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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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To: Clinicians, Laboratorians, Local Health Departments
From: Lynn Sosa, MD, Director of Infectious Disease and State Epidemiologist
Jafar H. Razeq, PhD, HCLD(ABB), Laboratory Director
Date: January 17, 2025
RE: Accelerated Subtyping of Influenza A Viruses in Hospitalized Inpatients

On January 16, 2025, CDC issued a Health Alert (HAN) regarding Accelerated Subtyping of Influenza A in Hospitalized Inpatients. The purpose of this HAN was to update clinicians and laboratorians on the recommendations to subtype hospitalized inpatients with Influenza Type A, an indicator of severe illness, as soon as possible after admission (ideally within 24 hours). Rapid detection of influenza A (H5) in hospital settings will support clinical care, infection prevention and control, and facilitate rapid public health investigation and action. The HAN highlights services like diagnostic and subtype testing that are reasonable and necessary to diagnose illness are covered in most cases by both public and private health insurers. Commercial laboratories currently performing influenza subtyping including H5 are Quest, Labcorp and ARUP. DPH will keep hospital laboratories updated as new commercial laboratories develop this capability.

Hospitals are encouraged to develop protocols to operationalize these recommendations. Subtyping should be performed with assays available to the testing laboratory, as follows:

- Subtyping tests (e.g. A(H1), A(H3)) should be performed in the hospital clinical laboratory, if available
- If subtyping is not available at the hospital lab, specimens should be sent to a commercial clinical laboratory that can test for A(H1) and A(H3).
- If influenza A virus subtyping is not available through one of these routes, call the Epidemiology and Emerging Infections Program to arrange for testing at the State Public Health Laboratory (SPHL).

DPH is currently determining the best way to support hospital laboratories with this initiative. We are sending out a brief survey to hospital laboratories to assess testing capacity and barriers to submitting specimens to commercial laboratories to help guide this planning.

All Influenza A specimens that are A(H5) or non-subtypeable (not A(H1) or A(H3)) should be sent to SPHL for confirmation.

Additional information about Laboratory Instructions for Influenza and COVID-19 Testing and Surveillance are included in this document. Questions may be directed to the Epidemiology and Emerging Infections Program at (860)509-7994 or SPHL at (860)920-6689 during normal business hours or (860)509-8000 evenings and weekends.

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Laboratory Instructions for Influenza and COVID-19 Testing and Surveillance

To monitor circulating COVID-19 and influenza strains, rapidly identify novel strains, and determine the effectiveness of this season's vaccines, the Connecticut Department of Public Health (DPH) State Public Health Laboratory (SPHL) provides testing of specimens obtained from select patients. Additionally, SPHL can perform on-demand testing to support clinical decision making and public health investigations.

Immediately Notifiable Conditions:

Contact DPH Epidemiology and Emerging Infections Program (EEIP)** in case of any of the following:

Avian Influenza and other Novel Influenza Viruses

- Any individuals testing positive for influenza A with non-subtypeable results
- Any individuals testing positive for influenza A, subtype H5

Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

- All patients with pneumonia and/or acute respiratory distress syndrome developing within 17 days of travel to Southeast Asia or within 14 days of travel in or near the Arabian Peninsula (travel history should be provided).

Facility Outbreaks

- All facility outbreaks should be reported by telephone within 24 hours to EEIP and the local health department. The EEIP can help coordinate additional testing at SPHL, as appropriate.

Accelerated Subtyping of Influenza A in Hospitalized Inpatients

- SPHL can perform clinical testing for inpatients with influenza Type A where subtype is unknown.

Please note: Due to the CDC HAN issued 1/16/2025 advising Accelerated Subtyping of Influenza A in Hospitalized Inpatients, it is strongly recommended that hospital laboratories that are unable to subtype influenza A work with a commercial reference laboratory for timely subtyping of these specimens using established testing channels.

Clinical Testing Services

Complete information regarding clinical testing services is available on the SPHL website, including: a Directory of Clinical Testing Services, required Clinical Test Requisition form, Collection Kit Ordering Information, and Storage and Handling instructions.

To request Influenza PCR specimen collection kits, please email: **DPH.Outfitroom@ct.gov** or call **860-920-6674** or **860-920-6675**.

