

Screening Form for H1N1 Influenza Testing

1. TESTING CRITERIA: *Testing is limited to patients who meet one of the criteria below.

Testing Criteria - PLEASE READ GUIDANCE and REFER TO THE CDC ALGORITHM on p.2

Please check appropriate box:

1. At this time, **NO** specimens from suspect cases with mild ILI* should be sent to the Georgia Public Health Laboratory for testing.
2. Testing can be considered for the following **hospitalized** patients (as approved by Public Health):
 - Patients **hospitalized** with ILI*
 - Infants, persons \geq 65yrs, or persons with a compromised immune system who are **hospitalized** with a sepsis-like syndrome, if H1N1 influenza is suspected and other causes are less likely. (see #5 in attached algorithm)

***Influenza-like illness (ILI)** is defined as an illness with fever (temperature of \geq 37.8°C or 100°F) and recent onset of at least one of the following: 1) rhinorrhea or nasal congestion, 2) sore throat, 3) cough in the absence of a KNOWN cause other than influenza.

Exposures: (If known - this is for epidemiologic purposes, NOT testing criteria.)

- History of travel to a community with documented H1N1 influenza activity
- Close contact (approx. 6 feet) of an ill patient who was confirmed or suspected to have H1N1 influenza
- Worked with live novel influenza A virus in a laboratory
- Part of an identified cluster or outbreak of influenza-like illness (e.g. institutional setting, social event, etc)
- Healthcare provider caring for ill patient with confirmed or suspected to have H1N1 influenza
- No known exposure

Laboratory Testing:

Testing is considered only for patients suspected to have H1N1 infections AND **meet the one of the criteria in #1)**. Consultation with an epidemiologist at the District Health Department (<http://health.state.ga.us/regional/index.asp>) or the Georgia Division of Public Health (404-657-2588) MUST be obtained prior to the submission of clinical specimens.

****Please be sure to follow infection control guidance (available at http://www.cdc.gov/swineflu/guidelines_infection_control.htm) during collection of specimens****

*****RT-PCR and viral culture should NOT be attempted at any private laboratory.*****

CONTACT INFORMATION:

