SLO Public Health Laboratory Bulletin

October 2009

Pandemic H1N1 2009 Influenza virus

Widespread transmission of the pandemic H1N1 2009 influenza virus and increases in cases indicates the second wave of influenza has begun. We encourage all submitters to **STOP USING THE STATE LAB FORM AND BEGIN USE OF THE NEW SLO LABORATORY REQUISITION**. The form can be downloaded from the Public Health Department's website :http://www.slocounty.ca.gov/Assets/PH/Communicable+Disease/Swine+Flu/Clinician+Information/Swine+Flu+Specimen+Submittal+Form.pdf.

The San Luis Obispo Public Health Laboratory will continue to perform Influenza virus reverse transcription polymerase chain reaction (RT_PCR) to detect influenza A and B viruses and seasonal H1/H3 subtyping.

- With increased submission the laboratory is performing the assay with two test runs a week. The cutoff time is noon on Tuesday for test runs on Wednesday and noon on Thursday for Friday test runs. Each "run' consists of up to three PCR analysis—first for Type A detection, second for the H1 and H3 subtypes for A positives, and third for B type detection if A type is not detected.
- If our laboratory reports "Influenza virus type A positive, non-subtypable" you can assume that we are detecting the Pandemic H1N1 2009 influenza virus. At this point the pandemic virus has virtually replaced the usual seasonal type A H1 and H3 strains. Fully half of the specimens submitted to the San Luis Obispo Public Health Laboratory are positive for the pandemic strain with no detection of seasonal H1 and H3 strains or Type B.
- We continue to advise health care providers of the low sensitivity of rapid tests to detect influenza virus in general and the pandemic H1N1 2009 virus.
- No fees will be charged for patients with influenza-like illness who require hospitalization or who have died. Specimens with type A positive, non-subtypable results are being referred to the state laboratory for confirmation. SLO Public Health communicable disease staff are authorizing no charge testing for institutions that may be experiencing influenza virus transmission.

Call 805-781-5512, Dr James Beebe if additional information is required.

New Guidance for detection of shigatoxin-producing E coli (STEC) from CDC 10-15-09

Shiga toxin–producing *Escherichia coli* (STEC) are a leading cause of bacterial enteric infections in the United States. Prompt diagnosis of STEC infection is important to decrease the risk for serious complications. Prompt laboratory identification of STEC strains also is essential for detecting new and emerging serotypes, for effective and timely outbreak responses and control measures, and for monitoring trends in disease epidemiology. This report provides comprehensive and detailed recommendations for STEC testing by clinical laboratories, including the recommendation that all stools submitted for routine testing from patients with acute community-acquired diarrhea be simultaneously cultured for *E. coli* O157:H7 and tested with an assay that detects Shiga toxins to detect non-O157 STEC.

See MMWR report October 16, 2009, 58(RR12):1-14

For full text: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5812a1.htm?s_cid=rr5812a1_e