitis <input type="checkbox"/> generalized aches <input type="checkbox"/> cough <input type="checkbox"/> pneumonia <input type="checkbox"/> ARDS <input type="checkbox"/> sore throat <input type="checkbox"/> shortness of breath <input type="checkbox"/> altered mental status <input type="checkbox"/> nausea/vomiting/diarrhea					
Did patient travel within the last 10 days before onset of symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, where? _____					
Did patient become infected in an outbreak setting*? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, name of location/setting? _____					
* If specimen is from a long term care facility outbreak, please fill out the VRDL Long-Term Care Facility Respiratory Outbreak Form					
Did patient receive seasonal influenza vaccination \geq 14 days prior to onset of symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many doses? _____					
Is patient taking antiviral drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what drug? _____ Date started ____/____/____					
Patient Height _____ Weight _____ (for calculating BMI) Is patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Questions? Call Katharine King at (510) 307-8562

Submitter: Phone: ()

Fax: ()

Sentinel Provider:

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