

Summary

Most common viruses in GML regions

Influenza A H1N1

RSV

rhinovirus

REMINDERS

Choose PCRABR (Flu/RSV) for Outpatients

USE RVPCR (full respiratory panel) for in-patients or immunocompromised and other at risk out-patients

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RESPView Pathogen Surveillance 2013-2014

- The predominant virus is influenza A, followed by respiratory syncytial virus.
- RSV and influenza account for 73 % of all viruses identified.
- Of the influenza subtyped, most are Flu A H1N1 2009

10X Essentials: Flu season algorithm.

As a reminder, during peak season, the laboratory offers **PCRABR test (Flu A/B and RSV Direct Assay)** as lower cost option but equally sensitive assay for Influenza A/B and RSV when those viruses are most likely to be encountered. A peak season algorithm is attached for your convenience.



Provider support of the **PCRABR test (Flu A/B and RSV Direct Assay)** is high. Thank you for your support of the respiratory triage program: Outpatient sites have two test options, 1) PCRABR, (**the Flu A/B/ RSV Direct Assay**) to be used when flu or RSV are most likely in non-critical out-patients and 2) full panel RVPCR when patients are to be admitted, are immunocompromised, or are treated for other conditions that warrant full panel testing. Your support of this triage allows the Microbiology Laboratory us to focus resources on full panel testing in a timely fashion for the sickest of our patients. Our deepest thanks for your support.

With Gratitude:



Thanks to Lisa Schicchitano, B.S., MT (ASCP) who is successfully leading GHS integration efforts in molecular testing. Lisa and her team are verifying methods and training employees at sites across Pennsylvania. These efforts allow all patients in the Geisinger System, regardless of their hospital location, to have access to cutting edge molecular testing close to home. Final implementation will take place in the 2014 virus season. Turnaround times will improve for MRSA, VRE, *C. difficile*, and respiratory viruses because of her team's outstanding efforts.



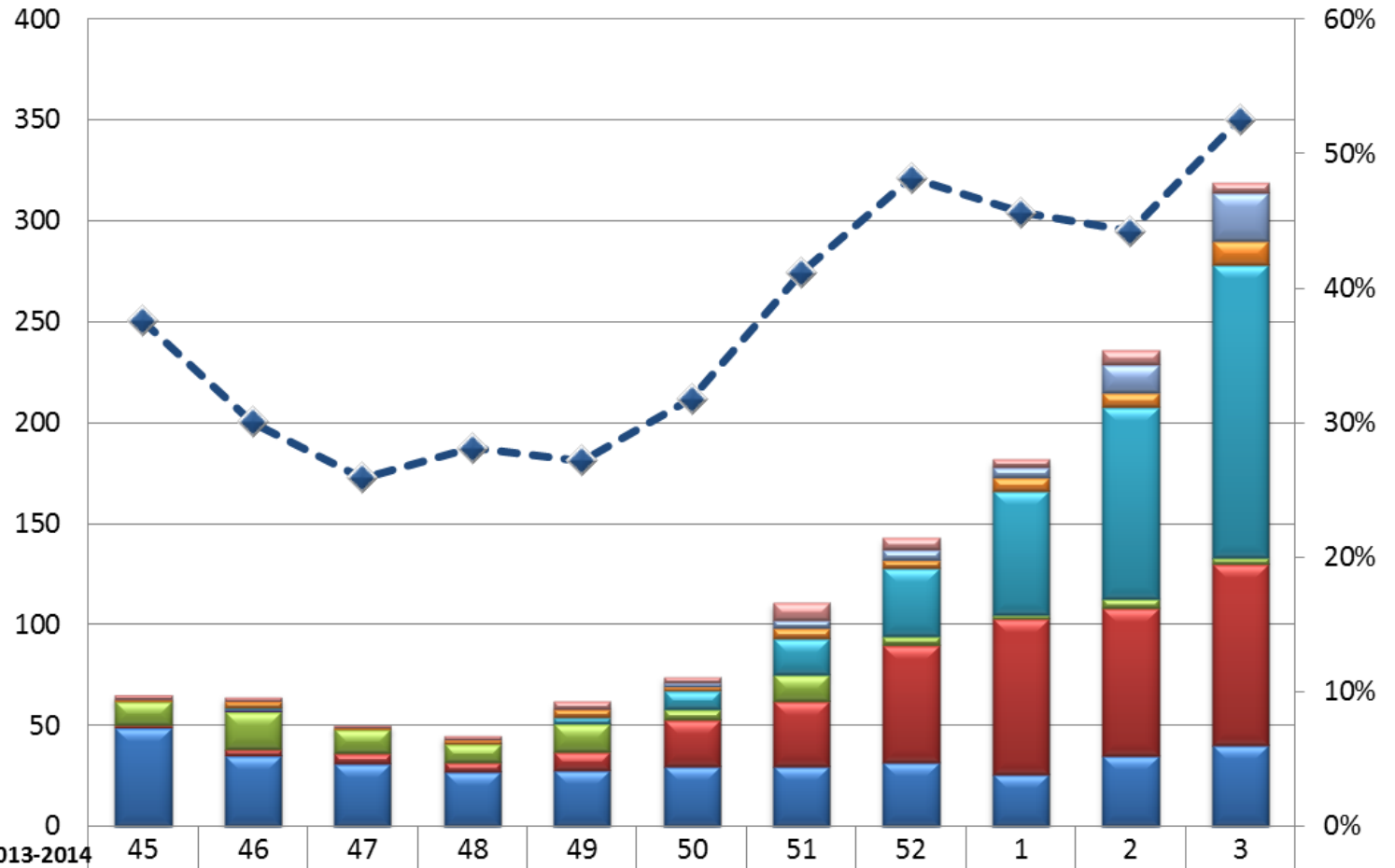
Thanks to Julie Riley B.S., MT(ASCP) and the GHS supply chain team for successfully navigating our system thought one of the worst blood culture bottle shortages in the history of microbiology. Julie is GMC's technical specialist in Bacteriology. Please give Julie and her team a special thank you for her heroic efforts during the shortage. Julie's team was also integral in reducing turnaround time for identification of MRSA from bacterial cultures and for additional identification of emerging bacterial pathogens.

