

Instructions for Collection and Submission of Specimens for Highly Pathogenic Avian Influenza AH5 VDHL Kit # 9-AH5

To report hospitalized patients or patients with an exposure history to avian influenza, contact VDH Epidemiology Division at 802-863-7240 or 1-800-640-4374 (VT only) available 24 hours a day, 7 days a week.

Kit Contents

- 3 vials of viral transport medium
- 3 sterile nasopharyngeal (NP) swabs (thin swab)
- 2 Sterile nasal/oropharyngeal/conjunctival swab (thick swab)
- 3 Metal secondary containers
- 3 VDHL Clinical Test Request forms (Micro 220)
- 3 Biohazard bags

Specimens Collected are Based on Symptoms:

1. Individuals with respiratory symptoms:
 - a. One nasopharyngeal swab (NP) in one viral transport tube and
 - b. One nasal swab and one oropharyngeal swab combined into one viral transport media tube
2. Individuals with conjunctivitis with or without respiratory symptoms:
 - a. Two conjunctival swabs, one for each eye combined into one viral transport tube and
 - b. One nasopharyngeal swab (NP) placed in a separate viral transport tube
3. Individuals with severe respiratory disease should collect lower respiratory tract specimens. (**NOTE:** supplies to collect lower respiratory tract specimens are **NOT** included with this kit):
 - a. Endotracheal aspirate or
 - b. Bronchoalveolar lavage fluid
4. Individuals with no symptoms (asymptomatic) with high risk of exposure to H5N1 virus. High risk exposure includes farm workers exposed to animals infected with H5N1 virus who do not wear recommended PPE, have experienced compromised PPE, or are close contacts to individuals who have confirmed positive for H5N1 virus:
 - a. One nasal swab and one oropharyngeal swab combined into one viral transport media tube
 - b. Two conjunctival swabs, one for each eye combined into one viral transport tube, may also be submitted in addition to the NP and OP swab

Specimen Collection

Print two patient identifiers on the viral transport medium collection tube (e.g. patient name and date of birth). The two identifiers must also be on the Micro 220 Clinical test request form. Specimens missing two patient identifiers will be **REJECTED**.

Nasopharyngeal Swab

1. Tilt patient's head back 70 degrees.
2. Insert NP swab into nostril. (Swab should reach depth equal to distance from nostrils to outer opening of the ear) Leave swab in place for several seconds to absorb secretions.
3. Slowly remove swab while rotating it. (Swab both nostrils with same swab)
4. Place the swab into the viral transport media tube and snap/cut off the applicator stick. Screw the cap on tightly.

Nasal Swab

1. Tilt patient's head back 70 degrees.
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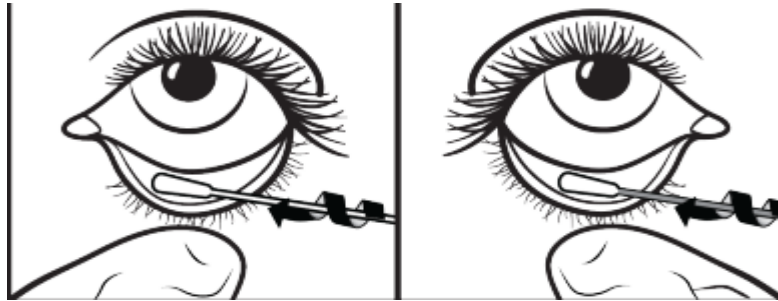
2. Insert the swab less than one inch into nostril (until resistance is met at turbinate).
3. Rotate the swab several times against the nasal wall. Repeat in the other nostril using the same swab. Place the swab into the viral transport media tube and snap/cut off the applicator stick. Screw the cap on tightly.

Oropharyngeal Swab

1. Insert swab into the posterior pharynx and tonsillar areas.
2. Rub swab over both tonsillar pillars and posterior oropharynx and avoid touching the tongue, teeth, and gums.
3. Place swab into the viral transport media tube and snap/cut off the applicator stick. Screw the cap on tightly.

Conjunctival Swab

1. Gently pull down the lower eyelid of the patient to expose the conjunctiva that lines the inside of the eyelid and covers the white part of the eye.
2. Collect the specimen by gently rotating the swab over the infected area 2-3 times, avoiding touching the cornea (the clear front part of the eye).



3. Place the swab into the viral transport media tube. Snap/cut off the applicator stick.
4. Repeat steps 1-3 for the other eye using a new swab. Place the second swab into the viral transport media tube containing the first conjunctival swab. Snap/cut off the applicator stick and screw cap on tightly.

Specimen Storage, Shipment, and Test Schedule

Place each labeled viral transport tube containing the swab into a metal secondary container provided. Screw the cap on tightly. Insert the secondary container into a biohazard bag (one container per bag). Complete one Micro 220 Clinical Test Request form for each specimen submitted and insert the form into the sleeve of the biohazard bag. Repeat for all specimens.

Storage: 2-8°C for up to 3 days after collection
-70°C or lower if >3 days after collection

Shipment: Ship as soon as possible at refrigerated temperature (2-8°C) for up to 3 days. If the specimen will be received at the VDHL >3 days after collection then ship frozen.

Follow shipping regulations for UN 3373 Biological Substance, Category B. All shipments must comply with current DOT/IATA shipping regulations.

Specimen May be Rejected for the Following Reasons:

- No patient identifiers (at least two) or mismatched identifiers on the specimen and the Micro 220 Clinical Test Request form
- Specimen is submitted without the Micro 220 Clinical Test Request form
- Improper shipment temperature
- Too old to test (>3 days from date of collection and not stored/shipped frozen)
- Date/Time of collection is missing
- Expired transport media
- Specimen leaked in transit and/or there is insufficient specimen for testing
- No swab received
- Inappropriate swab type received (cotton swabs, wooden shafts, calcium alginate)

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