



STATE OF MARYLAND

DHMH


Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Laboratories Administration

Robert A. Myers, Ph.D., Director

To: Medical Laboratory Directors
Local Health Officers and Health Care Providers

From: Robert A. Myers, Ph.D. 
Director, DHMH Laboratories Administration

Date: August 16, 2012

Re: Enhanced Influenza A Virus Surveillance

In response to the recent re-emergence in other states of influenza A H3N2 variant virus infections [influenza A/(H2N3)v virus] in persons with swine exposures, the DHMH Public Health Laboratory is expanding influenza A virus surveillance testing in Maryland. The DHMH Laboratory performs influenza testing using the CDC Flu rRT-PCR Dx panel that can reliably detect and presumptively type influenza A/(H2N3)v viruses. We are requesting the submission of specimens for influenza testing under the following conditions:

- 1.) Clinicians who suspect influenza in persons with recent (≤ 7 days) exposure to swine should obtain a nasopharyngeal / throat swab or aspirate from the patient, place the swab or aspirate in viral transport medium, and contact their local health department to arrange timely transport and testing at the DHMH Public Health Laboratory. Specimens should be submitted from these cases regardless of the results of initial influenza testing. Commercially available rapid influenza diagnostic tests (RIDTs) may not detect H3N2v virus in respiratory specimens. Therefore, a negative rapid influenza diagnostic test result does not exclude infection with H3N2v or any influenza virus. In addition, a positive test result for influenza A cannot confirm H3N2v virus infection because these tests cannot distinguish between influenza A virus subtypes (they do not differentiate between human influenza A viruses and H3N2v virus).
- 2.) Original clinical specimens (e.g. nasopharyngeal or throat swabs in viral transport medium, or nasal aspirates) from patients regardless of swine exposure that have tested positive for influenza A by RIDT antigen detection, nucleic acid amplification (e.g. PCR) or by virus isolation in culture should be submitted to the DHMH Public Health Laboratory for confirmation rRT-PCR testing and typing.

P.O. Box 2355 • Baltimore, Maryland 21203-2355

410-767-6100 • TTY for Disabled – Maryland Relay Service 1-800-735-2258

Toll Free 1-877-4MD-DHMH • Web Site: www.dhmh.maryland.gov/laboratories



Enhanced Influenza A Virus Surveillance

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- 3.) Upper and/or lower respiratory tract specimens from hospitalized patients with severe respiratory illnesses regardless of the results of initial influenza testing.
- 4.) Sentinel laboratories or health care providers in the influenza surveillance network should continue to submit routine surveillance specimens to the DHMH Public Health Laboratory.

These enhanced surveillance measures will remain in effect until further notice. Specimens can be sent directly to the DHMH Laboratory or forwarded via the local health departments. The DHMH Laboratory will not perform routine clinical influenza screening of patients who have not been recently exposed to swine. A copy of the DHMH Laboratory test request form is attached for your convenience. Please go to our web site <http://dhmh.maryland.gov/laboratories/SitePages/Influenza.aspx> for the logistical details of submitting influenza specimens to the DHMH Laboratory or contact us at **(410) 767-5819** for questions regarding enhanced surveillance testing.

Thank you for your cooperation in this matter.

cc: Deputy Secretary Frances B. Phillips
Dr. David Blythe
Dr. Lucy Wilson
Dr. Katherine Feldman
Rene Najera



Laboratories Administration MD DHMH

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 410-767-6100 www.dhmm.state.md.us/labs

