



TO: Infectious Disease Specialists, Primary Care Providers, Urgent Care, Student Health, ERs, Infection Control, Long-Term Care Facilities, laboratories, and Public Health

FROM: Joseph M. Acierno, M.D., J.D.                      Thomas J. Safranek, M.D.  
Chief Medical Officer                                      State Epidemiologist  
State of Nebraska    402-471-2937 PHONE  
402-471-8566 PHONE                                        402-471-3601 FAX

RE: Update: 2013–14 Influenza Status and Laboratory Testing Guidelines

DATE: January 21, 2014

Influenza continues to be a serious health threat to the Nebraska population. As of the date of this report, influenza levels appear to be nearing a peak. If historical trends prevail this season, we expect the virus to continue to circulate for the next several weeks. We continue to recommend vaccination as the best way to reduce the risk of acquiring influenza especially in persons with medical conditions that place them at increased risk of serious health outcomes should they develop influenza. The full guidance document on influenza vaccine recommendations is located here: (<http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm>).

State health officials continue to work closely with local public health department staff to track and address influenza-related health problems across the state. The predominant circulating strain during the current influenza season is influenza A, type 2009 H1N1. Indicators from Nebraska's public health tracking systems (laboratory testing, sentinel provider visits, emergency department visits, and influenza hospitalizations) continue to indicate a high level of influenza activity in the population that places our state in CDC's highest category, "*WIDESPREAD*." In addition, we continue to receive reports of influenza-associated fatalities and are monitoring long-term care facilities (LTCFs) and school settings for outbreaks.

### **Recommendations RE: Nebraska Public Health Laboratory (NPHL) Influenza Testing**

At this point in the 2013-2014 influenza season, we are adjusting the criteria for performing confirmatory PCR testing at public health expense on influenza-positive patients.

The following represent critical events that we continue to carefully track, and request specimens for confirmatory PCR laboratory testing at NPHL:

- Influenza-positive specimens from any pregnant patient,
- Influenza-positive specimens from any patient admitted to an intensive care unit,
- Influenza-positive specimens from influenza-associated fatalities, or
- Surveillance specimens according to established protocol at designated sentinel physician office practices.

For specific clinical laboratory questions (e.g., specimen labeling requirements, collection requirements, or shipping requirements) please contact NPHL client services at 1-866-290-

1406 or visit the Nebraska Public Health Laboratory (NPHL) website at <http://www.nphl.org/>.

To submit an influenza specimen to NPHL, complete the Special Influenza Microbiology Requisition indicating that the specimen meets the criteria for public health testing specified above, <http://dhhs.ne.gov/publichealth/Documents/Influenza%20Requisition%202013-14.pdf>.

When a specimen is submitted, the requisition must include the full name of the submitting facility, phone, fax and a contact name. Label the specimen with the patient's full name and date of birth. **Specimens will not be tested unless accompanied by the Special Influenza Microbiology Requisition and unless they meet one of the aforementioned criteria.** Specimens submitted to NPHL that do not meet testing criteria will be acknowledged with a response that includes the following comment:

“Thank you for submitting this specimen. This specimen does not meet public health testing requirements or was not submitted on the proper requisition therefore will not be tested. You will not receive additional reports for this specimen.”

### **Influenza Outbreak Guidance for Residential Care Facilities**

Two or more ill residential care facility residents with confirmed or suspected influenza is considered an influenza outbreak. Local and state health departments should be notified of suspected or confirmed influenza outbreaks. Note that elderly persons and other long-term care residents, including those who are medically fragile and those with neurological or neurocognitive conditions, might manifest atypical signs and symptoms with influenza virus infection, and may not have fever.

In the setting of an influenza outbreak, recommendations include (for more detailed information visit <http://cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>):

- Implement daily active surveillance for respiratory illness among ill residents, health care personnel and visitors to the facility until at least 1 week after the last confirmed influenza case.
- Test persons with suspected influenza in both the affected unit and previously unaffected units in the facility.
- Implement Standard and Droplet Precautions for all residents with suspected or confirmed influenza. CDC's guidance titled [Prevention Strategies for Seasonal Influenza in Healthcare Settings](http://cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm) (<http://cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>) contains details on the prevention strategies for all health care settings.
- Administer influenza antiviral treatment and chemoprophylaxis to residents and health care personnel according to current recommendations. Treatment should not wait for laboratory confirmation of influenza. For more information on the antiviral agents see [Recommended Dosage and Duration of Treatment or Chemoprophylaxis for Influenza Antiviral Medications](http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#dosage) (<http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm#dosage>).