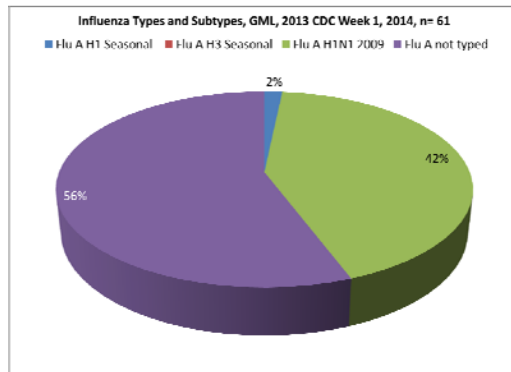


A Publication of Geisinger Medical Laboratories, Microbiology Vol. (2014-1):1-3, Jan 6, 2014

RESPView Pathogen Surveillance 2013-2014



- The predominant virus is rhinovirus, followed by respiratory syncytial virus, then influenza A and parainfluenza.
- RSV and influenza account for 76 % of all viruses identified.
- Influenza activity is sharply increasing, those typed are nearly exclusively FluA H1N1 2009
- CDC alert: H1N1 causes illness that disproportionately affects young and middle-aged adults

10X Essentials

CDC guidelines for influenza antiviral use

- Clinical benefit is greatest when antiviral treatment is administered early. When indicated, treatment should be started ideally within 48 hours of symptom onset.
- After 48 hours of illness onset, treatment might still be beneficial in patients with severe, complicated or progressive illness (■ see below), and in hospitalized patients.
 - children < 2 years
 - adults ≥ 65 years
 - chronic pulmonary, cardiovascular (except hypertension alone), renal, hepatic, hematological, metabolic disorders (including diabetes), or neurologic, stroke, intellectual disability, muscular dystrophy, or spinal cord injury)
 - persons with immunosuppression, including that caused by medications or by HIV
 - women who are pregnant or postpartum (within 2 weeks after delivery);
 - persons aged younger than 19 years who are receiving long-term aspirin therapy
 - American Indians/Alaska Natives
 - persons who are morbidly obese
 - residents of nursing homes and other chronic-care facilities



For questions about respiratory pathogen testing, please contact Microbiology Technical Specialists, Lisa Scicchitano, B.S., MT(ASCP) at 570-214-4294, Francis Tomaszefski, B.S., MT(ASCP) at 570-271-6185, 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.

Summary

Most common viruses in GML regions

RSV

Influenza A H1N1

rhinovirus

Mycoplasma detected

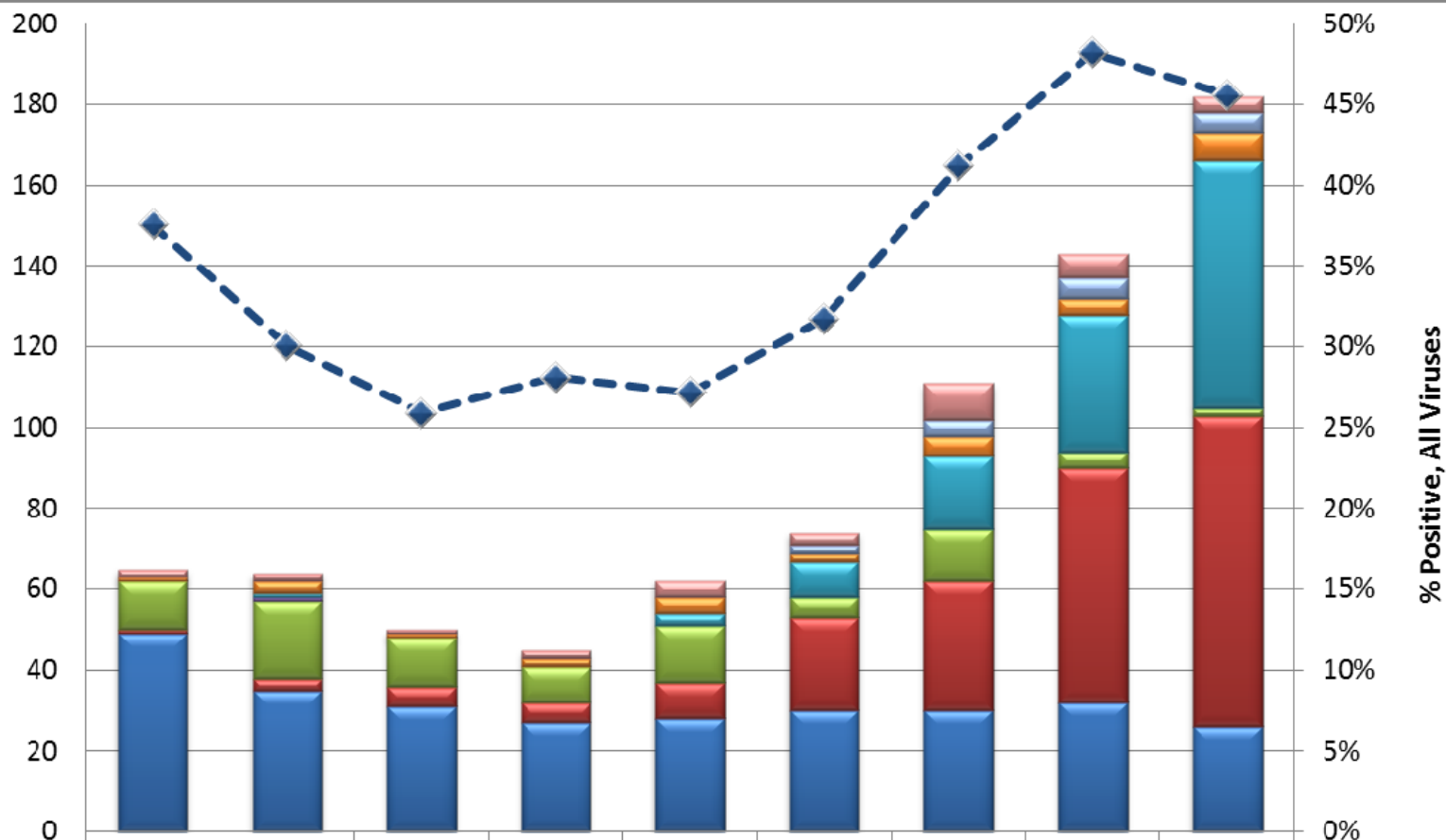
REMINDERS

Choose PCRABR (Flu/RSV) for Outpatients

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

**GML RespVIEW
2013-2014**

Respiratory Viruses



% Positive, All Viruses

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

Weekly GML RespVIEW: Number of Positives per Week 2013-2014

CDC Week 50

