STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

IOWA
State Hygienic Laboratory

Iowa Influenza Surveillance Annual Webinar 2022-23 Season

Iowa Department of Health and Human Services,
State Hygienic Laboratory at the University of Iowa

Housekeeping

- All participants will be muted during the presentation.
  - Questions can be submitted directly to the facilitator via the Q/A feature located on your control panel
  - All questions submitted will be answered at the end of the presentation
- This session will be recorded and made available for reviewing
  - When available, you will receive a follow-up-email on how to access this recording

Presentation Overview

- Influenza Surveillance Description and Summary
- Influenza and Other Respiratory Outbreaks
- Antiviral Update
- Influenza Vaccination Update
- Submitting Specimens to SHL and Survey Test Results

Presenters

- Andy Weigel, LMSW, Influenza Surveillance Coordinator, Iowa HHS
- Andrew Hennenfent DVM, MPH, DACVPM HAI Program Manager, Iowa HHS
- Shelly Jensen, RN, BSN, Immunization Nurse Clinician, Iowa HHS
- Jeff Benfer, MS, MB (ASCP)cm, Supervisor of Virology and Molecular Biology, SHL

Influenza Surveillance

Andy Weigel, Iowa HHS Influenza Epidemiologist

IOWA HHS

IOWA State Hygienic Laboratory

Iowa Respiratory Virus Surveillance Report

IOWA HHS

Iowa Influenza Surveillance Network (IISN)
Influenza-like Illness (ILI) and Other Respiratory Viruses
Weekly Activity Report
For the week ending May 21, 2022 - MMWR Week 20

The University of Iowa | State Hygienic Laboratory

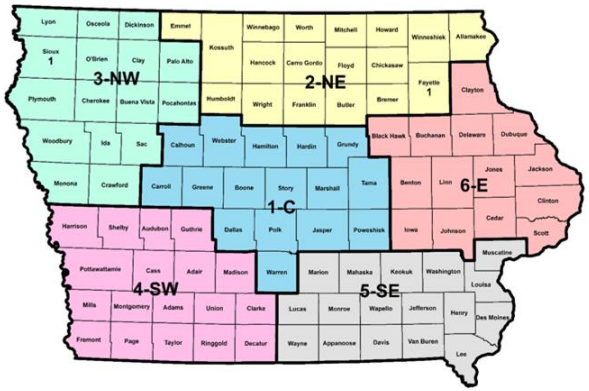
All data presented in this report are provisional and may change as additional reports are received

This will be the last WEEKLY Iowa Influenza Surveillance Report for the 2021-22 flu season.

IDPH will release a mid-SEASON SUMMARY in June 2022 and then publish monthly reports for June through September starting with the June report on July 8, 2022

Quick Stats for Week 20

Predominant Flu at SHL	Lab Survey Flu Positive %	Hospitalization Rate per 10,000	Outpatient ILI %	Cumulative Flu Deaths All Ages
N/A	Antigen 2.8% Molecular 0.9%	2.00	1.10%	42
Predominant Nonflu	**Schools Reporting 10% Illness**	**Weekly School Illness %**	**Long Term Care Outbreaks**	**Cumulative Pediatric Flu Deaths**
Rhinovirus/Enterovirus PCR	0	2.2%	0	0



idph.iowa.gov/influenza/reports

IOWA HHS

IOWA
State Hygienic Laboratory

IISN Program Components

- Outpatient influenza-like illness (ILINet)
- Influenza-associated hospitalizations
- Public health and clinical laboratories
- Long-term care facility outbreaks
- Influenza-related mortality
- School absences due to illness

We need more surveillance sites!

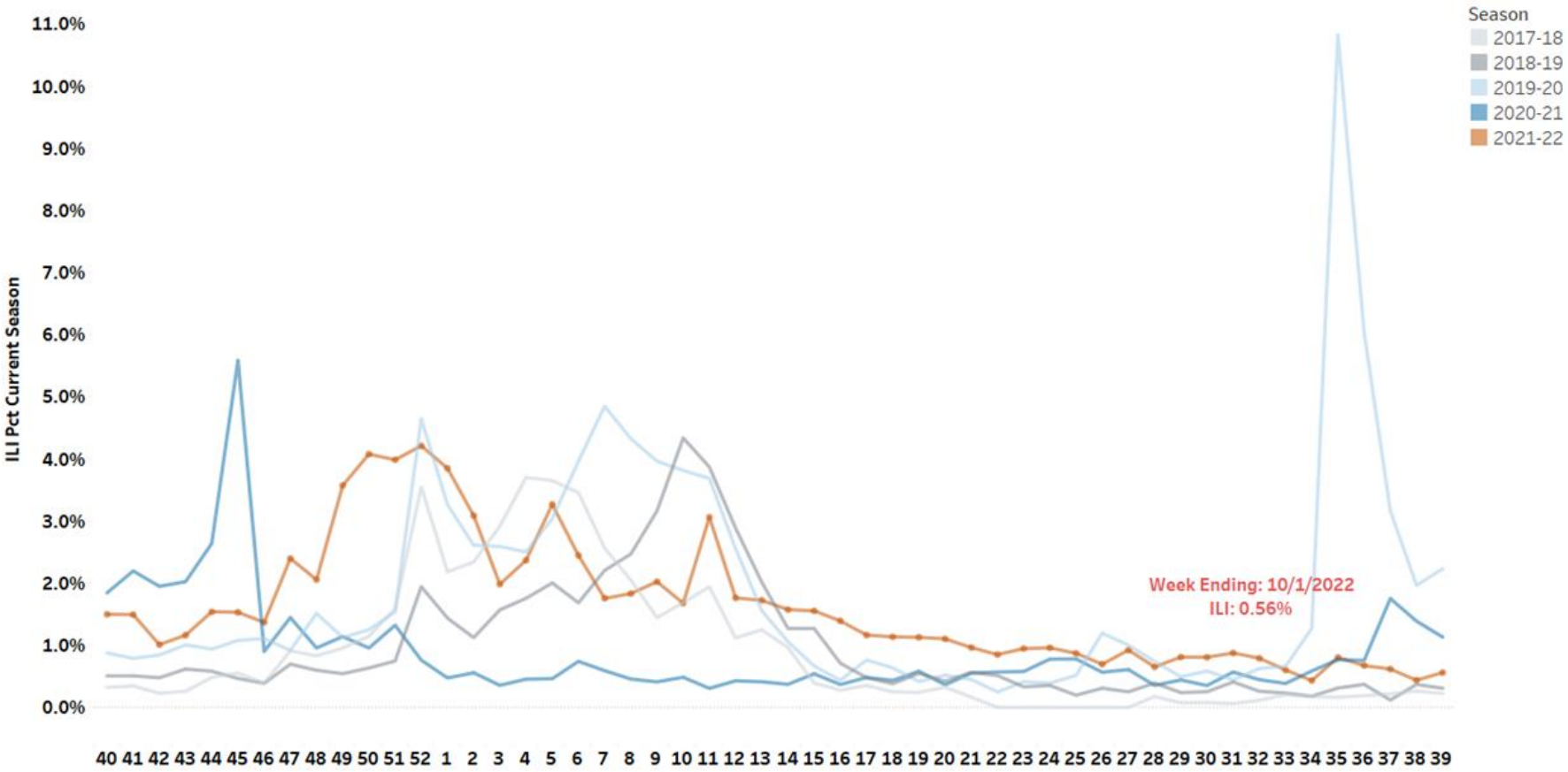
Contact Andy Weigel at 515-322-1937 or andy.weigel@idph.iowa.gov if you are interested.

How Does the 2021-22 Season Compare?

Season	**Main Subtype***	Total Hospital	Flu Deaths	LTCF Outbreaks
16-17	A(H3)	1078	135	56
17-18	A(H3)	1889	272	90
18-19	A(H1N1) A H3	876	89	53
19-20	B(Vic) A(H1N1)	1157	103	33
20-21	Flu A?	20	5	0
21-22	A H3	324	47	9

Subtypes/lineages are influenza A(H3) and A(H1N1)pdm09 and B(Victoria lineage)
Hospital totals are for MMWR weeks 40 -20 for each season

