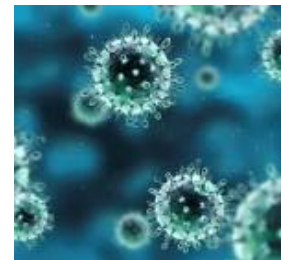


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#### RESPView Pathogen Surveillance 2014-2015

- The predominant virus continues to be influenza A (62%), followed by respiratory syncytial virus (18%) and rhinovirus (8%).
- A slight increase occurred in the number of Flu B, from 4 (1%) to 10 (2%) cases during CDC week 4. Of the typed influenza strains, Seasonal FluA H3 continues to predominate at 53%, which is down from 63% last week.
- **CDC Alert:** Due to the reduced efficacy of this year's vaccine, and the subsequently lowered herd immunity in the population, CDC recommends that clinicians routinely prescribe antivirals in selected patient populations for highly SUSPECTED or CONFIRMED influenza. Link to CDC recommendation: <http://emergency.cdc.gov/han/han00375.asp>. The GHS tests system-wide are highly accurate for detection of this year's strains.



#### REMINDERS

Choose **ABRP** (FluA/B/RSV) for Outpatients and Emergency Room patients not being admitted.

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

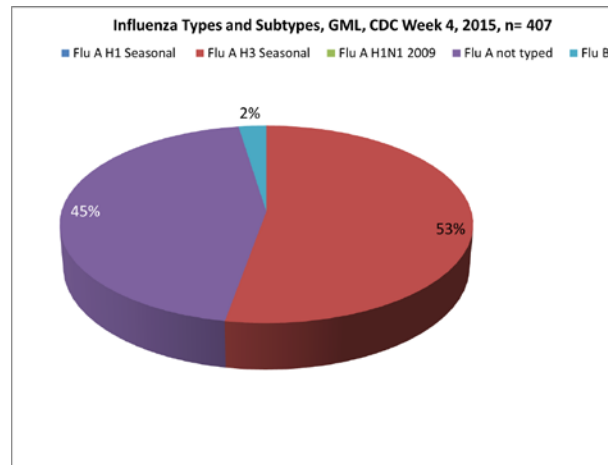
Please avoid placing duplicate orders.

Specimen sources are required on all laboratory tests.

### Did you know?

#### Group A Strep

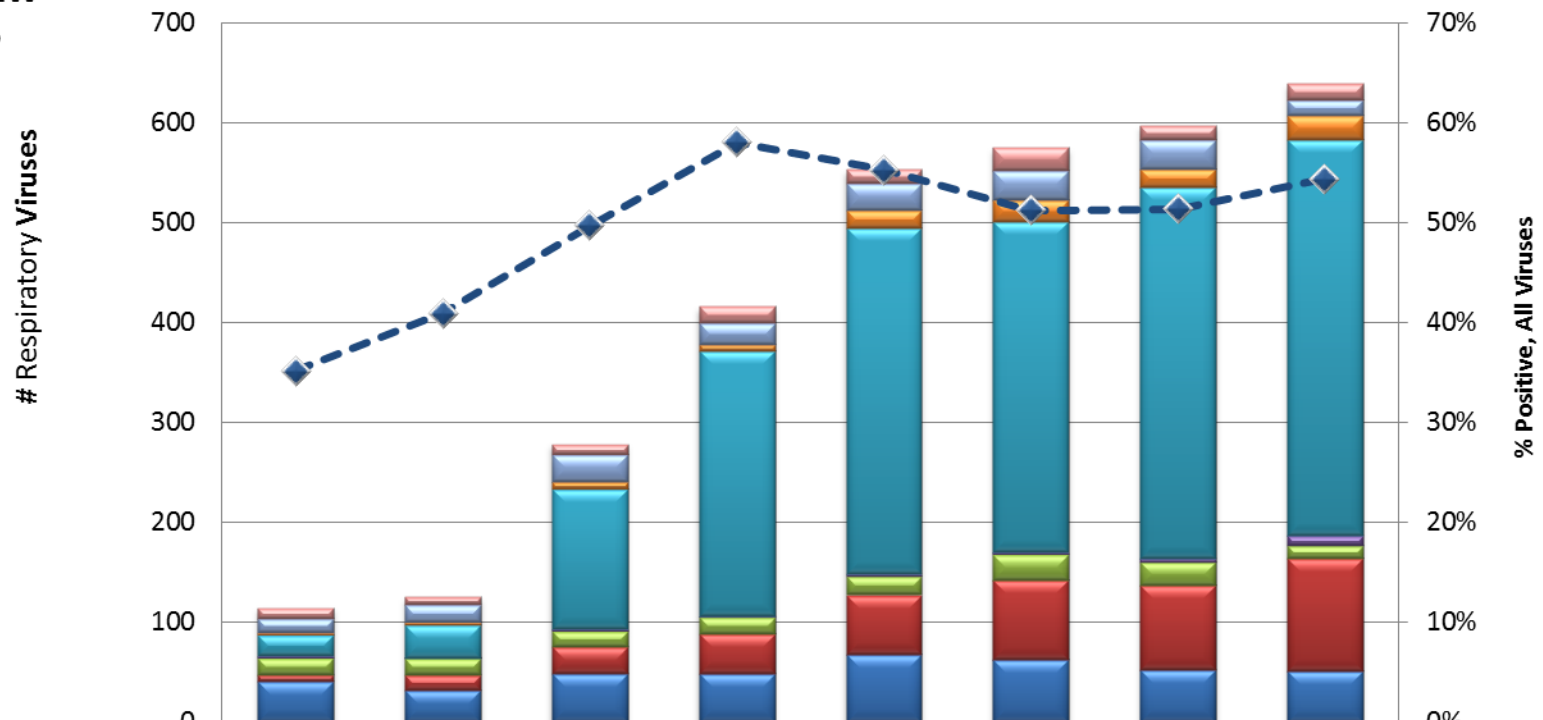
- Direct streptococcal antigen assays are known to be less accurate than culture or PCR.
- Laboratory guidelines require that a more sensitive confirmatory test, such as culture or PCR, is performed on negative rapid antigen samples.
- As of December 2, 2014, Group A Strep PCR (test code GASPCR) is the confirmatory system standard for Group A streptococcus testing. Negative rapid antigen tests are reflexed to GASPCR.
- GASPCR is 10% more sensitive than the previous GHS molecular method
- GASPCR is 30% more accurate than rapid antigen tests.



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.

**GML RespVIEW  
2014-2015**



CDC Respiratory Week, 2014-2015	49	50	51	52	1	2	3	4
adenovirus	11	8	10	17	14	23	14	16
coronavirus	14	17	28	21	27	29	29	16
hum. metapneumovirus	2	3	7	7	18	22	19	24
influenza A	21	33	140	265	346	331	371	397
influenza B	2	1	2	1	3	2	4	10
parainfluenza	17	16	16	17	18	26	24	13
respiratory syncytial virus	7	15	27	40	60	80	84	112
rhinovirus	40	32	48	48	67	62	52	51
◆ - % Positive Rollup (right axis)	35%	41%	50%	58%	55%	51%	51%	54%

### Weekly GML RespVIEW: Respiratory Virus Distribution CDC Week 4, 2014-2015