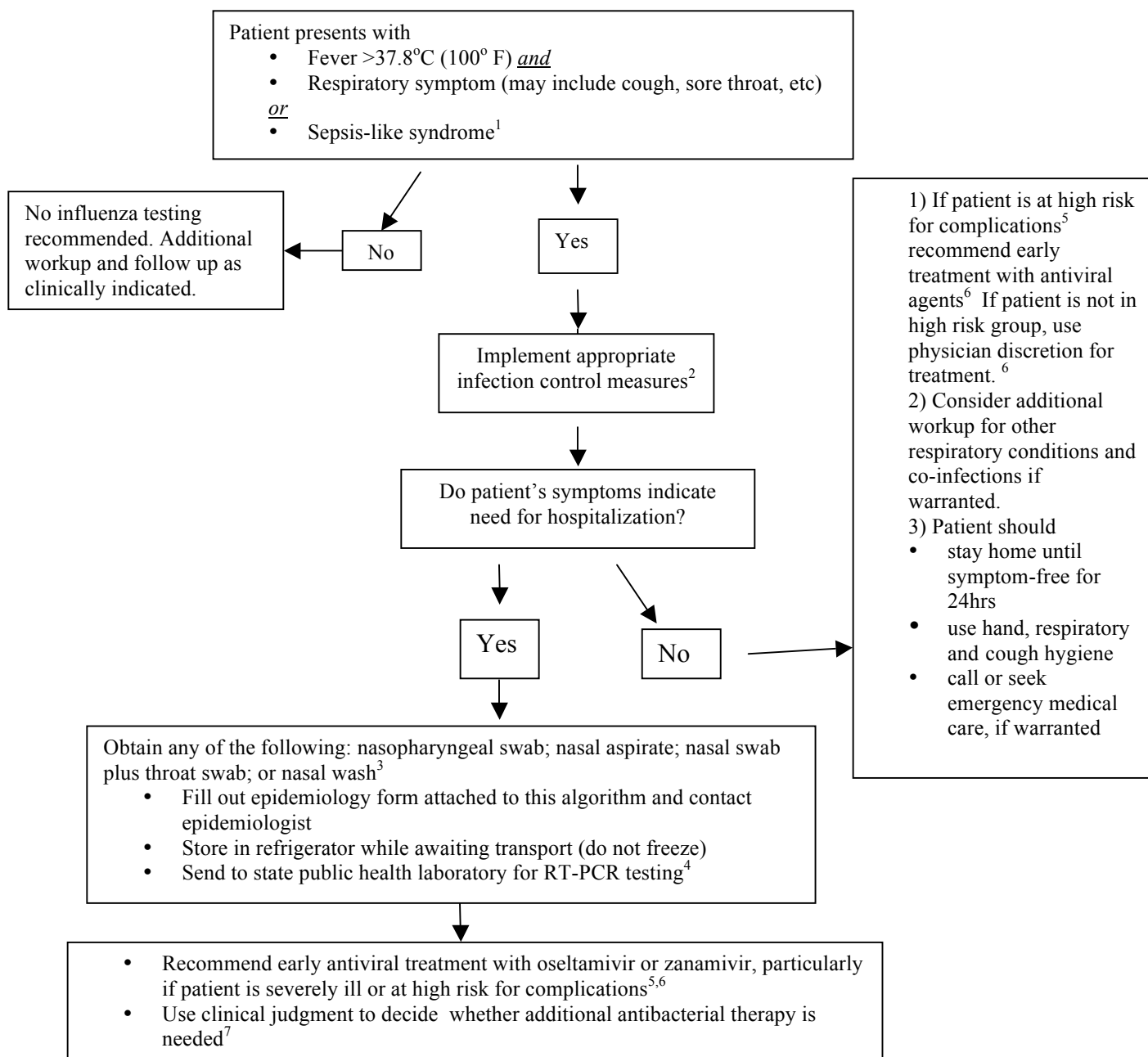
Date of call to Epidemiologist ___/___/_____	Epidemiologist Consulted _____
Physician Name _____	Physician Phone _____
Hospital Name _____	Date of Hospitalization _____
Patient Name _____	Date of Birth ___/___/_____ Age _____ Gender _____
Patient Address _____	City _____ Zip _____ County _____
Patient Home Phone _____	Cell (Other) Phone _____

SPECIMEN(S) SUBMITTED _____ (Date/time)

Please FAX this completed form to the Georgia Division of Public Health (404) 657-9700 or (404) 657-7517, **following consultation with an epidemiologist.**

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Algorithm for clinicians to assist in decisions on testing and treatment for H1N1 (swine flu) virus



1. As with seasonal influenza, infants, adults ≥ 65 years-old, and persons with compromised immune systems may have atypical presentations.
2. Information on infection control can be found at: http://www.cdc.gov/swineflu/guidelines_infection_control.htm
3. Nasal washes require appropriate personal protective equipment. See: http://www.cdc.gov/swineflu/guidelines_infection_control.htm
4. Real-time polymerase chain reaction (RT-PCR) is the preferred laboratory test for identifying H1N1 (swine flu) virus. Rapid antigen tests and immunofluorescence tests have unknown sensitivity and specificity to detect H1N1 (swine flu) virus. For more information, please see <http://www.cdc.gov/swineflu/specimencollection.htm>.
5. Persons at high risk of complications: Children less than 5 years old; persons aged 65 years or older; children and adolescents (aged 6 months–18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection; pregnant women; adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders; adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV); and residents of nursing homes and other chronic-care facilities.
6. Information on use of antiviral agents can be found at: <http://www.cdc.gov/swineflu/recommendations.htm>
7. Interim guidance for clinicians is available at: <http://www.cdc.gov/swineflu/identifyingpatients.htm>

Please note: these algorithms do *not* apply to providers participating in the US Outpatient Influenza-like Illness Surveillance Network (ILINet). For guidance related to ILI Net see: <http://www.cdc.gov/h1n1flu/screening.htm>