For questions about respiratory pathogen testing, please contact, Dr. Donna Wolk, MHA, Ph.D, D(ABMM), System Director, Clinical Microbiology at 570-271-7467 or Dr. Raquel Martinez, Ph.D, D(ABMM), Associate Director, Clinical Microbiology at 570-271-6338.

Questions: For newsletter questions, contact Christy Attinger at (570) 271-6338.

**GML RespVIEW
2013-2014**

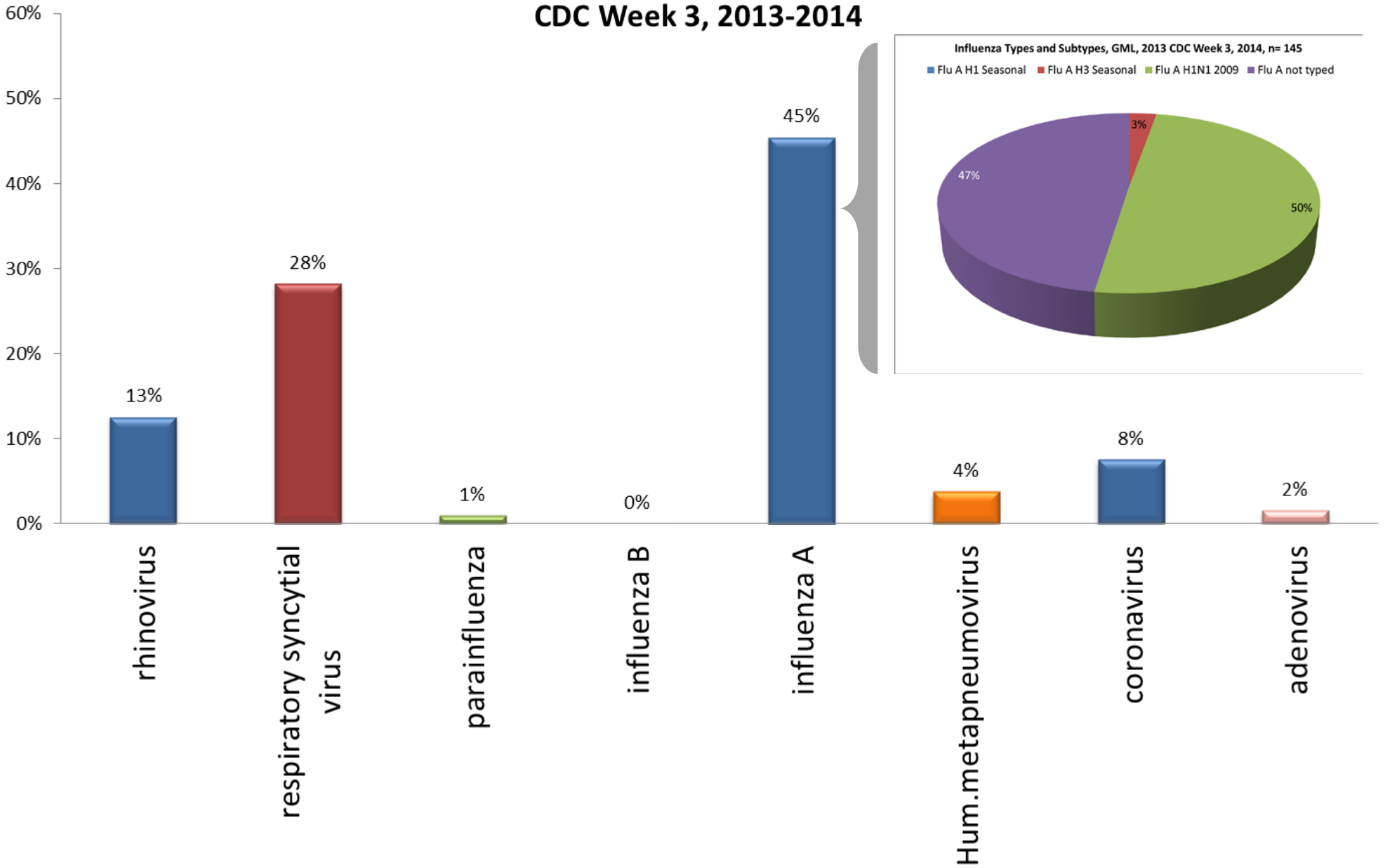
Respiratory Viruses



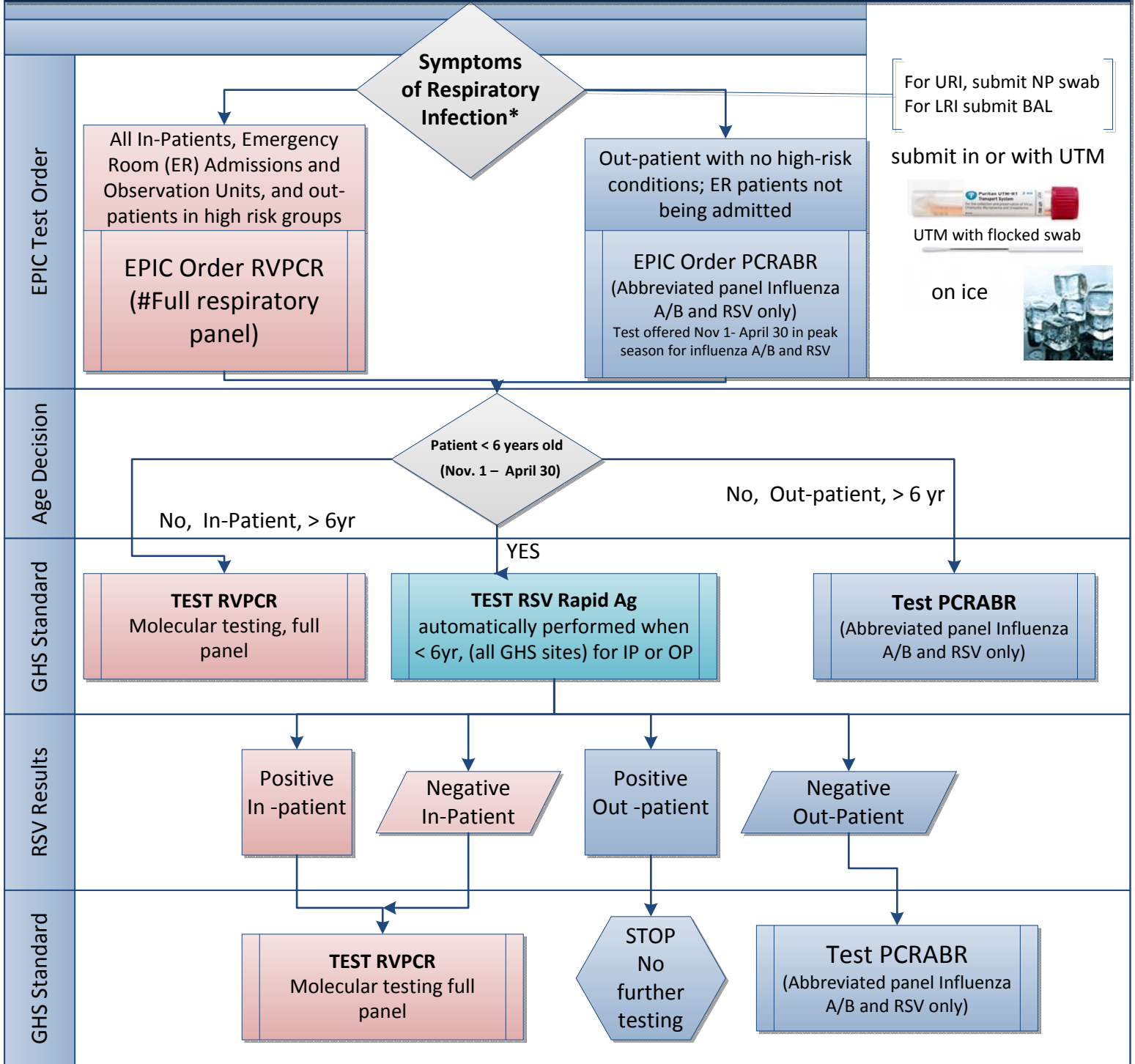
% Positive, All Viruses

CDC Respiratory Week, 2013-2014	45	46	47	48	49	50	51	52	1	2	3
adenovirus	2	2	1	2	4	3	9	6	4	7	5
coronavirus	0	0	0	0	0	2	4	5	5	14	24
Hum.metapneumovirus	1	3	1	2	4	2	5	4	7	7	12
influenza A	0	1	0	0	3	9	18	34	61	95	145
influenza B	0	1	0	0	0	0	0	0	0	0	0
parainfluenza	12	19	12	9	14	5	13	4	2	5	3
respiratory syncytial virus	1	3	5	5	9	23	32	58	77	73	90