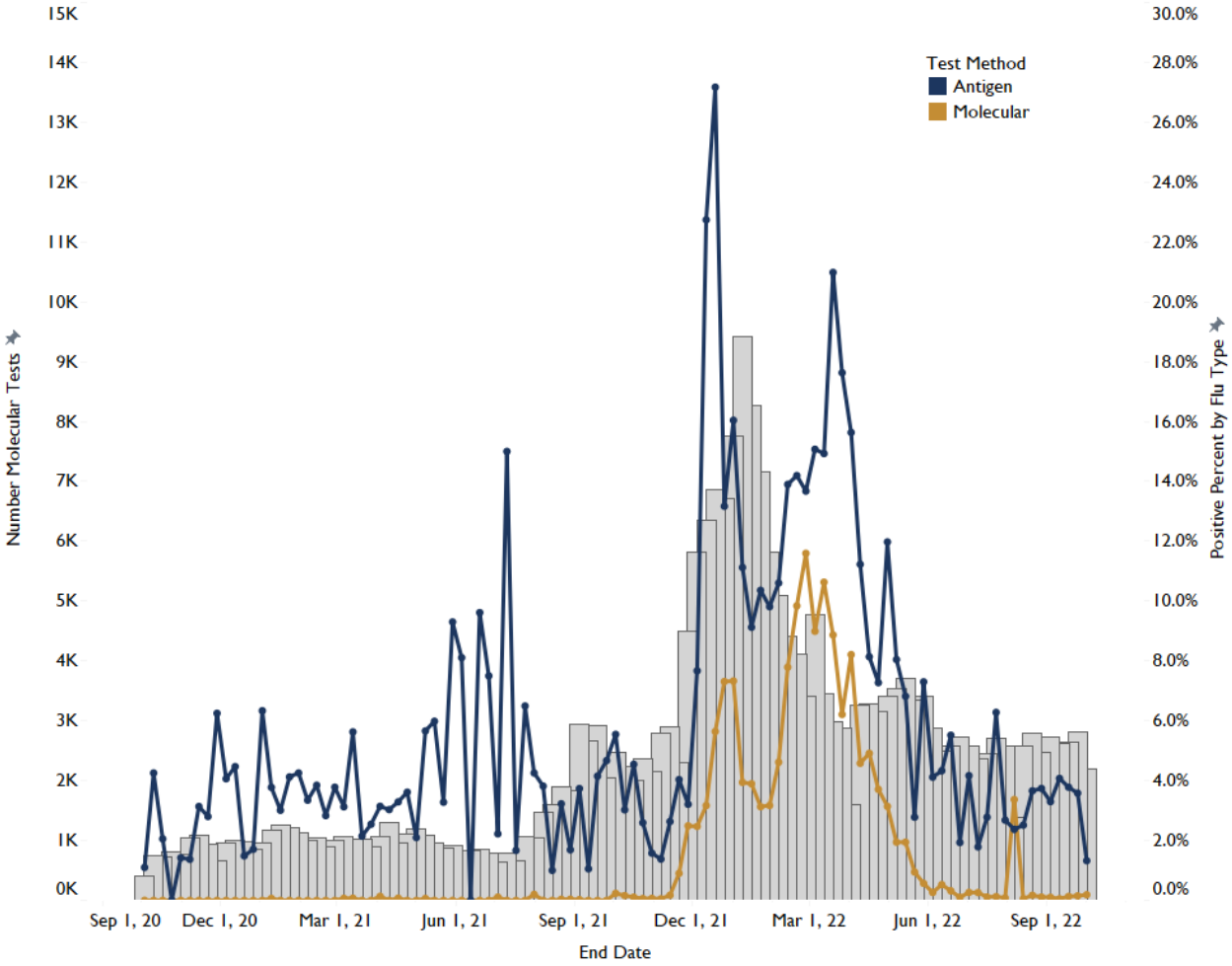
Outpatient Influenza-like Illness (ILINet) 2017-22



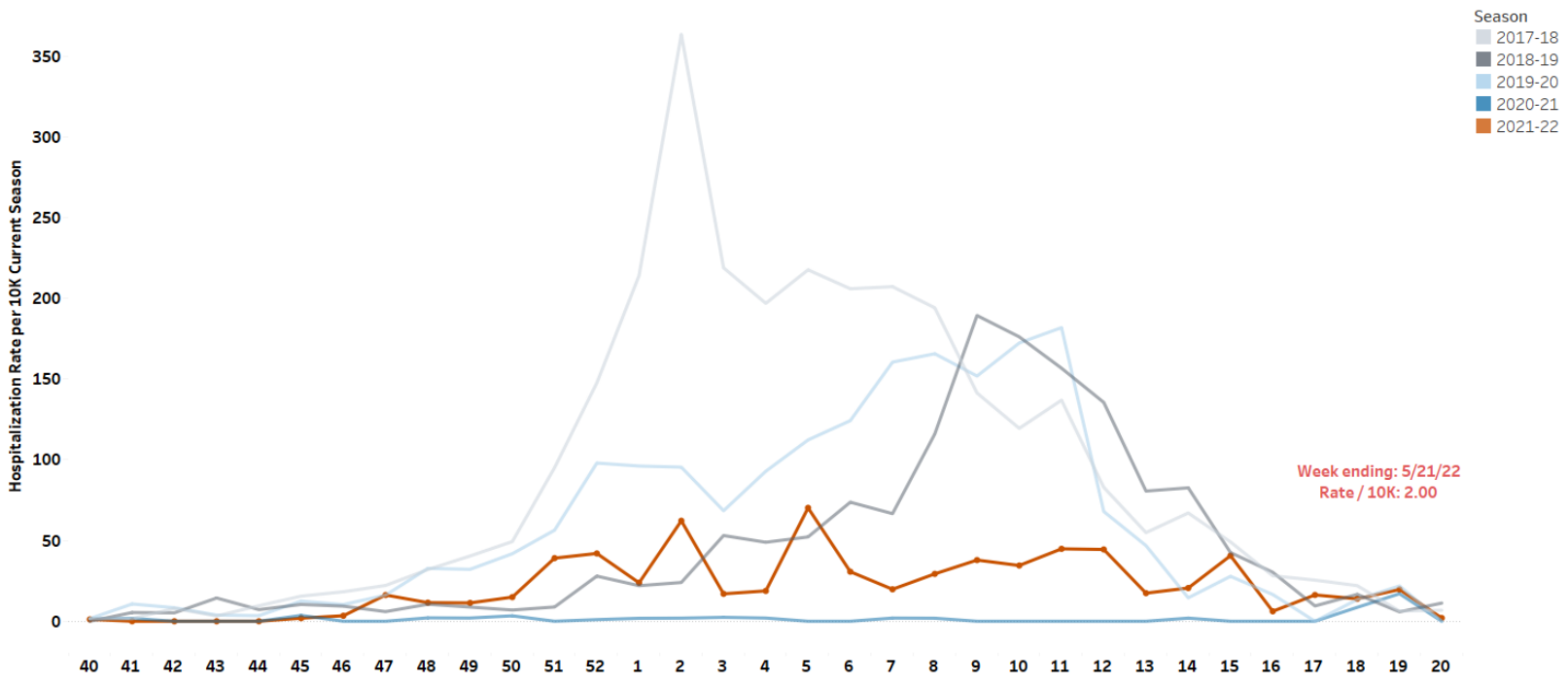
IOWA HHS

IOWA State Hygienic Laboratory

Number of Influenza Tests and Positive Percentage By Method



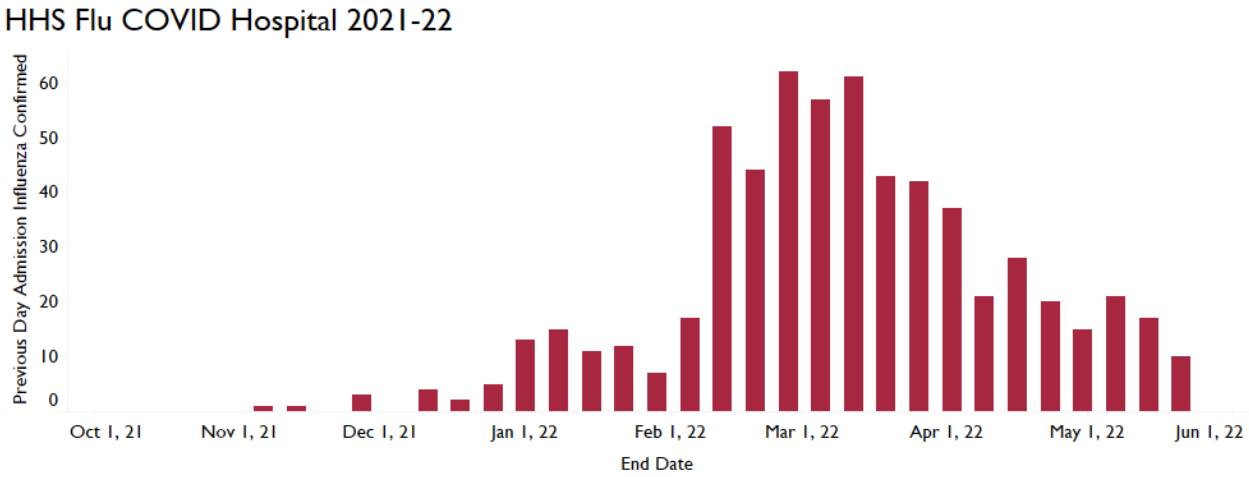
Influenza Hospitalization Rate per 10,000 by Season and Week 2017-22

