

**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 OF UNKNOWN ETIOLOGY?

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XRAY CONFIRMED PNEUMONIA?

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TRAVEL OUTSIDE US WITHIN 10 DAYS

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PRIOR TO ONSET? IF YES, CITIES, COUNTRIES & DATES: _____

IS THE 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 TESTING ONLY

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

TEST KIT USED:
 QUICKVUE DIRECTIGEN
 BINAX OTHER (SPECIFY): _____

RAPID TEST	RESULTS	
FLU A	<input type="checkbox"/> POS <input type="checkbox"/> NEG	ACCESSION #/ LAB ID# _____
FLU B	<input type="checkbox"/> POS <input type="checkbox"/> NEG	

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 VISITORS 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		
	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

DID PATIENT RECEIVE 2009 H1N1 FLU VACCINE IN THE LAST 6 MONTHS?
 YES NO UNK

IS PATIENT RECEIVING ANTIVIRAL MEDICATIONS?
 YES NO UNK

MEDICATION NAME: _____

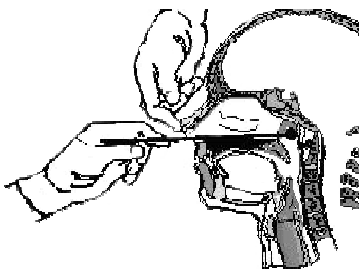
DATE STARTED, DOSAGE: _____

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

Instructions for Collection of Specimens for Identification of Influenza and Other Viral Respiratory Agents

Specimen Collection Criteria:

- a) Specimen collection must be within 72 hours of onset
 - b) Patient has fever (temperature > 100° F oral or equivalent) AND
 - c) Patient has cough or sore throat (in the absence of a known cause)
1. Always store VTM (viral transport medium) 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 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 the zip-lock bag with biohazard symbol. Complete enclosed "Specimen Submission Form" and place 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 that the specimen collection kit was obtained from.

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