



SLO Public Health Laboratory Bulletin

**August
2010**

Summer Influenza Update from the CDC:

Influenza A (H3N2) virus infections have been recently detected in people in a number of states across the U.S., including two small localized outbreaks in two non-bordering eastern counties in Iowa. Antigenic characterization of the influenza A (H3) viruses received at CDC are pending. However, based on hemagglutinin gene sequencing data from four viruses isolated from July specimens, these viruses are expected to be antigenically similar to A/Perth/16/2009-like H3N2 viruses--currently included in the 2010-11 seasonal influenza vaccine. Perth-like H3N2 viruses were first identified in early 2009, but have not yet circulated widely in the United States. Past influenza vaccines did not contain this strain, so vaccination with last year's seasonal vaccine would not be expected to provide substantial protection against this H3N2 Perth-like strain.

Sporadic cases of influenza and localized summer outbreaks from seasonal influenza viruses are detected each summer. Clinicians are reminded to consider influenza as a possible diagnosis when evaluating patients with acute respiratory illnesses, including pneumonia, even during the summer months. False positive results also can occur, particularly at times when overall influenza prevalence is low. For patients for whom laboratory confirmation is desired, or to confirm initial influenza cases in a community in which cases have been tested by rapid influenza diagnostic tests, it is recommended that reverse transcriptase -polymerase chain reaction (RT-PCR), and/or viral culture is utilized. The SLO Public Health Laboratory is performing the CDC-approved RT-PCR assay.

Until the declared start of the influenza season, PCR testing of rapid flu test-POSITIVE specimens will be performed without a fee for surveillance purposes. Providers should use the Influenza requisition and complete the clinical questionnaire.

Dear TB Laboratorians:

The Association of Public Health Laboratories (APHL), in collaboration with the Centers for Disease Control and Prevention (CDC) Division of Tuberculosis Elimination (DTBE), will ask you to respond to a comprehensive survey to capture a national picture of TB testing capabilities and capacities in **all clinical and public health laboratories nationwide**. The survey will be distributed to all public health, clinical and commercial laboratories in the United States that perform some type of TB testing in house.

On **September 7**, your Laboratory Director or Microbiology Supervisor will be receiving an email that contains a link to a survey tool. This link is unique to your laboratory and will take you through a series of questions about your laboratory's TB testing practices. The survey does not need to be completed in one sitting, you will be able to stop and save your responses as many times as you'd like. If you do not receive an email on September 7, please contact Kelly Wroblewski, APHL Manager of HIV, Hepatitis, STD and TB Programs, at tb.survey@aphl.org .

What else does a public health laboratory do besides flu testing?

Since May 1, 2010 the SLO Public Health laboratory has tested 698 specimens for pertussis by PCR with 21% positive for *Bordetella pertussis* DNA.