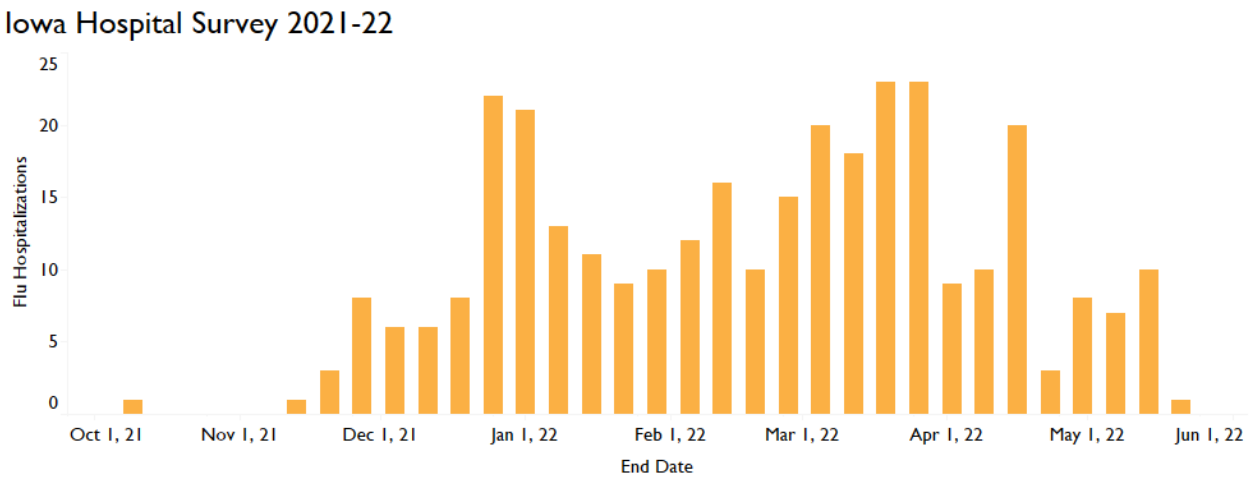


IOWA HHS

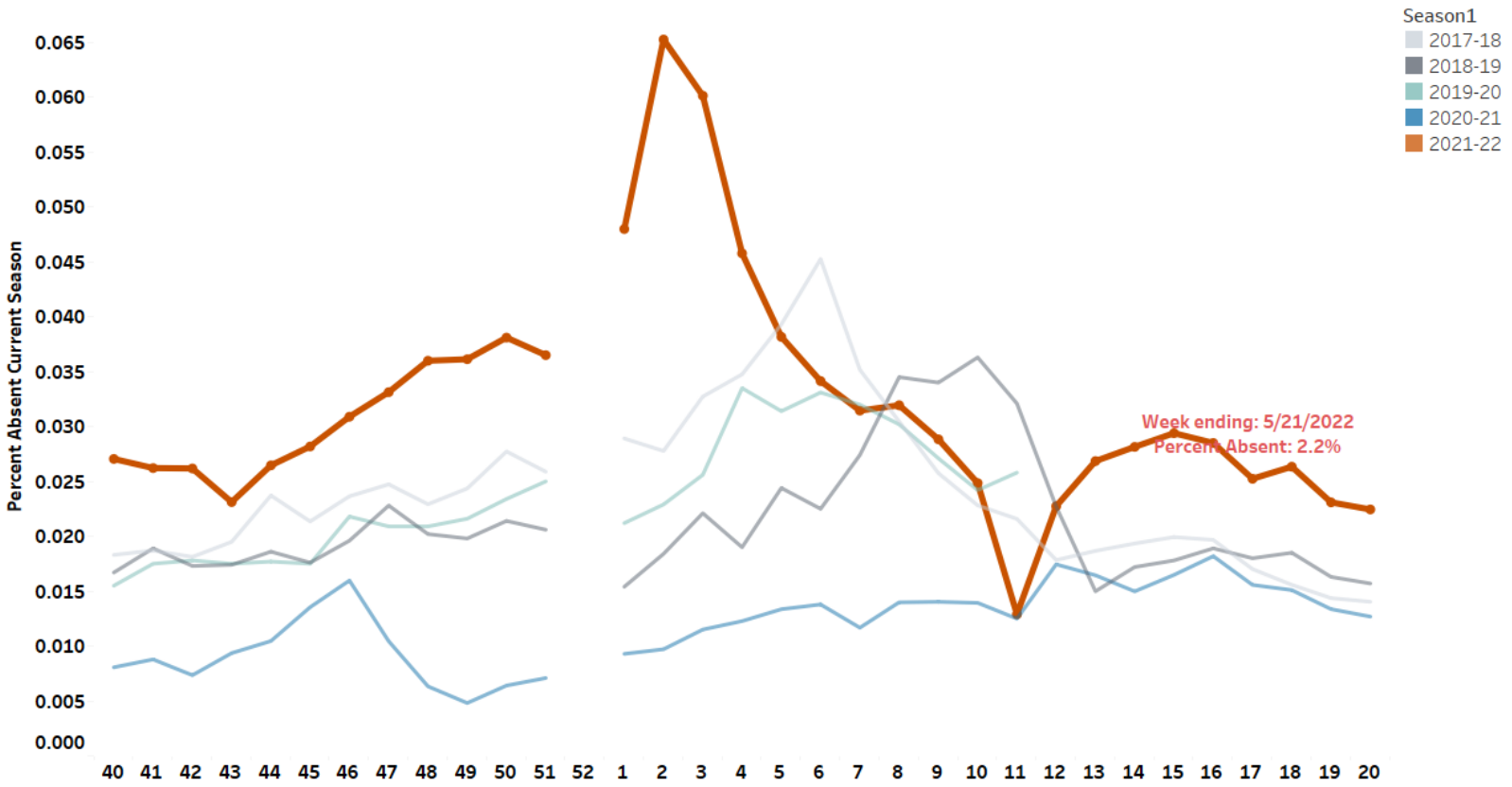
IOWA State Hygienic Laboratory

US HHS Protect vs Iowa Hospital Survey





Weekly School Illness by Season 2017-22



IOWA HHS

IOWA State Hygienic Laboratory

Reporting School Illness

Schools with at least 10 percent illness

- All Iowa schools are required to report to Iowa HHS when percent of illness meets or exceeds 10 percent
- Report using survey https://redcap.link/iowaschool10pct22-23
- Link and instructions available at idph.iowa.gov/influenza/schools

Weekly illness reporting from sentinel sites

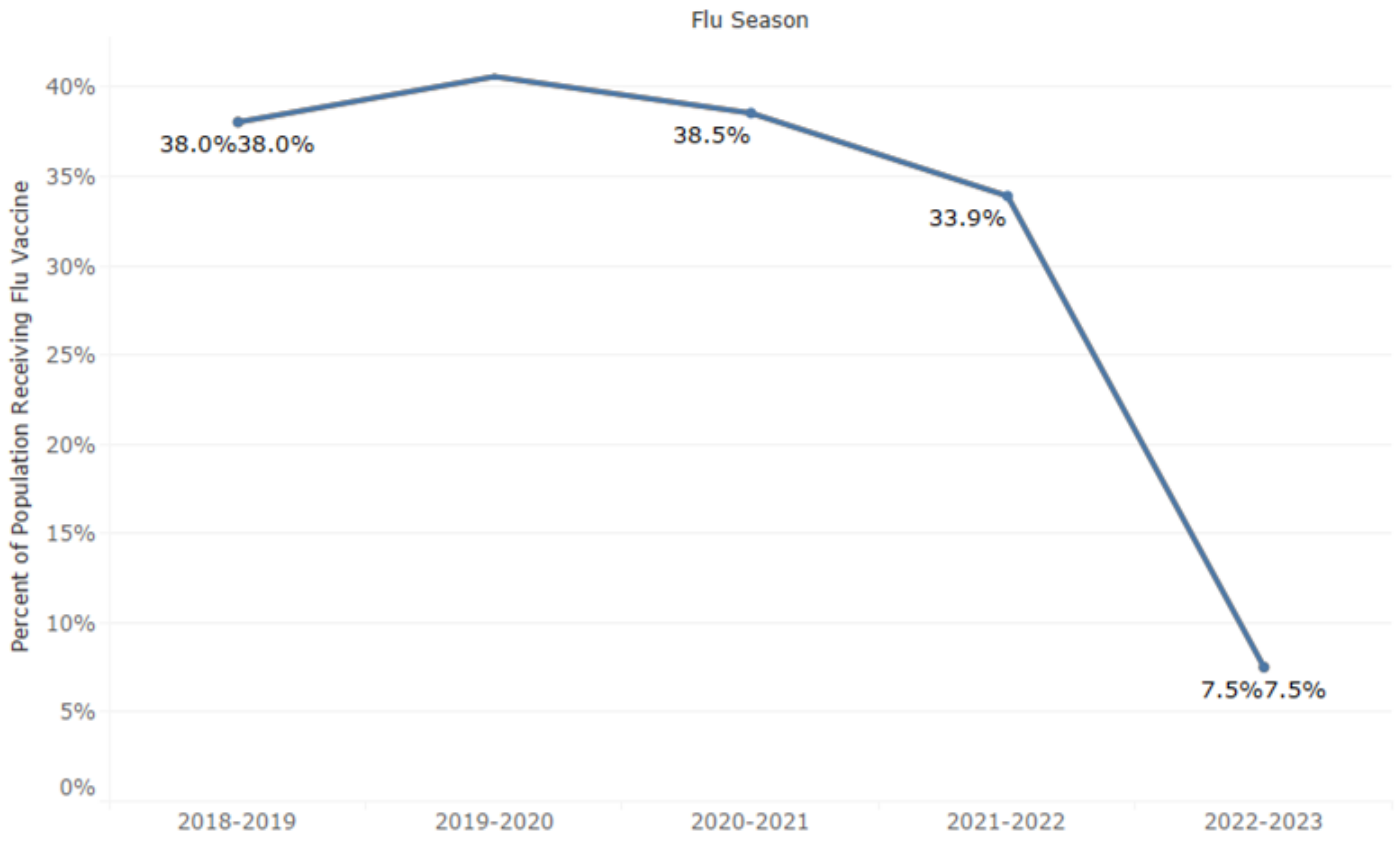
Sites volunteer to submit total illness numbers each week

Start reporting your data at https://redcap.link/iowaweeklyschool22-23

We need schools across the state to report weekly illness to better represent school illness in Iowa!

