Influenza Testing

Two molecular assays are available from Health Network Laboratories to test for influenza.

Influenza A&B and RSV (Order Code: FLABR) is run multiple times throughout the day on all three shifts.

Respiratory Viral Panel PCR (Order Code: RVPPR) detects twelve respiratory viruses and will subtype Influenza A. RVPPR testing is offered daily, one run per day.

When ordering these tests, please select the FLABR or RVPPR. Both tests should not be ordered. Select FLABR for ambulatory patients including patients seen in the emergency room that are not admitted. The RVPPR is recommended only for critically ill patients that are admitted to the hospital.
**Influenza Precautions and Vaccination**

Influenza cases are still being identified therefore healthcare personnel who were exempted from influenza vaccination must continue to wear a surgical mask. Additionally, continue to offer influenza vaccinations to all patients that have not been vaccinated this flu season.

**Influenza Temporary Replacement Virology Collection Kit**  
**(BD Universal Viral Transport)**

The temporary kit contains a packet of two swabs, one nasopharyngeal and a large swab. When sending a specimen for influenza, please use ONLY the small nasopharyngeal swab. The regular kit only contains a single swab.

**Volunteer Restrictions for Isolation Rooms**

Volunteers are not permitted to enter any isolation rooms. There are two group exceptions: volunteers that provide services to Pediatrics, PICU, NICU and volunteers in the No One Dies Alone (NODA) program. These volunteers have been trained to don personal protective equipment (PPE) and are given permission to enter rooms of patients on isolation following appropriate isolation precautions.

**Isolation Caddies**

Isolation caddies are not disposable. Please inform general services staff or Discharge Bed SWAT Team (DBST) that isolation has been discontinued and the isolation caddy needs to be disinfected and returned to storage.

**Pregnant Personnel**

In general, pregnant health care personnel do not have an increased risk for acquiring infections in the workplace (American Journal of Infection Control 1998 26:3). All healthcare personnel are required to adhere to appropriate infection control practices, including standard precautions to decrease their risk of acquiring infection. Additional measures recommended for pregnant personnel are outlined in the Infection Control and Prevention policy, Communicable Disease Protection for Pregnant Personnel - [http://lvhwebcontent.lvh.com/?id=1224&sid=1#Section3](http://lvhwebcontent.lvh.com/?id=1224&sid=1#Section3).

Pregnant personnel are advised to contact Employee Health Services early in their pregnancy to review safe work practices.

**Non-medicated Hand Soap Conversion**

General Services is in the process of converting the existing non-medicated hand soap (Germa Care) that is located in all public restrooms, offices, and non-clinical areas to the Ecolab product, *Mild Moisturizing* hand soap. This soap is made from environmentally friendly ingredients and has Green Seal of approval.
Effective March 18, 2013, Group A Strep molecular testing will replace the Group A Streptococcus Culture at Health Network Laboratories. Acute pharyngitis is one of the most frequent illnesses for which pediatricians and other primary care physicians are consulted, with an estimated 11 million visits per year in the United States.

The Group A Streptococcus, DNA test represents a significant new advancement in healthcare by providing a molecular solution for the detection of Group A Strep pharyngitis from throat swab specimens. One advantage of the molecular test is increased sensitivity over the culture, which had been considered to be the gold standard. In several studies, the routine culture was only between 52 to 78 % sensitive while the sensitivity of the illumigene® Group A Streptococcus test is 98%. The specificity of the illumigene assay is 97.7%.

Another advantage of the Group A Streptococcus, DNA test is the rapid turn-around time. The result is available in 1 day vs. 2-3 days for the Group A strep culture.

The Group A Streptococcus DNA test will only detect Group A strep. Even though Group C (GCS) and Group G (GGS) streptococci are relatively common causes of acute pharyngitis, acute rheumatic fever has not been described as a complication of either GCS or GGS pharyngitis. Currently, there is no convincing evidence from controlled studies of a clinical response to antibiotic therapy in patients with acute pharyngitis and either GCS or GGS isolated from the throat.

**Test Name:** Group A Strep, throat, DNA  
**Test Code:** SADNA  
**Method:** illumigene® Group A Streptococcus test - Nucleic acid amplification utilizing LAMP technology  
**Specimen Requirements:** Red capped culture Swab Specimens. Samples should be collected by vigorously swabbing the tonsils and the posterior pharynx.  
**Storage and Transport:** Swabs should be held at room temperature during transport.  
**Stability:** Samples may be held at room temperature (21-27 C°) for up to 48 hours prior to testing. Samples that cannot be transported within this timeframe should be refrigerated (2-8 C°). Samples may be held at 2-8 C° for up to seven days prior to testing.  
**Schedule of Testing and Turn Around Time:** DAILY, TAT 1 day  
**CPT Code:** 87651 (Strep A DNA Amp Probe)
Welcome new Infection Preventionists!

Sarah Rinker has joined IC&P as a full time Infection Preventionist. Sarah obtained her BSN from the University of Scranton in 2002 and started her career as an Army Nurse at Walter Reed Army Medical Center where she was promoted to the rank of Captain before transitioning to the National Guard in 2007.

Sarah worked at LVHN from 2007-2010 in the peri-op division at LVH-M as the PCC/PCS for PACU and continued to LVH-CC as the Director for PACU/SSA/Holding. She left LVHN in 2010 to work at The Hospital of the University of Pennsylvania in their Heart and Vascular ICU and to start a family. While working at Univ. of Penn, Sarah still maintained an active role in the LVHN Influenza Committee.

She is the proud mother of 19 month old Alanah Grace, and is overjoyed to be returning to LVHN and to be again working with her friends and peers in the network.

Diane C. Weslosky has joined IC&P as a part time Infection Preventionist. Diane’s career began in 1978 when she came to LVHN as a GN. She received her Bachelor’s degree from St. Francis in 1997.

Diane is a member of AORN, which develops standards for the operating room. She achieved her CNOR, a certification from the Association of Peri-Operative Registered Nurses in 1985.

She worked in the OR at LVH-M from 1978-1981, then transferred to the OR at LVH-17 from 1981 until February 2013.

Diane’s husband, Steve, works for the Northampton School District. She has a son, B.J., who is a special education teacher, daughter-in-law, Mandee, who is a paralegal/hairdresser, and three beautiful granddaughters, Haleigh 17yrs, Olivia 7yrs, and Maggie 4 yrs.

Diane enjoys spending time at her ocean block condo in OC, MD and she and Steve plan to retire at their home on the bay in Rehoboth, DE.

She feels very thankful to have found such a fabulous part time job, working with a great group of people! She really loves working in IC&P hunting down those “bugs” and helping our patients at LVHN!