

REMINDERS

Choose **ABRP** (FluA/B/RSV) for Outpatients

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

A Publication of Geisinger Medical Laboratories, Microbiology Vol. (18):1-4, December 30, 2014

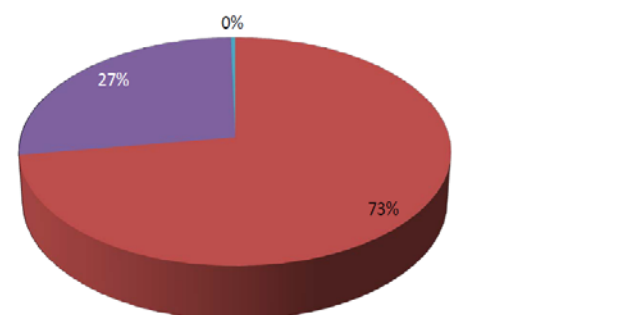
RESPView Pathogen Surveillance 2014-2015

- The predominant virus is influenza A, followed by rhinovirus and respiratory syncytial virus.
- Influenza activity is sharply increasing; those typed are nearly exclusively FluA H3.
- CDC Alert: 52% of the influenza A (H3N2) viruses collected and analyzed in the US from October 1 through November 22, 2014 are antigenically drifted from the vaccine strain, thus causing decreased vaccine effectiveness.



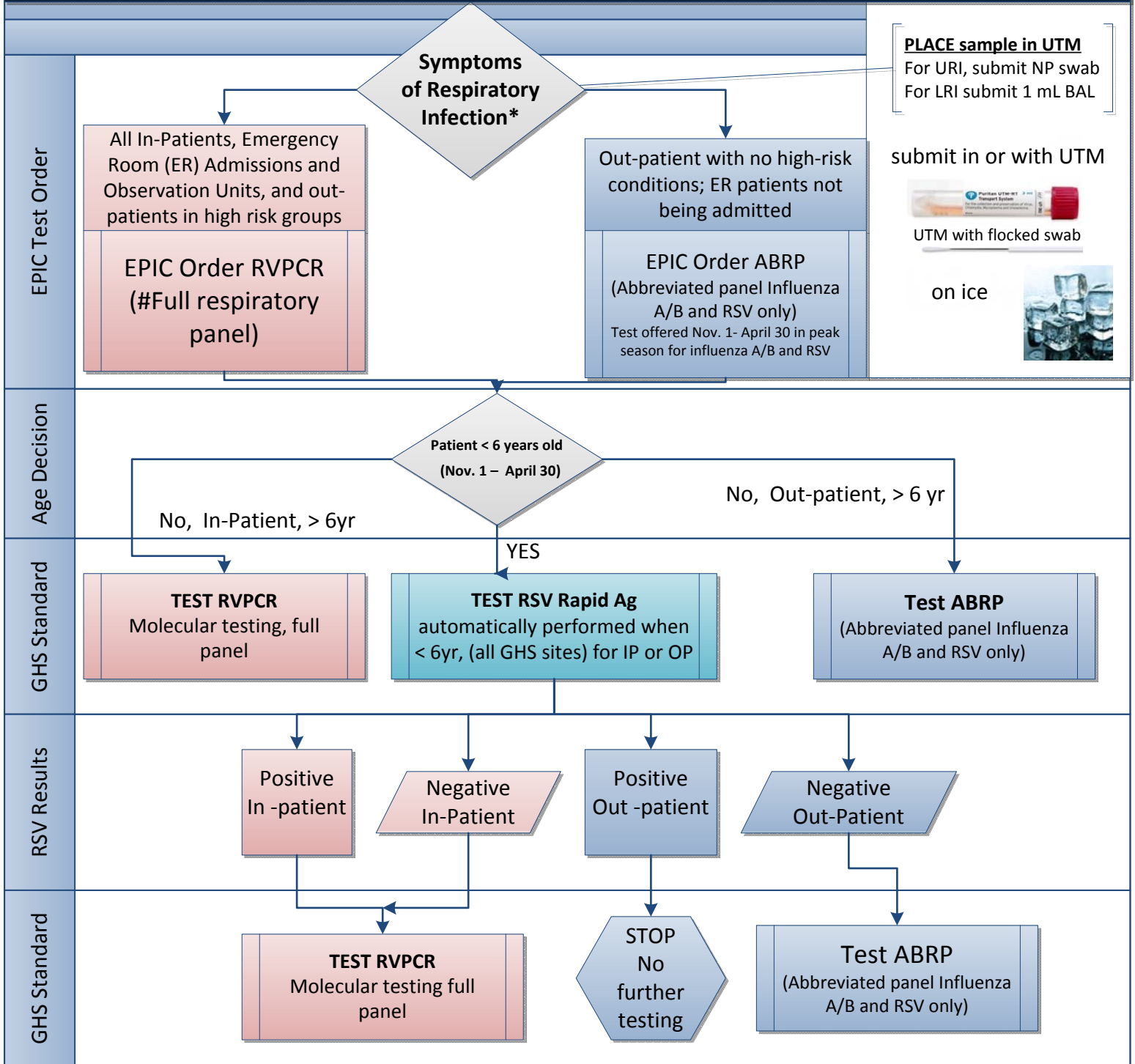
Please remember to use ABRP (FluA/B/RSV abbreviated PCR panel) for Outpatients and Emergency Room patients not being admitted. At GMC, nearly 50% of all RVPCRs on outpatients are influenza A-positive, which is detected by the ABRP assay. The algorithm on page 2 provides guidance for optimal stewardship of laboratory services.