Contact Andy Weigel at 515-322-1937 or andy.weigel@idph.iowa.gov if you have questions.

Influenza Immunization in Iowa 2018-2023



Source: https://tracking.idph.iowa.gov/Health/Immunization/Influenza-Vaccine/Influenza-Vaccine-Data

Outbreak Control for Schools and Child Care Centers

- Work with local public health agencies to investigate and collect specimens as needed
- Utilize resources at Iowa HHS and CDC
- Reinforce illness policies
- Increase cleaning and disinfecting of key areas
- Encourage and teach hand hygiene
- Notify and educate parents
- Many of the steps we are taking for COVID-19 will help prevent many other illnesses at school
- Common Child Illness and Exclusion Criteria for Education and Child Care Settings

https://www.idph.iowa.gov/Portals/1/userfiles/128/childhood_illness_1_31_update%20%281%29_1.pdf

Survey Links

Influenza Hospitalizations – sentinel sites

https://redcap.idph.state.ia.us/surveys/?s=JFW3HXKTH7

Iowa Laboratory Survey

Contact Kris Eveland at (319) 335-4279 or Kristofer-eveland@uiowa.edu

Schools – any day with at last 10% illness (in-person)

https://redcap.link/iowaschool10pct22-23

Schools – weekly sentinel sites

https://redcap.link/iowaweeklyschool22-23

Outpatient ILI

Contact Andy Weigel at 515-322-1937 or andy.weigel@idph.iowa.gov

Contact Information

To learn more about our influenza surveillance programs, to become a participant or to sign up for the surveillance report email list, please contact

Andy Weigel, LMSW

Iowa Influenza Epidemiologist

Iowa Department of Public Health

Phone: 515-322-1937

andy.weigel@idph.iowa.gov

Influenza Outbreaks in Long-Term Care Facilities

Investigation and Response

Andrew Hennenfent DVM, MPH, DACVPM HAI Program Manager, Iowa HHS

Long Term Care Outbreaks and COVID-19

- Influenza
  - Continue to report any suspected influenza outbreaks (one laboratory-confirmed influenza positive case along with other cases of respiratory illness in a unit of a LTC facility)
- COVID-19
  - Long-term care facilities (LTCFs) are required to report COVID-19 positive cases to Iowa HHS. LTCFs report testing results to NHSN

For suspect influenza, COVID-19 or other respiratory illness outbreaks

call CADE at 1-800-362-2736

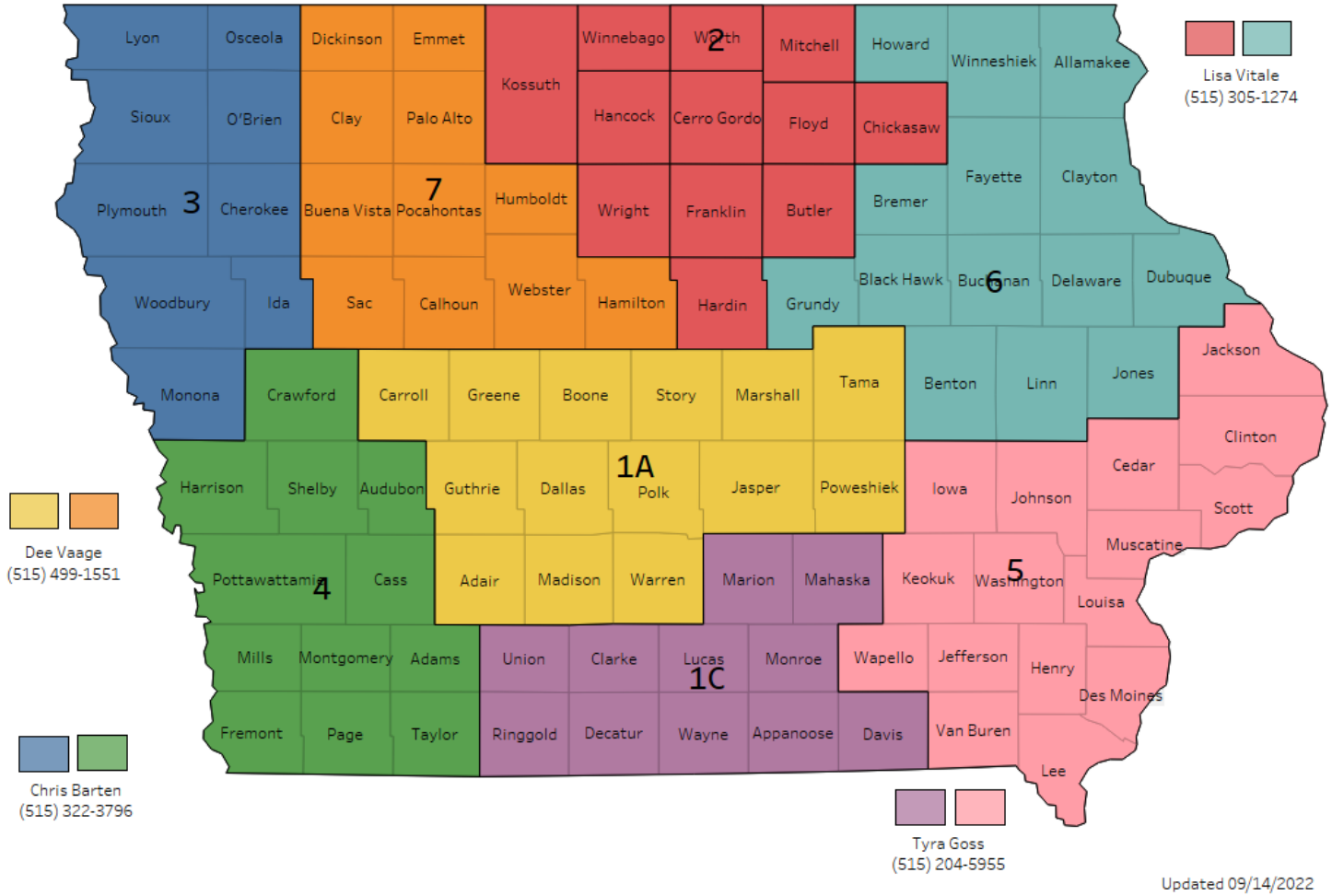
Influenza Outbreak Management Guidance for Long-term Care Facilities

- Changes to CDC guidance in 2021 based on 2018 IDSA influenza clinical practice guidelines update
- Antiviral prophylaxis still recommended for some residents but varies based on units affected
- Implement standard and transmission-based precautions
- Cohort and/or isolate ill residents as appropriate
- Restrict ill personnel from patient care
- Limit visitation and new admissions

https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm
https://doi.org/10.1093/cid/ciy866

CADE HAI Nurse Clinician Coverage Map

Email us at: hai-ar@idph.iowa.gov



IOWA HHS

IOWA State Hygienic Laboratory

Influenza Antiviral Medication

2022-2023 influenza season

Source: www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

Updated September 9, 2022

IOWA HHS

IOWA State Hygienic Laboratory

Priority Groups for Influenza Antiviral Treatment

- Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who:
  - is hospitalized;
  - has severe, complicated, or progressive illness; or is at higher risk for influenza complications
- Decisions about starting antiviral treatment for patients with suspected influenza should not wait for laboratory confirmation of influenza virus infection. Empiric antiviral treatment should be started as soon as possible in the above priority groups.
- Clinicians can consider early empiric antiviral treatment of non-high-risk outpatients with suspected influenza based upon clinical judgement, if treatment can be initiated within 48 hours of illness onset.

People at Higher Risk for Influenza Complications

- Patients under 2 or over 65 years of age
- Those with chronic conditions, pregnant (through 2 weeks post-partum), children on aspirin therapy, immunosuppressed patients, residents of long term care, extremely obese (BMI >/= 40), persons from certain racial and ethnic groups including American Indian or Alaska Native, Hispanic or Latino persons and non-Hispanic Black persons.
- Should be started as soon as possible after illness onset (not waiting for lab results), ideally within 48 hours but there might still benefit for severe, complicated, or hospitalized patients when started after 48 hours

Antiviral Drug Options

- For hospitalized patients with suspected or confirmed influenza, initiation of antiviral treatment with oral or enterically-administered oseltamivir is recommended as soon as possible.
- For outpatients with complications or progressive disease and suspected or confirmed influenza (e.g., pneumonia, or exacerbation of underlying chronic medical conditions), initiation of antiviral treatment with oral oseltamivir is recommended as soon as possible.
- For outpatients with suspected or confirmed uncomplicated influenza, oral oseltamivir, inhaled zanamivir, intravenous peramivir, or oral baloxavir may be used for treatment, depending upon approved age groups and contraindications.