Robert A. Myers, Ph.D., Director

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Use Only**

INFECTIOUS AGENTS: CULTURE/DETECTION

TYPE OR PRINT REQUIRED INFORMATION OR PLACE LABELS ON ALL FOUR COPIES	<input type="checkbox"/> EH <input type="checkbox"/> FP <input type="checkbox"/> MTY/PN <input type="checkbox"/> NOD <input type="checkbox"/> STD <input type="checkbox"/> TB <input type="checkbox"/> CD <input type="checkbox"/> COR		Patient SS# (last 4 digits):	
	Health Care Provider		Last Name <input type="checkbox"/> SR <input type="checkbox"/> JR <input type="checkbox"/> Other_____	
	Address		First Name M.I. Maiden:	
	City	County	Date of Birth (mm/dd/yyyy) / /	
	State	Zip Code	Address	
	Contact Name:		City County	
	Phone#	Fax#	State Zip Code	
	Test Request Authorized by:			
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender M to F <input type="checkbox"/> Transgender F to M		Ethnicity: Hispanic or Latino Origin? <input type="checkbox"/> yes <input type="checkbox"/> no	
	Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> White			
Case #	DOC#	Outbreak #	Submitter Lab#	
Collect Date:	Collect Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Onset Date:		
Reason for Test: <input type="checkbox"/> Screening <input type="checkbox"/> Diagnosis <input type="checkbox"/> Contact <input type="checkbox"/> Test of Cure <input type="checkbox"/> 2-3 Months Post Rx <input type="checkbox"/> Suspected Carrier <input type="checkbox"/> Isolate for ID <input type="checkbox"/> Release				
Therapy/Drug Treatment: <input type="checkbox"/> No <input type="checkbox"/> Yes		Therapy/Drug Type: _____ Therapy/Drug Date: _____		

↓ SPECIMEN CODE	↓ SPECIMEN CODE	↓ SPECIMEN CODE
BACTERIOLOGY	SPECIAL BACTERIOLOGY	RESTRICTED TESTS
Bacterial Culture - Routine	Legionella Culture	Pre-approved submitters only
Additional specimen codes: _____	Leptospira	<i>Chlamydia trachomatis</i> /GC NAAT
<i>Bordetella pertussis</i>	Mycoplasma	<i>Chlamydia trachomatis</i> only/NAAT
Group A Strep	MYCOBACTERIOLOGY/AFB/TB	Norovirus ** (see comment on back)
Group B Strep Screen	AFB/TB Culture and Smear	OTHER TESTS FOR INFECTIOUS AGENTS
<i>C. difficile</i> Toxin	AFB/TB Referred Culture for ID	Test name: _____
Diphtheria	<i>M. tuberculosis</i> Referred Culture for Genotyping	Prior arrangements have been made with the following DHMH Laboratories Administration employee: _____
Foodborne Pathogens (<i>B. cereus</i> , <i>C. perfringens</i> , <i>S. aureus</i>)	Nucleic Acid Amplification Test for <i>M. tuberculosis</i> Complex (MTD)	
Gonorrhea Culture: Incubated? <input type="checkbox"/> yes <input type="checkbox"/> no	PARASITOLOGY	
Hrs. incubated: ____ Add'l specimen codes: ____	Blood Parasites: _____	
MRSA (rule out)	Country visited outside US: _____	
VRE (rule out)	Ova & Parasites: Immigrant? <input type="checkbox"/> yes <input type="checkbox"/> no	
ENTERIC INFECTIONS	Cryptosporidium	SPECIMEN CODE:
Campylobacter	Cyclospora/Isospora	PLACE CODE IN BOX NEXT TO TEST
<i>E. coli</i> O157 typing	Microsporidium	B Blood
Enteric Culture - Routine (Salmonella, Shigella, <i>E. coli</i> O157, Campylobacter)	Pinworm	BW Bronchial Washing
Salmonella typing	VIRUS ISOLATION/CHLAMYDIA	CSF Cerebrospinal Fluid
Shigella typing	Adenovirus*	CX Cervix/Endocervix
<i>V. parahaemolyticus</i>	Arbovirus Panel (WNV, EEEV, SLEV)	E Eye
Yersinia	<i>Chlamydia trachomatis</i>	F Feces
REFERENCE MICROBIOLOGY	Cytomegalovirus (CMV)	N Nasopharynx/Nasal
ABC'S (BIDS) # _____	Enterovirus (Inc. Echo & Coxsackie)	P Penis
Organism: _____	Herpes Simplex Virus (Types 1 & 2)	R Rectum
Bacteria Referred Culture for ID	Influenza (Types A & B)*	SP Sputum
Specify: _____	Parainfluenza (Types 1, 2 & 3)*	T Throat
	Respiratory Syncytial Virus (RSV)*	URE Urethra
	Varicella (VZV)	UFV Urine (First Void)
	*MAY INCLUDE RESPIRATORY SCREENING PANEL.	UCC Urine (Clean Catch)
	Comments: _____	V Vagina
		W Wound
		O Other: _____