

# MLS Laboratory Update: Summer 2024 Influenza Surveillance

June 13, 2024

## Purpose of this Message:

The MN Department of Health infectious disease lab is asking laboratory partners to continue submitting clinical specimens for outpatient and hospitalized patients with laboratory-confirmed influenza A and B (without typing, see details below) or Influenza-Like Illness (ILI)\* or suspicion of influenza. This will allow Minnesota to follow guidance from the Centers for Disease Control and Prevention (CDC), continuing influenza surveillance through the summer months and into the fall to ensure appropriate sampling to detect avian influenza A (H5N1) cases related to the 2024 multistate outbreak in livestock.

\*ILI is defined as fever (measured or subjective) and cough, shortness of breath, or difficulty breathing in the absence of a known disease other than influenza.

## Action Items:

Clinical laboratory partners should review the specimen submission guidance and continue to submit influenza and ILI cases weekly to MDH-PHL.

## Influenza specimen submission to MDH-PHL:

The MDH-PHL functions primarily in a surveillance (not diagnostic) role for influenza testing. If routine diagnostic testing is desired on non-hospitalized patients without suspicion or history of exposure to H5N1, please submit specimens to your regular reference laboratory.

If your laboratory is performing influenza testing by PCR:

- Submit all positive influenza A and B specimens that are untyped or result with an indeterminate or inconclusive subtype or genotype to MDH-PHL for further characterization.
- Do not submit positive influenza A specimens that are subtyped as H1N1pdm09 or H3 to MDH-PHL.
- Do not submit specimens that are negative by PCR for influenza A and B to MDH-PHL.

If your laboratory only performs rapid antigen testing, please submit specimens for all patients to MDH-PHL (both positive and negative results). Please see specimen guidelines below.

## MDH-PHL is also performing influenza testing in the following circumstances:

- **High-risk exposure to H5N1** - If a patient has conjunctivitis and/or influenza-like symptoms and has a high-risk exposure (e.g., exposed to infected birds or animals), providers should contact the HPAI Monitoring Surveillance Line at **651-201-5921** or **651-201-5414** to discuss need for diagnostic testing and coordinate specimen submission to the MDH-PHL. MDH epidemiologists will provide proper submission form documents and coordinate collection and transport.
- **Hospitalized case surveillance** – Specimens submitted from persons who are hospitalized with ILI or clinical suspicion of influenza OR deceased following ILI or clinical suspicion of influenza, regardless of influenza testing (positive, negative, or not done).

- **Influenza-like illness death surveillance** - Specimens submitted from persons who are deceased following ILI or clinical suspicion of influenza, regardless of influenza testing (positive, negative, or not done).

### Appropriate specimen types:

- For patients with an exposure history to H5N1 presenting with symptoms of conjunctivitis with or without other respiratory symptoms – submit paired conjunctival and nasopharyngeal swabs for parallel testing in VTM or UTM transport media.
- For patients with an exposure history to H5N1 presenting with classic respiratory symptoms – submit a nasopharyngeal swab in VTM or UTM transport media.
- For influenza A and B cases with an unknown subtype and admitted patients with ILI or clinical suspicion of influenza without evidence of pneumonia or other lower respiratory disease – submit one upper respiratory specimen per patient:
  - Specimens may be submitted in a viral transport media (VTM), universal transport media (UTM), EMEM, DMEM, sterile saline, sterile phosphate buffered saline, or liquid Amies.
    - Subtyping results will only be reported back on samples received in VTM or UTM.
  - Nasopharyngeal swab is the preferred specimen.
  - **Other acceptable specimens:** nasal swab, nasal wash/aspirate, throat swab, combined nasal swab with an oropharyngeal swab, and viral culture isolates.
  - For patients admitted with ILI or clinical suspicion of influenza who also have evidence of **pneumonia** or **other lower respiratory disease**, submit one upper respiratory specimen AND one lower respiratory specimen per patient. **DO NOT perform a procedure such as bronchoscopy solely for the purpose of collecting a specimen for testing by MDH-PHL.**
  - Please do not submit residual specimen from rapid antigen testing. Submit only the original specimen in appropriate transport media.
- **To avoid test cancellation, all specimens must be received by MDH within 3 days of collection if shipped at refrigeration temperature or stored and shipped frozen.**

### Specimen transport:

Place the swab in the appropriate transportation (see above for guidance) for transport to MDH-PHL. Please ship specimen(s) at refrigerator (2-8°C) temperature and ensure delivery at MDH within 3 days of collection to avoid test cancellation. If delivery will be delayed, please store and ship frozen. Please indicate on the submission form if specimens have been stored frozen. For additional information, please visit [Specimen Collection and Testing for Seasonal Influenza \(www.health.state.mn.us/diseases/flu/hcp/lab.html\)](http://www.health.state.mn.us/diseases/flu/hcp/lab.html).