Co-circulation of Influenza and COVID-19

- Co-infection with influenza A or B viruses and COVID-19 should be considered, particularly in hospitalized patients.
- Use of multiplex assays can distinguish between influenza and COVID-19.
- Do not wait for results of influenza testing to initiate empiric antiviral treatment among priority groups (e.g., hospitalized with respiratory illness; outpatients with severe, complicated, progressive illness or at higher risk for complications).
- Clinical algorithms for the testing and treatment of influenza when SARS-CoV-2 and influenza viruses are circulating are available at https://www.cdc.gov/flu/professionals/diagnosis/index.htm

Table 1. Antiviral Medication Recommended for Treatment and Chemoprophylaxis of Influenza

Antiviral Agent	Activity Against	Use	Recommended For	Not Recommended for Use in	Adverse Events
Oral Oseltamivir	Influenza A and B	Treatment	Any age[1]	N/A	**Adverse events:** nausea, vomiting, headache. Post marketing reports of serious skin reactions and sporadic, transient neuropsychiatric events[2]
		Chemo- prophylaxis	3 months and older[1]	N/A	
Inhaled Zanamivir	Influenza A and B	Treatment	7 yrs and older[3]	people with underlying respiratory disease (e.g., asthma, COPD)[3]	**Adverse events:** risk of bronchospasm, especially in the setting of underlying airways disease; sinusitis, and dizziness. Post marketing reports of serious skin reactions and sporadic, transient neuropsychiatric events[2]
		Chemo- prophylaxis	5 yrs and older[3]	people with underlying respiratory disease (e.g., asthma, COPD)[3]	
Intravenous Peramivir	Influenza A and B[4]	Treatment	6 months and older[4]	N/A	**Adverse events:** diarrhea. Post marketing reports of serious skin reactions and sporadic, transient neuropsychiatric events[2]
		Chemo- prophylaxis[5]	Not recommended	N/A	
Oral Baloxavir	Influenza A and B[6]	Treatment	5 yrs and older[6]	N/A	**Adverse events:** none more common than placebo in clinical trials
		Chemo- prophylaxis[6]	Approved for post-exposure prophylaxis in persons 5 yrs and older[6]		

https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

Table 2. Recommended Dosage and Duration of Influenza Antiviral Medications for Treatment or Chemomprophylaxis

Antiviral Agent	Use	Children	Adults
Oral Oseltamivir	Treatment (5 days)[1]	**If younger than 1 yr old**[2]: 3 mg/kg/dose twice daily[3,4] **If 1 yr or older, dose varies by child's weight:** 15 kg or less, the dose is 30 mg **twice** a day >15 to 23 kg, the dose is 45 mg **twice** a day >23 to 40 kg, the dose is 60 mg **twice** a day >40 kg, the dose is 75 mg **twice** a day	75 mg **twice** daily
	Chemo-prophylaxis (7 days)[5]	If child is younger than 3 months old, use of oseltamivir for chemoprophylaxis is not recommended unless situation is judged critical due to limited data in this age group. **If child is 3 months or older and younger than 1 yr old**[2] 3 mg/kg/dose once daily[3] **If 1 yr or older, dose varies by child's weight:** 15 kg or less, the dose is 30 mg **once** a day >15 to 23 kg, the dose is 45 mg **once** a day >23 to 40 kg, the dose is 60 mg **once** a day >40 kg, the dose is 75 mg **once** a day	75 mg **once** daily
Inhaled Zanamivir[6]	Treatment (5 days)	10 mg (two 5-mg inhalations) **twice** daily (**FDA approved and recommended for use in children 7 yrs or older**)	10 mg (two 5-mg inhalations) **twice** daily
	Chemo-prophylaxis (7 days)[5]	10 mg (two 5-mg inhalations) **once** daily (**FDA approved for and recommended for use in children 5 yrs or older**)	10 mg (two 5-mg inhalations) **once** daily
Intravenous Peramivir[7]	Treatment (1 day)[1]	(6 months to 12 yrs of age) One 12 mg/kg dose, up to 600 mg maximum, via intravenous infusion for a minimum of 15 minutes (**FDA approved and recommended for use in children 6 months or older**)	(13 yrs and older) One 600 mg dose, via intravenous infusion for a minimum of 15 minutes
	Chemo-prophylaxis[8]	Not recommended	N/A
Oral Baloxavir[9]	Treatment (1 day)	(5 yrs and older weighing <20 kg: single dose of 2 mg/kg by suspension; weighing 20 kg to <80 kg: single dose of 40 mg by tablet or suspension; weighing ≥80 kg: single dose of 80 mg by tablet or suspension)**FDA approved and recommended for use in otherwise healthy children 5 yrs and older.**	Weight <80 kg: One 40 mg dose;weight ≥80 kg: One 80 mg dose[9]
	Chemo-prophylaxis[9]	**FDA-approved for post-exposure prophylaxis for persons aged 5 years and older. Dosage is the same as for treatment.**	Dosage is the same as for treatment

https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

Long Term Care Recommendations

- If possible, all residents should receive inactivated influenza vaccine (IIV) annually before influenza season. For persons aged ≥65 years, any age-appropriate IIV formulation (standard-dose or high-dose, trivalent or quadrivalent, unadjuvanted or adjuvanted) or quadrivalent recombinant influenza vaccine are acceptable options.
- Implement Standard and Droplet Precautions for all residents with suspected or confirmed influenza.
- Administer influenza antiviral treatment and chemoprophylaxis to residents and healthcare personnel according to current recommendations.

Long Term Care Recommendations

- All long-term care facility residents who have confirmed or suspected influenza should receive antiviral treatment immediately.
- Initiation of antiviral treatment should not wait for laboratory confirmation of influenza.
- Be aware of the possibility of an antiviral drug-resistant virus.
- Residents receiving antiviral medications who do not respond to treatment or who become sick with influenza after starting chemoprophylaxis might have an infection with an antiviral-resistant influenza virus. Persons receiving chemoprophylaxis who become sick should be switched to treatment dosing.

Influenza Vaccination

2022-2023 Influenza Season

Shelly Jensen, RN, BSN, Immunization Nurse Clinician, Iowa HHS

IOWA HHS

IOWA State Hygienic Laboratory

The Best Shot At Prevention

The best way to prevent the flu is with annual vaccination

Recommended for everyone 6 months of age and older, unless a medical contraindication

Flu vaccine has been shown to reduce flu related illnesses and the risk of serious flu complications that can result in hospitalization or even death

Predicted Vaccine Effectiveness

- Variable depending upon:
  - age and health status of vaccine recipient
  - the match between circulating virus strains and strains included in the vaccine

ACIP Recommendation

Routine annual influenza vaccination for all persons aged ≥6 months who do not have contraindications

Preferential Recommendation

Adults ≥ 65 years of age should **preferentially** receive any of the following higher dose or adjuvanted flu vaccines:

- Fluzone High-Dose Quadrivalent inactivated flu vaccine (HD-IIV4)
- Flublok Quadrivalent Recombinant flu vaccine (RIV4) or
- Fluad Quadrivalent Adjuvanted flu vaccine (aIIV4)

* If none of these vaccines is available at an opportunity for vaccine administration, any other age appropriate flu vaccine should be administered.

Benefits of Flu Vaccination

- **Flu vaccination** can keep you from getting sick
- **Flu vaccination** has been shown in several studies to reduce severity of illness in people who get vaccinated, but still get sick
- **Flu vaccination** can reduce the risk of flu-associated hospitalizations
- **Flu vaccination** is an important preventative tool for people with chronic health conditions
- **Flu vaccination** helps protect pregnant people during and after pregnancy
- **Flu vaccination** can be lifesaving for children
- **Flu vaccination** can protect not only yourself, but may also protect people around you

https://www.cdc.gov/flu/prevent/vaccine-benefits.htm

Timing

Optimally, vaccination should occur prior to flu circulating in the community; ideally by the end of October

BUT- getting vaccinated later is still beneficial (throughout the entire flu season)

It is never too late to vaccinate!

Timing continued

- For **non-pregnant adults**, influenza vaccination during July and August should be avoided unless there is a concern that later vaccination may not be possible. Early vaccination might be associated with decreased vaccine effectiveness before the end of flu season, particularly among older adults

- **Children aged 6 months-8 years** who require 2 doses should receive their 1st dose as soon as vaccine becomes available to allow 2nd dose to be received by the end of October

- Vaccination soon after vaccine becomes available may be considered for **pregnant women during the 3rd trimester**

- NO recommendation is made for revaccination (i.e., booster dose) later in the season of persons who have already been fully vaccinated for the season regardless of when in the current season vaccine was received

Communication Tips for Promoting Flu Vaccination

- Keep it simple: "flu vaccine helps reduce the risk of illness, hospitalizations and death"
- "Flu vaccination not only protects you, but others around you"
- Use a presumptive approach: "Today we will administer your annual flu vaccine"
- Stress importance of protection against influenza amid COVID-19 and other circulating illnesses

Influenza and COVID-19

With both influenza and SARS-CoV-2 circulating, getting BOTH vaccines is important for prevention of severe disease, hospitalization, and death. Routine administration of all age-appropriate doses of vaccines simultaneously is recommended as best practice for people for whom no specific contraindications exist at the time of the healthcare visit.

Vaccination of Persons with Suspected or Confirmed COVID-19

Persons in quarantine or isolation should not be brought into vaccination setting if doing so could expose others to COVID-19

For those who have moderate or severe COVID-19, vaccination should be deferred until they have recovered

For individuals who have mild or asyptomatic COVID-19, further deferral might be considered to avoid confusing COVID-19 symptoms with postvaccination reactions.