Influenza Types and Subtypes, GML, 2014 CDC Week 52, 2014, n= 266



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.

2014-2015 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.

Performing laboratories: GMC, GWV, GCMC, and GBH. GSACH sent to GMC.

TEST = ABRP

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

Abbreviations

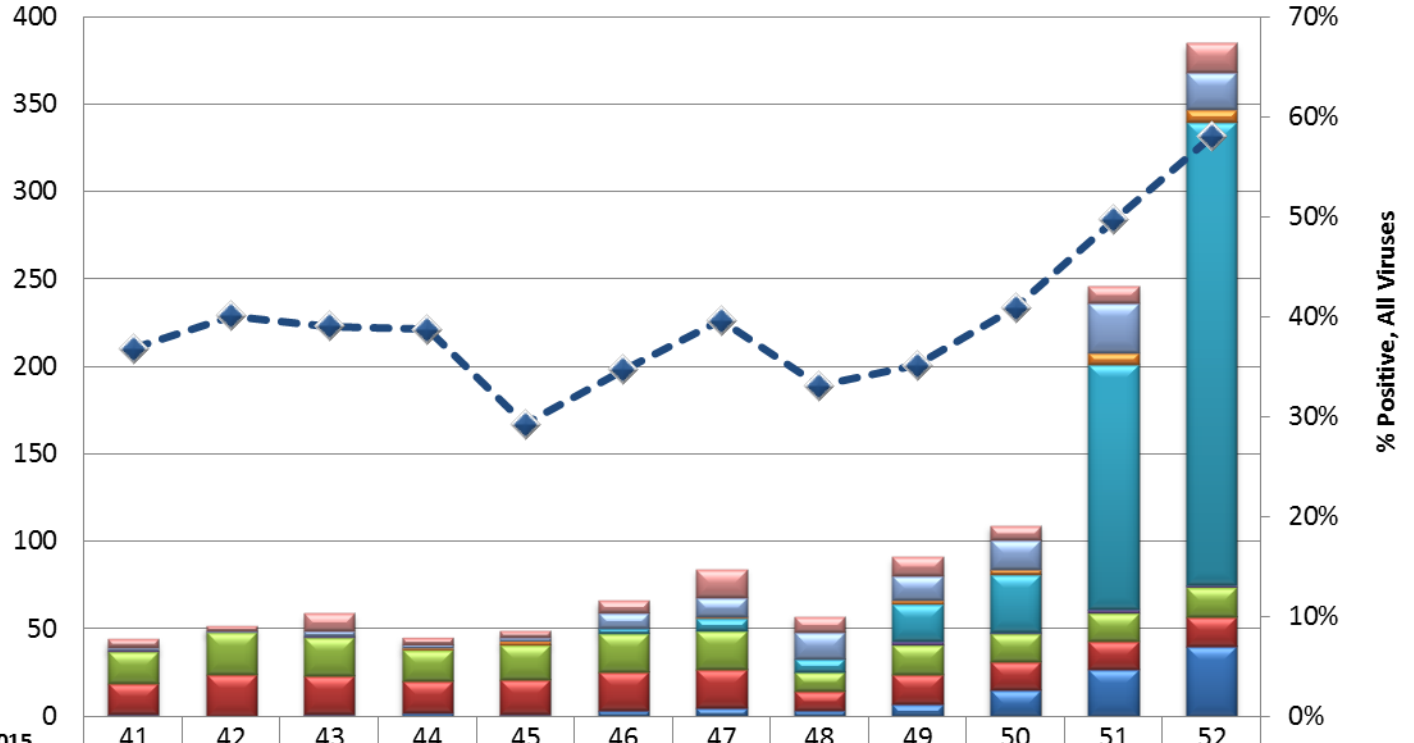
URI = upper respiratory infection
 LRI = lower respiratory tract infection
 UTM = universal transport media w/ flocced swab
 NP = nasopharyngeal
 BAL= brochoalveolar lavage
 RSV = respiratory syncytial virus
 ED = Emergency Department

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
 *May 1- Oct 31: rare chance of detecting influenza/ RSV; for diagnostic purposes, the full molecular panel is standard.
 Resp Flow diag Nov thru Apr.vsd

**GML RespVIEW
2014-2015**

Respiratory Viruses



CDC Respiratory Week, 2014-2015

adenovirus	5	3	10	4	4	7	16	9	11	8	10	17
coronavirus	1	1	3	2	2	9	11	15	14	17	28	21
hum.metapneumovirus	0	0	0	1	2	0	1	0	2	3	7	7
influenza A	0	0	0	0	0	3	7	8	21	33	140	265
influenza B	1	0	1	0	0	0	0	0	2	1	2	1
parainfluenza	18	24	22	18	20	22	22	11	17	16	16	17
respiratory syncytial virus	18	24	22	18	20	22	22	11	17	16	16	17
rhinovirus	1	0	1	2	1	3	5	3	7	15	27	40
% Positive Rollup (right axis)	37%	40%	39%	39%	29%	35%	40%	33%	35%	41%	50%	58%

Weekly GML RespVIEW:Respiratory Virus Distribution CDC Week 52, 2014-2015

