

State Hygienic Laboratory

Avian Influenza A(H5) Virus Testing at State Hygienic Laboratory and CDC

07-17-2024 version 2

Criteria for Influenza A(H5) Virus Testing

Testing should be performed on persons who meet epidemiologic **AND** clinical criteria

[Case Definitions for Investigations of Human Infection with Avian Influenza A Viruses in the United States \(cdc.gov\)](#)

Epidemiological criteria

- Exposure to a avian influenza through human, animal or lab contact

Clinical criteria

- Consider testing individuals who have had contact with avian influenza (see epidemiological criteria) as soon as possible if they exhibit any respiratory symptoms (e.g., cough, runny nose, sore throat, congestion) or conjunctivitis regardless of the presence or absence of fever and regardless of whether symptoms may be explained by other etiologies such as seasonal allergies.
- [Signs and Symptoms of Avian Influenza A Virus Infections in Humans](#)

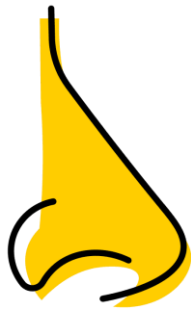
Notification of Suspect Cases and Specimen Testing

- If a patient has conjunctivitis and/or influenza-like symptoms and has a high-risk exposure (e.g., exposed to birds or animals infected with avian influenza), health care providers should contact the Center for Acute Disease Epidemiology (CADE) in the Division of Public Health within the Iowa Department of Health and Human Services at 800-362-2736 (during business hours) or 515-323-4360 (after business hours) for consultation.
- The CADE epidemiologist will review information about the suspect case and provide specimen collection information.
- Once specimens have been collected, the epidemiologist will contact SHL to make courier arrangements and request testing.

Acceptable Specimens for Testing

Individuals with respiratory symptoms

Nasopharyngeal (NP) OR a combined Nasal & Throat swab can be accepted swab in viral transport media (VTM or UTM) .

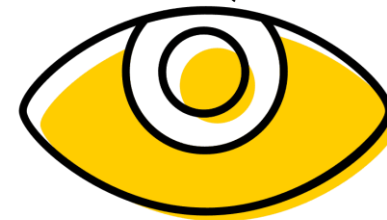


Individuals with conjunctivitis (with or without respiratory symptoms), Two samples needed

1. Submit a conjunctival swab

AND

2. Nasopharyngeal (NP) OR a combined Nasal & Throat swab can be accepted swab in viral transport media (VTM or UTM) .



Conjunctival Specimen Collection

- SHL can now test conjunctival specimens **IF** it is submitted with a corresponding NP swab in separate tubes of VTM.
 - Without a corresponding NP swab, the conjunctival swab will be sent to CDC for testing, which will delay results.
- Specimens should be obtained from the everted eyelid by using a Sterile Flocked Collection Swab (not cotton).
- Specimens must contain conjunctival cells, not exudate alone.

Conjunctival Specimen Collection, Cont.

1. Gently pull down the lower eyelid of the patient to expose the conjunctiva that lines the inside of the eyelid and covers the white part of the eye.
2. Collect the specimen by gently rotating the swab over the infected area 2-3 times, avoiding touching the cornea (the clear front part of the eye).
3. Gently remove the swab and place it into the transport medium immediately.
4. A separate swab is required for each eye, and each swab should be put in its own individual tube of VTM. If both eyes are swabbed, label “left eye” and “right eye”.



Excerpt from [Conjunctivitis-Sample-Collection-and-test-requisition-form-for-viral-conjunctivitis.pdf \(nih.org.pk\)](https://www.nih.org.pk)

Ordering Collection Kits from SHL

[From the SHL webpage:](#)

1. Go to “Order Test”
2. Select “Order Clinical Kits”
3. Under Kit Information select “Avian Influenza Kit”

Kit Information

*Type of kit:

*Qty. of Kits:

*Do you use the SHL courier for sample pick up?

Comments

Swabs and Viral Transport Media (VTM)



[SHL's avian influenza collection kit](#) is used for Viral Infections & PCR, including influenza testing. Contact [SHL](#) to order extra VTM and swabs for collecting multiple specimens per patient.

Infection Control When Collecting Specimens

- Standard, contact, and airborne precautions are recommended, as is the use of eye protection.
- [Highly Pathogenic Avian Influenza A\(H5N1\) Virus in Animals: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations | Avian Influenza \(Flu\) \(cdc.gov\)](#)
- [Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease | Avian Influenza\(Flu\) \(cdc.gov\)](#)

Separate Test Request Form for Each Specimen

LABEL HERE OR COMPLETELY FILL OUT INFORMATION BELOW

2490 Crosspark Road
Coralville, IA 52241-4721
Phone # 319-335-4500 or
800-421-IOWA

2220 S. Ankeny Blvd.
Ankeny, IA 50023-9093
Phone # 515-725-1600

1838 Highway 86
Milford, IA 51351-7267
Phone # 712-337-3609

<http://www.shl.uiowa.edu>

Iowa HHS Coronavirus (COVID-19)/Influenza Test Request Form

PATIENT INFORMATION Sample must have two patient identifiers that match this form.

Client Reference (Patient ID/MRN/Chart ID) _____ Last Name _____ Legal First Name _____ Middle Name _____

Birth Date ____/____/____ Address _____ City _____ State _____ Zip Code _____ Area Code/Phone # _____

Gender _____ Race _____

Female Male Unknown White Black Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander Unknown

Ethnicity _____

Hispanic Non-Hispanic Unknown The patient must meet the testing criteria found at www.shl.uiowa.edu.

ORDERING HEALTH CARE PROVIDER INFORMATION

Last Name _____ First Name _____ NPI _____ Area Code/Phone # _____

ORGANIZATION INFORMATION (Results are reported to this address.)

Organization Id _____ Organization Name _____ Address 1 _____

20849 ABEL KEPPY ANIMAL HOSPITAL 619 14TH ST

Address 2 _____ City _____ State _____ Zip Code _____

BETTENDORF IA 52722

BILLING INFORMATION

Bill To Iowa Department of Health and Human Services (Iowa HHS)

SAMPLE AND TEST INFORMATION (Complete collection date and select test(s) requested and corresponding sample type.)

Date Collected	Test Requested	Corresponding Sample Type		
____/____/____	<input type="checkbox"/> 2019 Novel Coronavirus Diagnostic Test	<input type="checkbox"/> Nasopharyngeal (NP) Swab	<input type="checkbox"/> Nasal Swab	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Influenza SARS-CoV-2 (Flu SC2) Multiplex	<input type="checkbox"/> Nasopharyngeal (NP) Swab	<input type="checkbox"/> Nasal Swab	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> SARS-CoV-2 Next Generation Sequencing	<input type="checkbox"/> Nasopharyngeal (NP) Swab	<input type="checkbox"/> Nasal Swab	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> SARS-CoV-2 IgG Antibody	<input type="checkbox"/> Serum	<input type="checkbox"/> Plasma	

REQUESTED INFORMATION

- To submit paired NP and conjunctival swab with separate TRFs. The conjunctival swab will be marked on the TRF as “Other: conjunctival swab”

Packaging and Shipping

- After collections, specimens should be sent to SHL on frozen cold packs.
- Request a normal SHL courier pickup.
- Weekend and holiday considerations:
 - Discuss with Iowa HHS to determine risk-based testing urgency and SHL capacity.
 - If specimens will not arrive to SHL within 72 hours of collection, freeze and then send on dry ice, as permitted.

IOWA

State Hygienic Laboratory

**Questions? Call 319-335-
4500**

→ shl.uiowa.edu