Naval Infectious Diseases Diagnostic Laboratory
503 Robert Grant Ave., Silver Spring, MD 20910
Telephone/Fax: (301) 319 7150 / (301) 319 7451

Interim Guidelines for Collection and Shipment of the Influenza A/H5 Sample for Testing

Sample Collections

Specimens should be obtained for novel influenza A virus testing as soon as possible after illness onset, ideally within 7 days of illness onset. However, as some persons who are infected with seasonal influenza viruses are known to shed virus for longer periods (e.g., children and immunocompromised persons), specimens should be tested for novel influenza A virus even if obtained after 7 days from illness onset. Prolonged shedding of influenza viruses in the lower respiratory tract has been documented for critically ill patients with highly pathogenic avian influenza (HPAI) A(H5N1) virus and avian influenza A(H7N9) virus infections. The duration of shedding of novel influenza A viruses in humans is largely unknown, and there are currently limited data describing prolonged shedding of people infected with these viruses.

Preferred Respiratory Specimens

A nasopharyngeal swab specimen should be collected as soon as possible after illness onset. Specimens should be placed into sterile viral transport media and immediately placed at ≤ -20°C (for no more than 7 days) or at ≤ -70°C and transported promptly. For patients with both conjunctivitis and respiratory symptoms, it is recommended to collect three clinical specimens: (1) a conjunctival swab, (2) a nasopharyngeal swab, and (3) a combined nasal swab and an oropharyngeal swab. To increase the potential for novel influenza A virus detection, multiple respiratory specimens from different sites should be obtained from the same patient on at least two consecutive days for hospitalized patients.

Swabs

Swab specimens should be collected using swabs with a synthetic tip (e.g., polyester or Dacron®) and an aluminum or plastic shaft. Swabs with cotton tips and wooden shafts are not recommended. Specimens collected with swabs made of calcium alginate are not acceptable. The swab specimen collection vials should contain 1-3ml of sterile viral transport medium (e.g., containing protein stabilizer, antibiotics to discourage bacterial and fungal growth, and buffer solution).

Storing Clinical Specimens

Clinical specimens should be placed at ≤ -20°C (for no more than 7 days) or at ≤ -70°C and transported promptly. Avoid freezing and thawing specimens.

General Guidelines

Label each specimen container with the patient's name, FMP/SSN, accession number, specimen type (e.g., nasopharyngeal swab), and the sample collection date. Please complete a NIDDL Test Request From with the specific test request box marked and patient and HCP information on the bottom completed.

Shipping

Specimens must be packaged, shipped, and transported according to the current edition of the International Air Transport Association (IATA) Dangerous Goods Regulations. Please follow regulations for UN 3373 Biological Substance, Category B when sending specimens. Clinical specimens should be placed at ≤ -20°C (for no more than 7 days) or at ≤ -70°C and transported promptly. Avoid freezing and thawing specimens. Shipment of frozen samples should include dry ice and ice pack. If shipment by FedEx, a FIRST OVERNIGHT shipment is preferred as it would facilitate earlier delivery and testing. If shipping label is needed, please contact usn.detrick.nmrc.list.didd-dsd-niddl@health.mil with your contact information (name, address, phone number) and a FedEx shipping label will be created and sent to you.

Consult and Testing Order General Guidelines

We highly recommend health care provider to contact us for a laboratory consult for any suspected cases. Our general policy for influenza A testing is outlined below:

1. For influenza A positive sample from a hospitalized patient, provider can order in MHS Genesis the Influenza A/H5 RT-PCR (Ancillary test name: Flu A/H5 RT-PCR).
2. If the sample is from an outpatient, we suggest contacting us for a laboratory consult prior to placing an order in Genesis. However, we understand that this is not always possible. We will still accept any influenza A/H5 subtyping orders for outpatients with patient history included in MHS Genesis.
3. Providers can also order Influenza A/B typing test (in MHS Genesis: Influenza A/B PCR or ancillary test name: Flu A/B PCR) and add the seasonal subtyping or H5 subtyping as add on test on MHS Genesis if the initial Influenza A/B typing test came back positive for influenza A.

Point of Contact for any questions about testing or shipping:

Naval Infectious Diseases Diagnostic Laboratory (NIDDL)
Phone: 301-319-7150;
Email: usn.detrick.nmrc.list.didd-dsd-niddl@health.mil)

Ship samples to:

Naval Infectious Diseases Diagnostic Laboratory (NIDDL)
Naval Medical Research Command
503 Robert Grant Avenue, Room 3N60
Silver Spring MD, 20910