The following clinical respiratory disease tests are available upon request:

- Influenza and SARS-CoV-2 Multiplex
- MERS CoV PCR**

- Respiratory Tract Microbiota Panel (RTM)**

** Please contact DPH EEIP before submitting requests for RTM, MERS CoV, or avian influenza (including conjunctival swab) testing for review and approval. Effective May 24, 2024, FDA granted enforcement discretion for the use of conjunctival swabs for influenza testing and H5 subtyping.

Year-round Surveillance Testing for Influenza and COVID-19

Laboratories are asked to submit respiratory specimens from patients with symptoms of a respiratory viral disease according to the following criteria:

1. At least Ten (10) specimens per week for patients with **influenza**:
    - From symptomatic patients seen in an inpatient setting, emergency department, or outpatient setting. If possible, please prioritize specimens from inpatients.
2. Ten (10) specimens per week for patients with **COVID-19**:
    - From symptomatic patients seen in an inpatient setting, emergency department, or outpatient setting. If possible, please prioritize specimens from inpatients.

** Please contact the **DPH EEIP** at **860-509-7994** **(or 860-509-8000 on evenings/weekends/holidays)** to discuss respiratory tract microbiota panel (RTM) testing or testing for suspect avian influenza or MERS CoV prior to submitting specimens.

Influenza/COVID-19 PCR Testing Kit Collection Instructions

1. The contents of the kit include:

   a. M4RT viral transport tube (universal transport medium, Amies transport medium (eSwab), or sterile saline are also acceptable);
   b. Nasopharyngeal or a sterile polyester-tipped sampling swab (Note: specimens collected using Calcium alginate swabs or swabs with wooden shafts are unacceptable for testing);
   c. Cold pack (place in freezer to ensure that it is ready for future use);
   d. For specimens being mailed via overnight carrier: Category B Infectious Substance insulated box

2. Complete all required fields on the appropriate submission form.

   a. The CT DPH SARS-CoV-2 and Flu Surveillance Specimen Log should be used for weekly influenza and SARS-CoV-2 surveillance testing.
   b. The entire Clinical Test Requisition form (OL-9B) must be completed in order for the SPHL to accept specimens for testing for Avian Influenza, MERS, or RTM testing.

3. Label the collection container with:

   a. Patient name
   b. Date of birth
   c. Date of collection
   d. Specimen source. Preferred specimen sources include: a) Nasopharyngeal or oropharyngeal swab submitted in viral transport media, b) Respiratory specimens such as bronchoalveolar lavage, tracheal aspirates, sputum, nasopharyngeal or oropharyngeal aspirates or washes. Submit at least 2 mL liquid specimen in a sterile screw capped container.

4. Obtain an appropriate respiratory specimen from the patient using the proper collection technique.

5. For nasopharyngeal or oropharyngeal specimens:

   a. Remove the screw cap top from the labeled M4RT viral transport tube.
   b. Insert the swab into the labeled M4RT tube until the swab touches the bottom.
   c. Break or cut off any excess swab handle and discard.
   d. Replace the cap on the labeled M4RT viral transport tube and firmly tighten.
   e. Place the labeled M4RT tube in the sealable biohazard bag containing the absorbent pad.
   f. Seal the top of the plastic bag. **Each tube should be sealed in its own biohazard bag.**
   g. Place up to 10 biohazard bags and the laboratory submission form inside of a White Tyvek bag and seal.

6. For transport via same-day courier:

   a. Submit the specimen in the sealed biohazard bag containing the absorbent pad.
   b. Place this bag inside a rigid outer container with a frozen ice pack.

7. For transport via overnight carrier:

a. Insert biohazard bag into white Tyvek bag and seal.
b. Place the frozen ice pack, white Tyvek bag, and completed OL-9B form into the insulated transport box.
c. Seal the transport box for shipping. Be sure to include submitter's telephone number on outer box.
d. Ship the box to the State Public Health Laboratory (SPHL) via overnight carrier.
e. Specimens transported with an ice pack must be maintained at 35°F-46°F [2°-8°C] and received at the SPHL within 72 hours of collection. If it is anticipated that specimens will not be delivered within 3 days, they must be frozen at -94˚F [-70˚C] and shipped to the SPHL on dry ice to remain frozen while in transit. Specimens not collected, handled, or transported in the prescribed manner might yield inaccurate results and will be rejected for testing.

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