### Forms required for influenza specimen submission:

All specimens submitted to MDH-PHL for influenza surveillance require a submission form. Submission form guidance will be provided by MDH epidemiologists answering the HPAI Monitoring Surveillance Line for high-suspect cases.

Influenza Hospitalized Surveillance (1492) Submission Form:

- Use this form for specimens submitted from persons hospitalized with ILI or clinical suspicion of influenza based on criteria outlined in Influenza Specimen Submission to MDH-PHL, above (Hospitalized Surveillance). To allow for prompt testing of submitted specimens, it is imperative that the form is filled out completely, especially information regarding hospitalization (hospital of admission, date of admission, in-house influenza test results, and influenza test type) found in the lower right-hand corner of the form.
- [Minnesota Department of Health Infectious Disease Laboratory Influenza Hospitalized Submission and Test Request Form 1492 \(www.health.state.mn.us/diseases/idlab/mdhfluform1492.pdf\)](http://www.health.state.mn.us/diseases/idlab/mdhfluform1492.pdf).
  - Complete electronically, then print.

Influenza Non-Hospitalized Surveillance (493) Submission Form:

- Please use this form for submitting specimens from non-hospitalized patients and all other circumstances outlined in Influenza Specimen Submission to MDH-PHL, above. This would include submissions by clinical laboratories for positive influenza specimens that are being sent to MDH-PHL for further characterization or for any specimen specifically requested by MDH staff. Please include any influenza testing results, methods used (DFA, rapid EIA, PCR, etc.) and name of test kit(s) in the comment section at the bottom of the form.
- [Minnesota Department of Health Infectious Disease Laboratory Influenza Non-Hospitalized Submission and Test Request Form 493 \(www.health.state.mn.us/diseases/idlab/mdhfluform493.pdf\)](http://www.health.state.mn.us/diseases/idlab/mdhfluform493.pdf).
  - Complete electronically, then print.

### Additional Information:

- **Influenza Reporting Rule:** [Minnesota Administrative Rules \(https://www.revisor.mn.gov/rules/4605.7040/\)](https://www.revisor.mn.gov/rules/4605.7040/)
- **Influenza statistics webpage:** [Weekly Influenza & Respiratory Activity: Statistics \(https://www.health.state.mn.us/diseases/flu/stats/index.html\)](https://www.health.state.mn.us/diseases/flu/stats/index.html).
- **Weekly viral respiratory activity webpage:** Results of the data gathered from various MDH viral respiratory surveillance programs can be found on the MDH website at <https://www.health.state.mn.us/>.
- **CDC strategy for enhanced summer 2024 influenza surveillance:** <https://www.cdc.gov/bird-flu/php/monitoring-bird-flu/strategy-enhanced-surveillance.html>
- **CDC guidance for commercial laboratories to increase submission of influenza A and B positive samples:** <https://www.cdc.gov/bird-flu/php/novel-av-chemoprophylaxis-guidance/guidance-commercial-laboratories.html?ACSTrackingID=DM129694&ACSTrackingLabel=CDC Enhanced Summer 20>

### Questions:

- Please contact: Scott Cunningham, Virology Unit Supervisor; 651-201-5032, [Scott.Cunningham@state.mn.us](mailto:Scott.Cunningham@state.mn.us)

2023-24 VIRAL RESPIRATORY SEASON

*THIS IS AN UPDATE FROM THE MINNESOTA DEPARTMENT OF HEALTH – PUBLIC HEALTH LABORATORY (MDH-PHL) AND THE MINNESOTA LABORATORY SYSTEM (MLS). THIS MESSAGE IS BEING SENT TO MLS LABORATORY CONTACTS SERVING MINNESOTA RESIDENTS. YOU ARE NOT REQUIRED TO REPLY TO THIS MESSAGE.*

*\*\*PLEASE FORWARD THIS TO ALL APPROPRIATE PERSONNEL WITHIN YOUR INSTITUTION AND HEALTH SYSTEM\*\*  
THE CONTENT OF THIS MESSAGE IS INTENDED FOR PUBLIC HEALTH AND HEALTH CARE PERSONNEL AND RESPONSE PARTNERS WHO HAVE A NEED TO KNOW THE INFORMATION TO PERFORM THEIR DUTIES. IT IS FOR OFFICIAL USE ONLY. DO NOT DISTRIBUTE BEYOND THE INTENDED RECIPIENT GROUPS AS DESCRIBED IN THIS MESSAGE.*

Minnesota Laboratory System

Minnesota Department of Health, Public Health Laboratory

601 Robert St. N, St. Paul, MN 55164-0899

651-201-5200

[health.mnlabsystem@state.mn.us](mailto:health.mnlabsystem@state.mn.us)

[www.health.state.mn.us/diseases/idlab/mls/index.html](http://www.health.state.mn.us/diseases/idlab/mls/index.html)

06/13/2024

*To obtain this information in a different format, call.*