Co-Administration of Flu Vaccine and Other Vaccines

- IIV4s and RIV4 may be administered simultaneously or at any interval before or after other inactivated or live vaccines
- LAIV4 can be administered with other live or inactivated vaccines at the same visit. However, if 2 live vaccines are not give simultaneously, they must be separated by at least 4 weeks
- Influenza vaccine and COVID-19 vaccine may be administered at the same time or any interval before or after each other

Considerations for Co-Administration

- Be mindful of potential for increased reactogenicity of COVID-19 vaccines and flu vaccines. If administered simultaneously, COVID-19 vaccines and flu vaccines that might be more likely to cause a local reaction (e.g., high dose flu or adjuvant flu vaccine-Fluad) should be administered in different limbs if possible

- **Best Practices for Multiple Injections:**
  - Label each syringe with the name and dosage of the vaccine, lot number, initials of preparer, and the exact beyond-use time, if applicable
  - Separate injection sites by one inch or more if possible
  - Administer vaccines that are more likely to cause a local reaction (adjuvanted vaccines and tetanus-toxoid containing vaccines) in different limbs, if possible

Children 6 months - 8 years

- If a child received at least two doses of influenza vaccine before July 1, 2022 only one dose is needed for 2022-2023. Doses do not need to be in the same flu season or consecutive seasons

- If a child is receiving influenza vaccine for the first time or if they have not received at least two doses before July 1, 2022, two doses are needed for optimal protection

- Separate doses by at least 4 weeks

For children aged 8 years who require 2 doses of vaccine, both doses should be administered even if the child turns 9 years between receipt of dose 1 and dose 2

Persons With Egg Allergy

- Hives only: may administer any licensed, recommended, flu vaccine appropriate for age and health status

- Symptoms other than hives: may administer any licensed, recommended flu vaccine that is otherwise appropriate. If a vaccine other than ccIIV4 or RIV4 is used, vaccines should be administered in an inpatient or outpatient medical setting. A health care provider who is able to recognize and manage severe allergic conditions should supervise.

A previous severe allergic reaction to flu vaccine, regardless of the component suspected of being responsible for the reaction, is a contraindication to future receipt of the vaccine

Contraindications and Precautions Related to Previous Severe Allergic Reaction to Influenza Vaccines

- For egg-based IIV4s and LAIV4: Severe allergic reaction to a previous dose of any influenza vaccine is a contraindication
- For ccIIV4: Severe allergic reaction to any ccIIV is a contraindication; to any other influenza vaccine (any egg-based IIV, RIV, or LAIV) is a precaution
- For RIV4: Severe allergic reaction to any RIV is a contraindication; to any other influenza vaccine (any egg-based IIV, ccIIV, or LAIV) is a precaution
- Where a precaution is present, if potential benefit of vaccination is thought to outweigh potential risk of a severe allergic reaction
  - Vaccination should occur in a medical setting supervised by a provider who can recognize and manage a severe allergic reaction
  - Providers can also consider consulting an allergist to help identify the vaccine component responsible for the previous reaction

Flu Vaccine Contraindications and Precautions for Persons With a History of Severe Allergic Reaction to a Previous Dose of Flu Vaccine

Public Health
IOWA HHS

Kim Reynolds
GOVERNOR

Adam Gregg
LT. GOVERNOR

Kelly Garcia
DIRECTOR

Influenza Vaccine Contraindications and Precautions for Persons With a History of Severe Allergic Reaction to a Previous Dose of an Influenza Vaccine*
Advisory Committee on Immunization Practices, United States, 2022-23 Influenza Season

Vaccine (of any valency) associated with previous severe allergic reaction (e.g., anaphylaxis)	Available 2022-23 Influenza Vaccines		
	Egg-based III4s and LAIV4	ccIIV4	RIV4
Any egg-based IIV or LAIV	Contraindication†	Precaution§	Precaution§
Any ccIIV	Contraindication†	Contraindication†	Precaution§
Any RIV	Contraindication†	Precaution§	Contraindication†
Unknown influenza vaccine	Allergist consultation recommended		

https://idph.iowa.gov/immtb/immunization/influenza/recommendations

Contraindications and Precautions to Use of Flu Vaccine (ACIP)

Public Health
IOWA HHS

Kim Reynolds
GOVERNOR

Adam Gregg
LT. GOVERNOR

Kelly Garcia
DIRECTOR

Contraindications and Precautions to the Use of Influenza Vaccines
Advisory Committee on Immunization Practices, United States, 2022-23 Influenza Season

Vaccine Type	Contraindications	Precautions
Egg-based IIV4s	• History of severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine† or to a previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV)§	• Moderate or severe acute illness with or without fever • History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine
ccIIV4	• History of severe allergic reaction (e.g., anaphylaxis) to a previous dose of any ccIIV or any component of ccIIV4§	• Moderate or severe acute illness with or without fever • History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine • History of severe allergic reaction to a previous dose of any other influenza vaccine (i.e., any egg-based IIV, RIV, or LAIV)¶
RIV4	• History of severe allergic reaction (e.g., anaphylaxis) to a previous dose of any RIV or any component of RIV4§	• Moderate or severe acute illness with or without fever • History of Guillain-Barré

https://idph.iowa.gov/immtb/immunization/influenza/recommendations

Screening Checklists for Contraindications

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

PATIENT NAME _____

DATE OF BIRTH ___/___/___ (month / day / year)

For patients (both children and adults) to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have an allergy to an ingredient of the vaccine?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	☐	☐	☐
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Immunize.org

FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

www.immunize.org/catg.d/p4066.pdf
Item #P4066 (9/2022)

Scan for PDF

Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

PATIENT NAME _____

DATE OF BIRTH ___/___/___ (month / day / year)

For use with people age 2 through 49 years: The following questions will help us determine if there is any reason we should not give you or your child live attenuated intranasal influenza vaccine, quadrivalent (LAIV4, FluMist) today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have an allergy to an ingredient of the influenza vaccine?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	☐	☐	☐
4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?	☐	☐	☐
5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease (including asthma), kidney disease, neurologic disease, liver disease, or metabolic disease (e.g., diabetes)?	☐	☐	☐
6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider told you the child had wheezing or asthma?	☐	☐	☐
7. Does the person to be vaccinated have a) an open channel between the cerebrospinal fluid (CSF) and the mouth, throat, nose or ear or any other cranial CSF leak, or b) a cochlear implant, or c) an immunocompromising condition due to any cause (e.g., medication, congenital or acquired immunodeficiency, HIV infection, or a missing or non-functioning spleen [e.g., caused by sickle cell disease])?	☐	☐	☐
8. Is the person to be vaccinated currently taking influenza antiviral medications, or have they taken any within the past 3 weeks?	☐	☐	☐
9. Is the person to be vaccinated a child or teen age 6 months through 17 years and receiving aspirin- or salicylate-containing medicine?	☐	☐	☐
10. Is the person to be vaccinated pregnant or could they become pregnant within the next month?	☐	☐	☐
11. Has the person to be vaccinated ever had Guillain-Barré syndrome?	☐	☐	☐
12. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (e.g., an isolation room of a bone marrow transplant unit)?	☐	☐	☐
13. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Immunize.org

FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

www.immunize.org/catg.d/p4067.pdf
Item #P4067 (9/2022)

Scan for PDF

https://www.immunize.org/handouts/influenza-vaccines.asp

Standing Orders

Standing orders for other vaccines are available at www.immunize.org/standing-orders.
NOTE: This standing orders template may be adapted per a practice's discretion without obtaining permission from Immunize.org. As a courtesy, please acknowledge Immunize.org as its source.

STANDING ORDERS FOR
Administering Influenza Vaccine to Adults

Purpose

To reduce morbidity and mortality from influenza by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses, pharmacists, and other healthcare professionals to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 Assess Adults for Need of Vaccination against Influenza

- All adults are recommended to receive influenza vaccination each year.
- Adults age 65 and older should preferentially receive any one of the following higher dose or adjuvanted influenza vaccines: quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted IIV (aIIV4, Fluad). If none of these three vaccines is available, then any other age-appropriate influenza vaccine should be used.
- Adults who are or will be pregnant during the influenza season. Administer any recommended, age-appropriate quadrivalent IIV (IIV4) or RIV4 to pregnant people in any trimester.
- Adults who do not recall whether they received influenza vaccine in the current vaccination season should be vaccinated.
- Adults who recently received or are planning to receive COVID-19 vaccine may be administered influenza vaccine either simultaneously (on the same day, at separate anatomic sites) or at any time before or after COVID-19 vaccine. Interim clinical considerations and detailed current guidance for the use of COVID-19 vaccines are available at www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html. Information on coadministration of all vaccines can be found at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html and information on giving 2 or more intramuscular vaccines can be found at www.immunize.org/catg.d/p2030.pdf.

2 Screen for Contraindications and Precautions

Contraindications for use of all influenza vaccines

- Do not give any egg-based IIV4 to a person who has experienced a serious systemic or anaphylactic reaction to any component of the vaccine (except egg), or to a prior dose of any influenza vaccine (i.e., egg-based IIV, cell culture-based IIV [ccIIV], RIV, or live attenuated influenza vaccine [LAIV]).
- Do not give ccIIV4 to a person who has experienced a serious systemic or anaphylactic reaction to any component of ccIIV4 or to a prior dose of any ccIIV.
- Do not give any RIV4 to a person who has experienced a serious systemic or anaphylactic reaction to any component of RIV4 or to a prior dose of any RIV.
- Do not give any LAIV4 to a person who has experienced a serious systemic or anaphylactic reaction to any component of LAIV4 or to a prior dose of any influenza vaccine (egg-based IIV, ccIIV, RIV, or LAIV).

