

Health Update:

2009 H1N1 Influenza Update 10: Reporting Laboratory-Confirmed Cases of Influenza, and Outbreaks of Influenza-Like Illness, to Public Health Officials

September 11, 2009

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.dhss.mo.gov>

The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

Health Update
September 11, 2009

**FROM: MARGARET T. DONNELLY
DIRECTOR**

SUBJECT: 2009 H1N1 Influenza Update 10: Reporting Laboratory-Confirmed Cases of Influenza, and Outbreaks of Influenza-Like Illness, to Public Health Officials

The Missouri Department of Health & Senior Services (DHSS) reminds clinicians of the importance of reporting all laboratory-confirmed influenza cases, as well as all outbreaks of influenza-like illness (ILI), to their local public health agency (LPHA).

Reporting Laboratory-Confirmed Influenza Cases

All laboratory-confirmed influenza cases, including those caused by the 2009 H1N1 influenza virus, are reportable under the Missouri Code of State Regulations (19 CSR 20-20.020). These cases are to be reported in an aggregated format on a weekly basis. A form has been developed for medical providers to use in making these reports, and it can be obtained by going to <http://www.dhss.mo.gov/Influenza/ReportersWorksheet.pdf>, or by contacting your LPHA. (Information for contacting individual LPHAs is available at <http://www.dhss.mo.gov/LPHA/LPHAs.html>. For a listing of all reportable diseases/conditions, go to <http://www.dhss.mo.gov/CommunicableDisease/reportablediseaselist2.pdf>.)

A number of different laboratory diagnostic tests can be used for detecting the presence of influenza viruses in respiratory specimens, including direct antigen detection tests, virus isolation in cell culture, or detection of influenza-specific RNA by real-time reverse transcriptase-polymerase chain reaction (rRT-PCR).

In addition to the tests listed above, many health care providers use rapid influenza diagnostic tests (RIDTs), which are antigen detection tests that detect influenza viral nucleoprotein antigen. These tests meet the requirements of the disease reporting rule and positive results should be reported. RIDTs can provide results within 30 minutes or less. Thus, results are available in a clinically relevant time period to inform clinical decisions.

Commercially available RIDTs can either:

1. Detect and distinguish between influenza A and B viruses;
2. Detect both influenza A and B, but not distinguish between influenza A and B viruses; or,
3. Detect only influenza A viruses

None of the current FDA-approved RIDTs can distinguish between influenza A virus subtypes. When reporting a positive RIDT result, indicate the specific test finding (e.g., RIDT positive for influenza A, or RIDT positive for influenza B). Do not report a RIDT positive for influenza A as a positive test for 2009 H1N1 influenza virus, even if this is strongly suspected. Guidance for using RIDTs in the context of the 2009 H1N1 influenza pandemic is available from the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm.

In summary, positive results from any of the following test types should be reported to your LPHA:

- Direct antigen detection tests
- Virus isolation in cell culture
- rRT-PCR
- RIDTs

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Reporting Outbreaks of Influenza-Like Illness (ILI)

The Missouri Code of State Regulations (19 CSR 20-20.020) also requires the reporting of outbreaks of ILI. ILI is defined as a fever greater than 100⁰ F, accompanied by cough or sore throat.

Outbreaks can be reported to your LPHA, or to DHSS at 800/392-0272 (24/7). Reports should be made within one day of first knowledge or suspicion. Prompt reporting of outbreaks will help public health officials quickly intervene to slow further transmission in the community.

2009 H1N1 Influenza

The 2009 H1N1 influenza virus is circulating throughout the state, and DHSS strongly encourages clinicians to continue reporting laboratory-confirmed cases caused by this virus (i.e., cases with positive results from a test that is specific for the 2009 H1N1 virus).

A summary of the Missouri State Public Health Laboratory's policies for 2009 H1N1 influenza virus testing is found in the Appendix on the next page.

Comprehensive information and guidance on 2009 H1N1 influenza for medical professionals is available at http://www.dhss.mo.gov/BT_Response/MedProf.html.

Questions on 2009 H1N1 influenza, or on any issue related to influenza reporting, can be directed to your LPHA, or to DHSS' Bureau of Communicable Disease Control and Prevention at 573-751-6113 or 866-628-9891.

Appendix

Missouri Department of Health and Senior Services

2009 H1N1 Influenza Laboratory Testing

September 10, 2009

The primary responsibility of the Missouri State Public Health Laboratory (MSPHL) during influenza epidemics and pandemics is surveillance and epidemiological testing in support of early detection, public health response and control measures, and measuring the progress and “character” of a pandemic wave(s) as it progresses at the community and state level. In the early stages of a pandemic, this involves a surge in diagnostic testing to detect cases and monitor the spread of the virus. As a pandemic evolves, the public health need to identify every case diminishes as do resources.

Missouri is beyond the early stages of the 2009 H1N1 Influenza pandemic and is currently experiencing sporadic outbreaks in congregate settings such as schools and daycares. It appears likely that infections with this virus are occurring throughout the state, although their exact number cannot be estimated.

Following advice from the World Health Organization and Centers for Disease Control and Prevention, the MSPHL is currently following a testing protocol that is consistent with seasonal influenza practices and is not accepting routine specimens for novel H1N1 influenza virus testing. MSPHL will only be performing testing for this virus under the following circumstances:

1. Specimens submitted by Influenza Sentinel Providers, or
2. Specimens submitted for epidemiological investigation purposes (i.e., as part of an outbreak being investigated by DHSS, local public health agencies, and/or CDC).

The MSPHL will not perform testing on hospitalized patients, unless the testing is deemed to be of public health significance by DHSS (e.g., epidemiologically linked cases, cases with similar demographics, etc.). Commercial laboratory testing is available for routine testing of hospitalized patients.

[Note for Influenza Sentinel Providers: Sentinel Providers have returned to their traditional off-season testing protocol. DHSS requests that a minimum of three specimens be sent from each Sentinel Provider during the period from June 1 through September 30. Sentinel Providers should also submit their weekly office data to the Influenza Sentinel Physicians Surveillance Network Database.]

For patients who do not meet the above criteria, commercial laboratory testing is available.

If you have any questions, please contact the Bureau of Communicable Disease Control and Prevention at (573) 751-6113.