rhinovirus	49	35	31	27	28	30	30	32	26	35	40
◆ % Positive Rollup (right axis)	38%	30%	26%	28%	27%	32%	41%	48%	46%	44%	53%

Weekly GML RespVIEW:Respiratory Virus Distribution CDC Week 3, 2013-2014



2014 Approved Respiratory Pathogen Testing Algorithm
Geisinger Medical Laboratories, Danville, PA



TEST = RVPCR

Molecular testing full panel: adenovirus; coronaviruses 229E, HKU1, NL63, and OC43; rhinovirus; human metapneumovirus; influenza A (subtypes H1, 2009 H1, and H3); influenza B; parainfluenza virus types 1-4; RSV; *Bordetella pertussis*; *Chlamydomphila pneumoniae*; and *Mycoplasma pneumonia* (at GMC, GWV, coming soon to GCMC; GBH and GSACH sent to GMC)

TEST = PCRABR

Molecular testing abbreviated panel: influenza A influenza B, RSV (performed at GMC for all sites)

Abbreviations

- URI = upper respiratory infection
- LRI = lower respiratory tract infection
- UTM = universal transport media w/ flocced swab
- NP = nasopharyngeal
- BAL= bronchoalveolar lavage
- RSV = respiratory syncytial virus
- ED = Emergency Department

For questions about respiratory pathogen testing, please contact Microbiology Technical Specialists: Lisa Scicchitano, B.S., MT(ASCP) at 570-214-4294, or Francis Tomashefski, B.S., MT(ASCP) at 570-271-6185 of **Doctoral directors:** Dr. Donna Wolk, MHA, Ph.D, D(ABMM) at 570-271-7467 or Dr. Raquel Martinez, Ph.D, D(ABMM) at 570-271-6338.

*Note: Exceptions to algorithm can occur with laboratory waiver, e.g., patients in high risk groups
 *April 2- Oct 31: rare chance of detecting influenza/ RSV; for diagnostic purposes, the full molecular panel is standard.
 Resp Flow diag Nov thru Apr.vsd
 dmwolk, rmmartinez: 12/30/2013