For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/fda) or go to www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states.

Additional contraindications for use of LAIV4 only

Do not give LAIV4 to a person who:

- is pregnant
- has functional or anatomic asplenia, cochlear implant, or is immunocompromised due to any cause (including immunosuppression caused by medications or HIV infection)

CONTINUED ON THE NEXT PAGE ▶

Standing orders for other vaccines are available at www.immunize.org/standing-orders.
NOTE: This standing orders template may be adapted per a practice's discretion without obtaining permission from Immunize.org. As a courtesy, please acknowledge Immunize.org as its source.

STANDING ORDERS FOR
Administering Influenza Vaccine to Children and Teens

Purpose

To reduce morbidity and mortality from influenza by vaccinating all children and adolescents who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

Where allowed by state law, standing orders enable eligible nurses, pharmacists, and other healthcare professionals to assess the need for vaccination and to vaccinate children and adolescents who meet any of the criteria below.

Procedure

1 Assess Children and Adolescents for Need of Vaccination against Influenza

- All people 6 months of age and older are recommended to receive influenza vaccination each year.
- A second dose of influenza vaccine is recommended 4 weeks or more after the first dose for children age 6 months through 8 years if they have not or don't know if they have received 2 doses in prior years (not necessarily in the same season).
- A second dose is needed for a 9-year-old child who received one dose in the current season when they were age 8 years, if they have not or don't know if they have received 2 doses in prior years.
- Children and teens who recently received or are planning to receive COVID-19 vaccine may be administered influenza vaccine either simultaneously (on the same day) or at any time before or after COVID-19 vaccine. Interim clinical considerations and detailed current guidance for the use of COVID-19 vaccines are available at www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html. Information on coadministration of all vaccines can be found at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.

2 Screen for Contraindications and Precautions

Contraindications for use of all influenza vaccines

- Do not give any egg-based inactivated influenza vaccine (IIV4) to a child or teen who has experienced a serious systemic or anaphylactic reaction to any component of the vaccine (except egg), or to a prior dose of any influenza vaccine (i.e., egg-based IIV, cell culture-based IIV [ccIIV], recombinant influenza vaccine [RIV], or live attenuated influenza vaccine [LAIV]).
- Do not give ccIIV4 to a child or teen who has experienced a serious systemic or anaphylactic reaction to any component of ccIIV4 or to a prior dose of any ccIIV.
- Do not give any RIV4 to a teen age 18 years or older who has experienced a serious systemic or anaphylactic reaction to any component of RIV4 or to a prior dose of RIV.
- Do not give any LAIV4 to a child or teen who has experienced a serious systemic or anaphylactic reaction to any component of LAIV4 or to a prior dose of any influenza vaccine (egg-based IIV, ccIIV, RIV, or LAIV).

For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/fda) or go to www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states.

Additional contraindications for use of LAIV only

Do not give LAIV4 to a child or adolescent who

- is pregnant
- is age 2 through 4 years who has received a diagnosis of asthma or who has experienced wheezing or asthma within the past 12 months, based on a healthcare provider's statement or medical record
- has functional or anatomic asplenia, or a cochlear implant
- has active communication between CSF and the oropharynx, nose, or ear or any other cranial CSF leak

CONTINUED ON THE NEXT PAGE ▶

https://www.immunize.org/handouts/influenza-vaccines.asp

Available Vaccine Products

Public Health
IOWA HHS

Kim Reynolds
GOVERNOR

Adam Gregg
LT. GOVERNOR

Kelly Garcia
DIRECTOR

Influenza Vaccine Information by Age Group 2022-23 Influenza Season

Trade Name	Manufacturer	Presentation	Mercury from Thimerosal (µg per 0.5 mL)	Age Group	Route
Inactivated quadrivalent (IIV4s), standard-dose-egg based					
Afluria Quadrivalent	Seqirus	0.5 mL PFS+	0.0	≥ 3 years	IM§
		5.0 mL MDV+	24.5	≥ 6 months	IM§
Fluarix Quadrivalent	GlaxoSmithKline	0.5 mL PFS	0.0	≥ 6 months	IM§
FluLaval Quadrivalent	GlaxoSmithKline	0.5 mL PFS	0.0	≥ 6 months	IM§
Fluzone Quadrivalent	Sanofi Pasteur	0.5 mL PFS**	0.0	≥ 6 months	IM§
		0.5 mL SDV	0.0	≥ 6 months	IM§
		5.0 mL MDV	25	≥ 6 months	IM§
Inactivated quadrivalent (ccIIV4), standard-dose-cell culture based					
Flucelvax Quadrivalent	Seqirus	0.5 mL PFS	0.0	≥6 months	IM§
		5.0 mL MDV	25		
Inactivated quadrivalent high-dose, egg based (HD-IIV4)					
Fluzone High-Dose Quadrivalent	Sanofi Pasteur	0.7 mL PFS	0.0	≥ 65 years	IM§

https://idph.iowa.gov/immtb/immunization/influenza/recommendations

Updates to Flu Vaccines for 2022-2023

- The age indication for the cell culture based inactivated influenza vaccine, Flucelvax Quadrivalent (ccIIV4) is now approved for persons aged ≥ 6 months

- Afluria Quadrivalent will not be available in 0.25mL syringe. When using this for children aged 6-35 months (who require 0.25 mL dose) the dose must be obtained from a multi-dose vial

Approved Ages and Dose Volumes

Approved ages and dose volumes for intramuscular influenza vaccines (IIV4s and RIV4):

Fluzone is approved as either 0.25mL or 0.5mL dose size for 6-35 months of age.

Vaccine	Approved Ages	Dose volume
Afluria Quadrivalent	6 through 35 months ≥3 years	0.25 mL 0.5 mL
Fluarix Quadrivalent	≥6 months	0.5 mL
FluLaval Quadrivalent	≥6 months	0.5 mL
Fluzone Quadrivalent	6 through 35 months ≥3 years	0.5 mL (see below) 0.5 mL
Flucelvax Quadrivalent	≥6 months	0.5 mL
Flublok Quadrivalent	≥18 years	0.5 mL
Fluzone High-Dose Quadrivalent	≥65 years	0.7 mL
Fluad Quadrivalent	≥65 years	0.5 mL

Vaccination and Influenza Antiviral Medications

- IIV4 and RIV may be administered to persons receiving influenza antiviral medications
- Influenza antivirals may reduce the effectiveness of LAIV4 if given before or after LAIV4. Persons who receive influenza antivirals during the following periods should be revaccinated with an age appropriate IIV4 or RIV4 (intervals may be longer in conditions where medication clearance is delayed):

Influenza Antiviral	Estimated window for potential LAIV interference (based upon half-life reported in package insert)
Oseltamivir and Zanamivir	48 hours before to 2 weeks after LAIV4
Peramivir	5 days before to 2 weeks after LAIV4
Baloxavir	17 days before to 2 weeks after LAIV4

Tips and Reminders

- Flu vaccines should be refrigerated between 2°C to 8°C (36°F to 46°F). Do not freeze. Protect from light
- When using multi-dose vials, only withdraw the number of doses indicated in the manufacturer's package insert
- Single dose vials should not be accessed for more than one dose
- Prefilling syringes is discouraged. Consider using manufacturer-supplied prefilled syringes
- Vaccines in multi-dose vials that do not require reconstitution may be used through the expiration date printed on the label as long as the vaccine is not contaminated unless otherwise indicated by the manufacturer

Tips and Reminders

- Live vaccines, including LAIV, must be administered on the same day or separated by at least 4 weeks
- Administer the appropriate vaccine and dosage based on the patient's current age at the time of the visit
- Observe all patients for at least 15 minutes following vaccination
- Current Influenza VIS date: 8/6/21. Separate VIS for live flu vaccine and inactivated or recombinant flu vaccine

Influenza (Flu)

About the Flu

- Influenza Immunization Brochure
- Flu Symptoms (CDC)
- How is flu different from a cold (CDC)
- What if I think I have the flu (CDC)

Key Facts About Flu Vaccine (CDC)

- Flu Vaccination
- Who Needs a Flu Vaccine and When
- Vaccine Benefits
- Types of Flu Vaccines
- Misconceptions about Flu Vaccine
- Healthy Habits to Prevent Flu

Flu Prevention

- People at High Risk for Flu Complications (CDC)
- Guide for Parents (CDC)

Flu Vaccine Recommendations

Communication Tools and Resources for Healthcare Professionals

Influenza Vaccine for Health Professionals

Influenza (Flu) - Flu Vaccine Recommendations

Flu Vaccine Information for Health Professionals

- 2022-2023 Influenza Dosing Algorithm for Children
- 2022-2023 Influenza Vaccine Products
- 2022-2023 Contraindications and Precautions to the Use of Influenza Vaccines
- 2022-2023 Contraindications and Precautions for Persons with Severe Allergic Reaction
- 2022-2023 Recommendations for Persons Who Report Allergy to Eggs
- How to administer intramuscular, intradermal, and intranasal influenza vaccine
- Influenza Immunization Brochure
- Flu Vaccine Label Examples
- Standing Orders Templates (Immunization Action Coalition)

