

### 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: *Chlamyophila pneumoniae*

Two cases of *Chlamyophila pneumoniae* (formerly *Chlamydia pneumoniae*) were detected in the GHS region, January 23-24. While not a cause for alarm, *C. pneumoniae* is a rarely detected respiratory pathogen. The spectrum of illness can range from asymptomatic infection to severe disease. Common clinical features include pneumonia or bronchitis with prominent cough. Less common presentations are pharyngitis, laryngitis, sinusitis, and neurological involvement. Transmission is via respiratory secretions. Antibiotic treatment is with a macrolide such as azithromycin. Both doxycycline and levaquin are alternative choices.



For patients with respiratory illness the GML “Respiratory PCR” Test (RVPCR) detects this pathogen when ordered according to GHS respiratory algorithm on in-patients, pre-admission samples, patients in the Emergency Department, and high risk out-patients. For low risk out-patients, the Influenza A/B and RSV PCR (PCRABR) test is still available for influenza and RSV, which accounted for 73% all respiratory infections last week. For questions regarding testing this rare pathogen, page the Microbiology director on call Pager ID 8600.

#### With Gratitude:



Thanks to **Christon Henderson, MLT** and the Geisinger Bloomsburg Hospital team for implementing the Cepheid Xpert *vanA* assay (VREP). The VREP assay is a qualitative *in vitro* diagnostic test designed for the rapid detection of the *vanA* gene of vancomycin resistant *enterococci* from perianal or rectal swabs in patients at risk for perianal/rectal colonization. Turnaround times will improve for VRE, MRSA and *C. difficile* because of her team’s outstanding efforts.

For questions about respiratory pathogen testing, please contact, Dr. Donna Wolk, MHA, Ph.D, D(ABMM), Director, Clinical Microbiology at 570-271-7467 or Dr. Raquel Martinez, Ph.D, D(ABMM), Director, Clinical Microbiology at 570-214-6587.

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

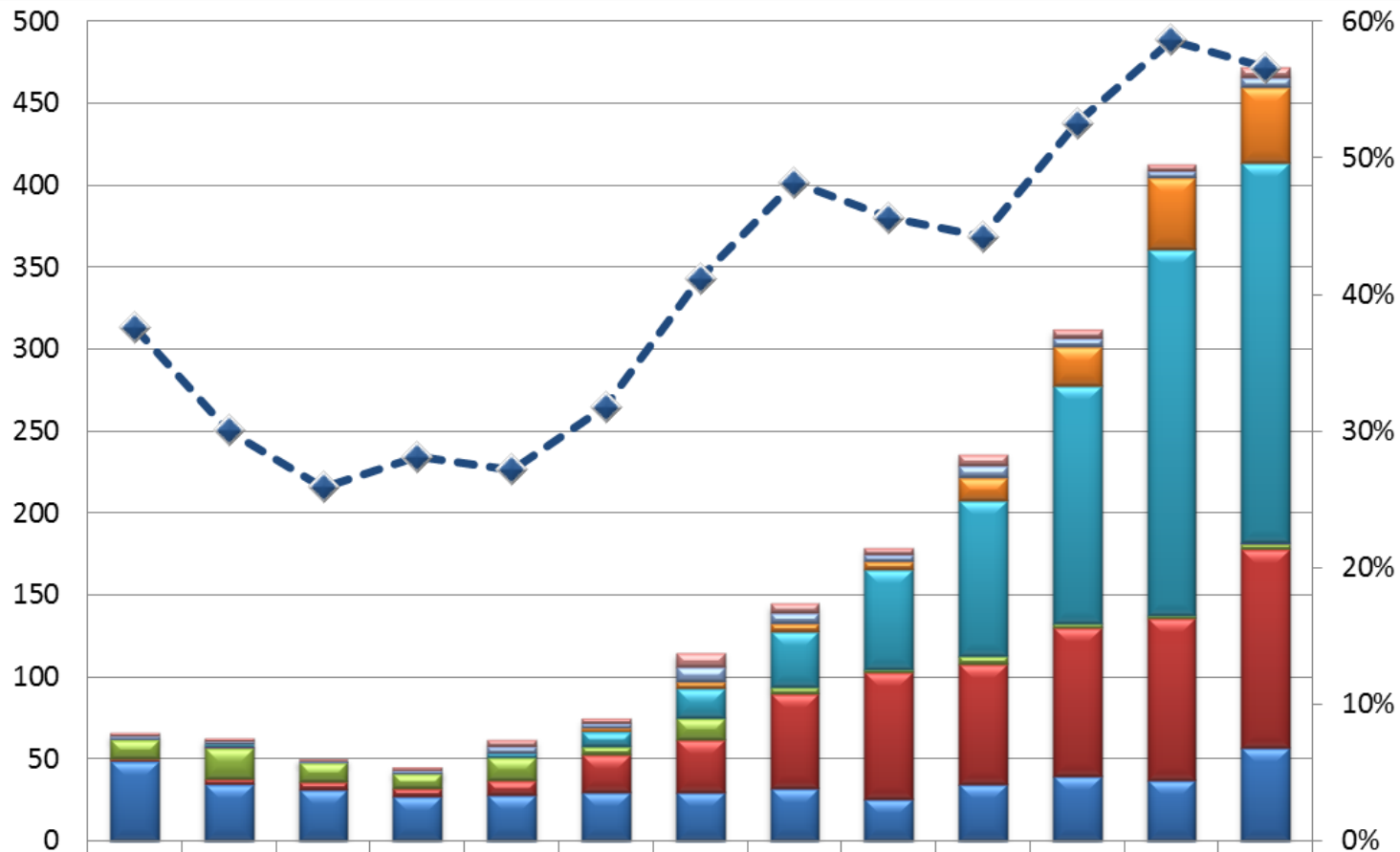
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“Make it the best.” - A. Geisinger

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**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	4	5
adenovirus	2	2	1	2	4	3	9	6	4	7	5	4	6
coronavirus	2	2	1	2	4	3	9	6	4	7	5	4	6
Hum.metapneumovirus	0	0	0	0	0	2	4	5	5	14	24	44	46
influenza A	0	1	0	0	3	9	18	34	61	95	145	223	232
influenza B	0	1	0	0	0	0	0	0	0	0	0	0	1
parainfluenza	12	19	12	9	14	5	13	4	2	5	3	2	3
respiratory syncytial virus	1	3	5	5	9	23	32	58	77	73	90	99	121
rhinovirus	49	35	31	27	28	30	30	32	26	35	40	37	57
◆ % Positive Rollup (right axis)	38%	30%	26%	28%	27%	32%	41%	48%	46%	44%	53%	59%	57%

# Weekly GML RespVIEW:Respiratory Virus Distribution

CDC Week 5, 2013-2014

