MDH Infectious Disease Lab Influenza Surveillance Form Guidance

Submitter Information

Submitting Facility: Required. Facility sending in specimen/isolate. Results **will only** be faxed to facility entered on this line. Full facility name, no abbreviations.

Address: Required. Address of the Facility sending in the specimen/isolate.

Name of Person Filling Out Form: MDH may need to contact you for additional information.

Phone: Phone number for contact with issues about missing/unreadable/mismatched data on the specimen or form.

Phone for critical/alert values: Phone number for calling with critical result information. All results are still faxed to **Submitting Facility**.

Ordering Provider: Original medical professional ordering test, if applicable. First and last name are required. If first and last name are not given, provider will be listed as **UNKNOWN**.

Patient Information

Last name: Required (must match information on the specimen)

First name: Required (must match information on the specimen)

Patient Medical Record Number: Strongly preferred. Use unique number within submitting facility. Used to match patients within the system and link prior test results. Other unique patient identifiers are also acceptable. The **Patient MRN#** will appear on the report. **DO NOT** enter submitter sample ID here.

Date of Birth: Required (must match information on the specimen)

Race and Ethnicity: Requested by CDC.

Specimen Information

Submitter Sample ID: Submitting lab accession or order number. If submitter is a correctional facility, long-term care facility, or other non-clinical lab, this number may be omitted. The **Sample ID** will appear on the report if present.

Collection Date: Required

Collection Time: Preferred, but not required for most tests. Will default to 00:00 AM if not provided.

Storage Condition Prior to Transport: Specimens should be stored refrigerated or frozen until transport. Do not store at ambient temperature.

Transport Media and Transport Conditions: Specimens should be sent in VTM/UTM or saline and transported on **cold packs** for the duration of transport or kept **frozen with dry ice**.

Source: Select the source from the options provided. If not listed specify source in the "**Other"** field provided. Acceptable specimen types:

Upper respiratory tracts specimens:

- Nasopharyngeal (NP) swab
- Oropharyngeal (OP) swab
- Nasal mid-turbinate (NMT) swab
- Anterior nares specimen
- Nasopharyngeal NP and Oropharyngeal (OP) combined in same container

Lower respiratory tract specimens:

- Sputum
- Bronchoalveolar lavage
- Tracheal aspirates

See COVID-19 Laboratory Guidance for additional specimen information if needed:

https://www.health.state.mn.us/diseases/idlab/lisngs.html

Test and Epidemiology Information

Collection Facility: Required. Facility where specimens were collected. Full facility name, no abbreviations. If specimens go through an intermediary hospital lab, please list the name of the facility where the specimens were collected. **Results will only go to the submitting facility**. If submitting facility is the same as the collection facility, check that box and skip down to **Facility Type**.

See COVID-19 Laboratory Guidance for additional specimen information if needed:

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Patient Contact/Tracing Information

Patient Contact/Tracing Information: Required. This information is used by local public health, MDH, and CDC.

Patient is a Resident of Congregate Care Facility: Required. This information is used for contact tracing by local public health, MDH and CDC.

Patient is Healthcare Worker: Required. CDC definition includes paid or unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or their infectious secretions and materials, including maintenance workers, trainees, and volunteers.

Does Patient have symptoms and Onset Date: Required. Symptoms as defined by CDC for COVID-19 including any of the following:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Hospitalization: Required**.** Specify if the patient is hospitalized and/or in ICU and admission date.

Is Patient Pregnant: Required. Choose Yes, No, Pregnancy is Possible, Unknown, or Not Applicable.

School or Child Care Attendance: Requested for contact tracing if necessary. Any school or daycare that patient had contact with.

Employer and Occupation: Used for contact tracing.

Test Information and Comments

Has the patient been vaccinated? Preferred. Choose Yes, No, or Unknown.

Date of vaccination? Preferred if answered "**Yes**" to vaccination.

Previous influenza result: Please add Influenza result and subtype.

Test Type: Choose test done by submitting facility; Rapid, PCR, Culture, or FA

Test Information: Regardless of your project, your result may include influenza and/or COVID-19 results as these tests are sometimes combined. Due to reagent availability, daily specimen counts, and other factors in the IDL, there are multiple assays that might be used for influenza and COVID-19 samples. In addition to specific PCR tests for influenza and COVID-19, IDL is using the **CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay**, a real time reverse-transcriptase polymerase chain reaction (RT-PCR) test that detects and differentiates RNA from SARS-CoV-2, influenza A virus, and influenza B virus in upper or lower respiratory specimens. **It serves as a single test which gives a result for three viruses: SARS-CoV-2, influenza A, and influenza B**.

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www.health.state.mn.us/about/org/phl/topics/index.html

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To obtain this information in a different format, call: 651-201-5200.