

Influenza Testing and Surveillance, 2007-2008

Influenza surveillance information and diagnostic testing can aid clinical judgment and help guide treatment decisions. However, testing does not need to be done on all patients with symptoms of influenza. Once influenza activity has been documented in the community or geographic area, a clinical diagnosis can be made for patients with signs and symptoms consistent with influenza, especially during periods of peak influenza activity. For individual patients seen in ambulatory care settings, tests are most useful when they are likely to help with treatment decisions, such as the use of influenza antiviral agents. Not every patient with influenza will benefit from treatment with antiviral medication. For recommendations on the use of antiviral agents during the 2007-2008 influenza season, please see

<http://www.cdc.gov/flu/professionals/antivirals/index.htm>

Testing at the Vermont Department of Health (VDH) Laboratory: Due to limited resources and to the limited value of a viral culture in patient management, the VDH Laboratory currently only accepts influenza viral cultures from:

- Sentinel influenza providers
- Emergency Departments enrolled in the Early Aberration Reporting System (EARS)
- Long-term care facilities or other institutions experiencing influenza-like illness outbreaks
- Providers with special circumstances (For example, a patient with a serious illness or complication that might be due to influenza, or a patient hospitalized with an influenza-like illness)

Influenza Surveillance and Sentinel Providers: Influenza surveillance provides important public health information on the disease, including predominant circulating types, influenza A subtypes, and strains of influenza. Thirteen Vermont medical practices, hospital Emergency Departments, and college health centers currently participate in the U.S. Influenza Sentinel Provider Surveillance Network, overseen by the Centers for Disease Control and Prevention (CDC).

Sentinel Providers are equipped with influenza viral culture kits and Binax® rapid test kits (approved for use in any outpatient setting) at no cost. Virus isolates arriving at the VDH Laboratory are employed in the characterization of current strains; in addition they are used to monitor the emergence of antiviral resistance and novel influenza A subtypes that might pose a pandemic threat. To enroll in the Influenza Sentinel Provider Surveillance Network, please contact Sally Cook at (802)863-7240 or (800)640-4374. For weekly updates on Vermont influenza activity during the influenza season, please see

<http://healthvermont.gov/prevent/flu/flusurveillance.aspx>

Influenza Testing in Special Circumstances: Long-term care centers and other institutions experiencing **outbreaks of influenza-like illness** or providers with special circumstances will be provided with free influenza viral culture kits. Please arrange testing by calling VDH Epidemiology at (802)863-7240 or (800)640-4374. Detection of influenza and prompt implementation of control measures is critical to the control of institutional outbreaks. For guidelines on the prevention and management of influenza in long term care facilities, see <http://www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm>

Contents:

Influenza in the
2007-2008 season

Chart: Selected
Reportable
Diseases
September - 2007

The Infectious Disease Bulletin can be viewed at:

<http://healthvermont.gov/pubs/IDB/index.aspx>

For questions & comments, please contact Mary Spayne at (802)863-7240

