

**Investigating for influenza A (H1N1)
Protocol for collection and transfer of samples – alert level 4 and 5**

Center for Community Health Disease Control, Maldives

Testing Criteria for influenza A

1. Testing is indicated if the patient has the following in addition to the general flu symptoms
 - a. High grade fever (>102F) for more than 2days
 - b. Persistent vomiting
 - c. Diarrhoea
 - d. Dyspnoea/tachypnoea
 - e. Altered sensorium
 - f. Cyanosis
 - g. Haemoptysis
 - h. Persistent pleuritic chest pain
 - i. Decreased urine output
 - j. Poor oral intake/ difficulty in feeding
 - k. Desaturation
 - l. Associated co-morbidities (asthma, COPD, hypertension, CAD, CRD, diabetes, chronic liver disease, seizure disorders, immune-compromised)
2. Special attention should be given to pregnant patients with the above mentioned symptoms, signs and conditions
3. Testing is **not indicated** in cases with general flu symptoms of fever, cough, runny nose, sore throat, generalized malaise

Testing criteria for H1N1

1. H1N1 confirmatory testing is indicated for the first Influenza A positive case in that island community only.
2. Once a case is confirmed for H1N1 in an island community further testing is not required in that island

Required specimens

- One set of combined nose and throat swabs should be taken and placed in viral transport medium

Materials required

1. Specimen collection form
2. One set of nasal sample collection kit (Flocked Swabs: flexible nasopharyngeal flocked swab, nylon tip, plastic applicator, sterile individual wrapped)

3. One set of throat sample collection kit (Universal Transport Medium: UTM-RT mini tube with 1 plastic applicator, 1 combo applicator with molded break point)
4. Sample carrier (vaccine carrier) with ice packs, plastic sealable bag and sticky labels

Sample collection procedure

The patient should wear a surgical mask (except while having samples taken). The health care provider taking the swabs should also wear a surgical mask and gloves. The health care provider should wash hands with antiseptic hand rub after the procedure.

Ensure availability of all supplies including the specimen collection kits, pen, scissors, etc.

Nose swab (take one sample):

1. Stand on one side of the patient to avoid sneezing or coughing directly to the health care provider.
2. Tilt the patient's head back slightly and gently insert the swab along the medial part of the septum, as far as possible.
3. Rotate the swab slightly several times and then remove the swab.
4. Insert the swab into the viral transport medium (VTM).
5. Break the swab to fit inside the tube. Firmly secure the cap.
6. Label the specimen tube (Name & patient ID number)

Throat swab (take one sample):

1. Using the swab provided, vigorously swab only the posterior pharyngeal wall.
2. Insert the swab into the VTM.
3. Break the swab to fit inside the tube. Firmly secure the cap.
4. Label the specimen tube (Name & patient ID number)

Put the sample tube into a plastic bag and seal.

Check that the lab request form is completed.

Put the form into a plastic bag and seal.

Put the sample tube and the form into the sample carrier.

Infection control measures

1. Dispose of glove & mask as per the protocol.
2. Clean hands thoroughly using alcohol based hand rub.

Sample transfer

Refer to the algorithm for transporting specimens from atolls (F-ST09) for air transfer

For sea transport, use triple packaging system and transfer in a vaccine carrier. Over pack is not required for sea transfer.

Communication

1. Inform the provincial EOC and NEOC
2. NEOC should verify with IGMH laboratory shift coordinator (3335122) if the information has been conveyed to the laboratory.

Note: *if the specimen cannot be transferred to the IGMH laboratory within ONE hour, it should be removed from the sample carrier and stored in the refrigerator at 4°C. If the sample has to be kept for more than 24hours, store at -20°C.*

For further information and clarification: contact NEOC (3304829)