

**MEDICAL MICROBIOLOGY BRANCH
HAWAII STATE DEPARTMENT OF HEALTH
2725 WAIMANO HOME ROAD
PEARL CITY, HAWAII 96782**

SPECIMENS COLLECTED FOR INFLUENZA SURVEILLANCE ONLY

CLINICAL DIAGNOSIS: *INFLUENZA LIKE ILLNESS*

SPECIMEN PRIORITY IDENTIFICATION [PLEASE FILL OUT COMPLETELY] :

ILINET (SENTINEL) PROVIDER ID# _____

YES NO UNK

*PATIENT HOSPITALIZED? ____/____/____

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*IF YES, HOSPITAL NAME: _____

*ARDS NOT DUE TO ANOTHER ETIOLOGY?

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*X-RAY CONFIRMED PNEUMONIA?

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*TRAVEL OUTSIDE HAWAII WITHIN 10 DAYS PRIOR TO ONSET?

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*IF YES, WAS TRAVEL
 DOMESTIC OR INTERNATIONAL?

*IF YES, CITIES, COUNTRIES & DATES:

*IS PATIENT A HEALTHCARE WORKER?

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*DOES THE PATIENT HAVE UNDERLYING MEDICAL CONDITIONS? IF YES, PLEASE LIST:

*IS THE PATIENT PREGNANT OR UP TO 6 WEEKS POST-PARTUM?

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*ANY UNUSUAL PRESENTATIONS OF SUSPECT INFLUENZA INFECTION?

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LABORATORY SPECIMEN/RAPID TESTING INFORMATION:

COLLECTION DATE (MM/DD/YY): ____/____/____

SPECIMEN:

- NASOPHARYNGEAL SWAB BRONCHIAL WASH
 THROAT SWAB NASAL ASPIRATE / WASH
 NASAL SWAB OTHER (SPECIFY): _____

SECTION BELOW FOR LABORATORY USE ONLY

RAPID TESTING DATE (MM/DD/YY): ____/____/____

TEST KIT USED:

- QUICKVUE DIRECTIGEN
 BINAX OTHER (SPECIFY): _____
 BD VERITOR

RAPID TEST RESULTS
 FLU A POS NEG
 FLU B POS NEG

ACCESSION #/ LAB ID# _____

LABORATORY TO PERFORM INFLUENZA PCR TESTING:
 CLH DLS Kaiser SLD OTHER: _____

PCR TESTING DATE (MM/DD/YY): ____/____/____

INFLUENZA A & B RT-PCR RESULTS:

FLU A RNA DETECTED NOT DETECTED OTHER
 FLU B RNA DETECTED NOT DETECTED OTHER

INFLUENZA A SUBTYPING RT-PCR RESULTS:

H1 RNA DETECTED NOT DETECTED OTHER
 H3 RNA DETECTED NOT DETECTED OTHER
 H5 RNA DETECTED NOT DETECTED OTHER
 swH1 RNA DETECTED NOT DETECTED OTHER

DATE RECEIVED BY STATE LABORATORY:

STATE DEPARTMENT OF HEALTH ACCESSION NUMBER:

NAME AND ADDRESS OF PHYSICIAN/SCHOOL/FACILITY:

PATIENT IDENTIFICATION:

PATIENT ID# _____

NAME: _____ SEX: _____

DATE OF BIRTH (MM/DD/YY) ____/____/____ AGE: _____
 HAWAII RESIDENT VISITOR FROM: _____

CONTACT INFORMATION:

PHONE NUMBER: (_____) _____ - _____

ADDRESS: _____

CITY/STATE/ZIP: _____

WORK / SCHOOL LOCATION: _____

OCCUPATION: _____

FOR NON-RESIDENTS ONLY (LOCAL CONTACT INFORMATION):

HOTEL NAME/ADDRESS: _____

CITY/STATE/ZIP: _____

CLINICAL SIGNS AND SYMPTOMS:

DATE OF ONSET (MM/DD/YY): ____/____/____

SYMPTOM	YES	NO	UNK		YES	NO	UNK
FEVER				(MAXIMUM TEMP: _____ F)			
COUGH				MUSCLE ACHES			
SORE THROAT				DIARRHEA			
MALAISE				VOMITING			
CHILLS				HEADACHE			

OTHER (SPECIFY): _____

VACCINATION AND VIRAL THERAPY HISTORY:

DID PATIENT RECEIVE SEASONAL FLU VACCINE IN THE LAST 6 MONTHS?

YES NO UNK

IS PATIENT RECEIVING ANTIVIRAL MEDICATIONS?

YES NO UNK

MEDICATION NAME: _____

DATE STARTED, DOSAGE: _____

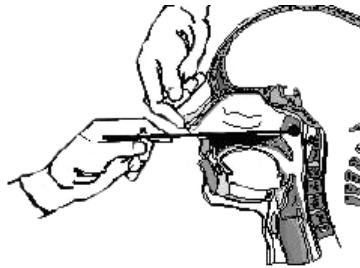
FOR SLD USE ONLY: SPECIMEN TRANSPORTED BY CLH DLS KSR DOH (STD) OTHER:

Instructions for Collection of Specimens for Identification of Influenza and Other Respiratory Viruses

Specimen Collection Criteria:

- a) Specimen collection must be within 72 hours of onset
- b) Patient must have fever (temperature > 100° F oral or equivalent) **AND**
- c) Patient must have cough **OR** sore throat (in the absence of a known other cause)

1. Always store viral transport medium (VTM) at room temperature. Make sure the VTM is a clear pink solution before use. (Discard if it is cloudy or turns yellow.)
2. Use only the sterile flocked swab provided. (Do **NOT** use calcium alginate swabs or swabs with wooden shafts.)
3. Collect ONE nasopharyngeal swab.
4. Nasopharyngeal swab procedure (see diagram for appropriate positioning):
 - a) Remove swab from its wrapper.
 - b) Immobilize patient's head and insert swab into a nostril back to the posterior nares.
 - c) Leave the swab in place for up to 10 seconds. If resistance is encountered during insertion of the swab, remove it and attempt insertion on the opposite nostril.
 - d) Remove the swab slowly.



5. Break/bend the swab shaft to permit closure of vial cap and make sure screw caps are securely fastened and taped with parafilm or masking tape to avoid leakage. Place the specimen in the same tube of viral transport media. Write the patient's **name, date** of specimen collection, and **specimen type** (source of specimen) on the tube. **Refrigerate tube immediately.**
6. Seal the specimen tube in a zip-lock bag clearly marked with a biohazard symbol. Complete enclosed "Specimen Submission Form" and place the form in the outside pouch of the bag **OR** staple or tape the form to the outside of the zip-lock bag.
7. Submit specimen to the diagnostic laboratory from which the specimen collection kit was obtained.

If you have any questions regarding the Influenza Surveillance Program or submission of specimens, please contact the Hawaii Department of Health, Disease Investigation Branch, at 586-4586.