Resources

- 2022-2023 Influenza Recommendations
- MMWR: Prevention and Control of Seasonal Influenza
- Vaccine Information Statement - Inactivated Influenza
- Vaccine Information Statement - Live, Intranasal Influenza
- Screening Checklists

Resources

- Prevention and Control of Seasonal Influenza with Vaccines-Recommendations of the Advisory Committee on Immunization Practices, United States, 2022-23 Influenza Season: https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm?s_cid=rr7101a1_w
- Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)—United States, 2022-23 Summary of Recommendations: https://www.cdc.gov/flu/pdf/professionals/acip/acip-2022-23-summary-of-recommendations.pdf
- CDC Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html
- Immunize.org: http://www.immunize.org/
- CDC 22-23 Influenza Flu Vaccine Labels: https://www.cdc.gov/vaccines/hcp/admin/storage/guide/vaccine-storage-labels-flu.pdf
- Iowa Immunization Program: https://idph.iowa.gov/immtb/immunization/vaccine
- Vaccine Information Statements (VIS): http://www.immunize.org/vis/
  - https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html
  - https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flulive.html

We Are Here to Support YOU

Shelly Jensen RN BSN
Immunization Nurse Consultant
1-800-831-6293 or
515-423-3341
Shelly.Jensen@idph.iowa.gov

https://idph.iowa.gov/immtb/immunization

Laboratory Influenza Surveillance in Iowa

Submitting Specimens to SHL

Survey Test Results

Jeff Benfer, Molecular Biology Supervisor, SHL

Overview

- All of the labs that do influenza testing throughout the state play an important role in influenza surveillance and the ability for CDC to develop vaccine recommendations and detect antiviral resistance. With the specimens that labs submit to SHL submits a strategic subsampling of those specimens every two weeks for sequencing to detect antiviral resistance, we have not had any antiviral resistance in Iowa in the past 10 years.
- Currently, Influenza A(H3N2) hemagglutinin (HA) clade 2a.2 emerged and is circulating globally. This is expected to predominate this fall. The previous H3 vaccine component covered 2a.1 viruses but this year's vaccine is a better fit for 2a.2 viruses.
- In the US last year there were two peaks of activity: December 2021 and April 2022.
- 2020-2021 SHL was only able to submit 9 influenza specimens for further characterization, however 3 of them were variants. One A(H1N1)v, one A(H3)v, and one A(H1N2)v which are all associated with prolonged exposure to pigs.

Overview cont.

- US influenza was predominantly A(H3N2) which continued to circulate during low levels over the summer. Recently there has been a small increase in A(H1N1) viruses and one detected at SHL last week.
- 2022 spring we did HPAI H5 rule outs
- Some swine variant viruses have been detected this summer but none in Iowa.
- This season we are participating in a CDC Flu specimen collection project to assist CDC validating updates to subtyping assay and 510K study for FDA approval of the current EUA Flu/SC2
- SHL is adding a Fee For Service Flu/SC2 assay on the Hologic Panther- fee will be based on Medicaid reimbursement rate which is $142.63

Global Summary- what's potentially coming to US this fall

- Globally influenza activity continues to be low. The southern hemisphere season has been declining and the northern hemisphere season has not taken off yet. Highlights from WHO FluNet reports are as follows: Australia had an early start to their season predominated by A(H3N2) viruses with activity that dropped off quickly at the end of the season. They did see some A(H1N1)pdm09 viruses.
- South Africa had an influenza A(H3N2) increase during mid-season and more recently they have been seeing a mix of A(H3N2) and B viruses.
- South America saw more activity reported earlier in the season, much of that driven by Argentina, who peaked about the same time as the US second peak in April.
- Asia has had a mix of A(H1N1)pdm09 (India and Nepal) and A(H3N2) viruses. China has been seeing quite a bit of A(H3N2) activity after a strong wave of B/Victoria.

State Hygienic Laboratory and Iowa Department of Public Health Influenza Surveillance Testing Guidance 2022/2023

Contact IDPH or SHL for guidance in the event of an ILI outbreak

- All Labs-submit ONE positive flu specimen per week
- Preferentially submit Flu B positives

SHL influenza/ SARS-CoV-2 surveillance testing and sequencing serves the following purposes:

- Demonstrates predictive value and accuracy of other tests
- Novel virus detection and monitor for variants of interest or concern
- Contribute samples to CDC and WHO- antiviral resistance, vaccine strain selection and match to current vaccine
- Surveillance testing is provided at no cost and is partially supported by the Centers for Disease Control and Prevention

Thank you for your support of this program!

IDPH **800-362-2736 http://idph.iowa.gov/influenza** ***SHL*** **319-335-4500 http://www.shl.uiowa.edu/dcd/influenza/index.xml**

Purpose of specimens submitted to SHL

- For surveillance purposes only, please submit up to ONE positive flu specimen per week (COVID neg). The goal for this is to have consistent low/moderate level of specimen submission over the course of the entire respiratory season for subtyping and further characterization.
- Additionally, we are especially interested in Flu positive patient specimens if unusual illness or exposure to animals. The goal/purpose of this is to potentially identify novel or increase virulence influenza viruses.
- The reason we preferentially want Flu B positives this season is because Flu B/Yamagata may be extinct and its very important to conduct lineage typing to detect potential B/Yamagata lineage viruses because it may have undergone considerable evolution since the last one was analyzed. However, there is a challenge for diagnosis of influenza B/Yamagata due to the live attenuated influenza vaccine (LAIV), which has a Yamagata component. If it is known that the patient recently had LAIV please do not submit.

For Flu Surveillance testing this year SHL will use:

CDC Flu/SC2 combination aka multiplex PCR test (other methods for COVID testing will remain, Saliva at Home, Panther, PCR- please continue to use those routes if you are using for COVID diagnostic/screening)

Specimens submitted for Influenza PCR testing will also receive a COVID PCR result

If positive for Flu A they will be reflexed to Flu A subtyping (H3, H1, or possible variants)
If positive for Flu B they will be reflexed to Flu B genotyping (Victoria, Yamagata)

Ordering collection kits

- www.shl.uiowa.edu
- Click the green box "Order A Test"
- Click "Order Clinical Kits"
- Fill out your contact info and select your facility from scroll down
- Fill out your shipping info
- In the drop down called "Type of kit" select " Virus Isolation and Detection Kit"
- Enter "Qty. of Kits"
- If you only need certain components, you can type that in the "Comments" section.
- Kit contains M4-RT viral transport medium and swabs, absorbant and biohazard bag

Order Influenza testing using your State Hygienic Lab OpenELIS Web Portal account at: https://www.shl.uiowa.edu/openelisweb/OpenELIS.html .
Click on the "COVID-19 Electronic Test Request Form" button and select the "Influenza SARS-CoV-2 (Flu SC2) Multiplex" test.

COVID-19 Electronic Test Request Form

(* means required field)

? Help

REPORTING ORGANIZATION INFORMATION

Organization: * 9055 - ANYTOWN HOSPITAL

ORDERING HEALTH CARE PROVIDER INFORMATION

Last Name: * WELBY

First Name: * MARCUS

NPI: 1234567890

Phone Number: 319/555-1212

SAMPLE INFORMATION

Collected Date: * 2022-09-23

TEST(S) BEING REQUESTED

1. Available Tests: * Influenza SARS-CoV-2 (Flu SC2) Multiplex
   Sample Type: * Nasopharyngeal swab
2. Available Tests: Select a test...
   Sample Type: Select a sample type...

Specimen Collection

- Please do not send specimens used for other testing because they may contain a lysis buffer that could react negatively with ours
- Preferred Specimen Types: Nasopharyngeal (NP) swab, Combined Nasopharyngeal/Throat swab
- ***Nasopharyngeal (NP) Swab:*** Insert swab through the nostril into the nasopharynx until tip reaches the posterior nasopharynx (a distance equivalent to that from the ear to the nostril of the patient). Leave the swab in place for 10 - 30 seconds. Slowly remove with a rotating motion. Place swab in M4-RT transport medium.
- ***Combination Swabs:*** Nasal - Place Dacron-tipped or flocked swab in each nostril and allow to remain in place for several seconds. Place the swabs in tube containing M4-RT transport medium. Throat - Rub the tonsils and posterior pharynx with Dacron-tipped or flocked swab. Place the swabs in tube containing M4-RT transport medium.

Specimen Collection Cont.

- Specimens for testing should be collected within three days of onset of symptoms
- PCR is a very sensitive test, and precautions should be taken to not cross-contaminate specimens
- wear gloves and change before and after collecting specimen
- Avoid contact with environmental surfaces
- Fold in half printed eForm and place in the side pocket of biohazard bag (not inside biohazard with specimen)
- Make sure the specimen tube contains 2 identifiers, name and DOB is good
- Send via courier (most already have in place with COVID testing) or can mail in a styro container with ice pack.

Iowa Respiratory Survey-Submitting Your Labs Test Results

- Iowa Respiratory Virus Test Results - Clinical Laboratories
- Contact Kris Eveland at (319) 335-4279 or Kristofer-eveland@uiowa.edu if you are interested
- SHL will send you a link to the public survey
  - Each week, we'll send you the combined results from the previous week
- Benefit
  - Situational awareness - what's circulating in your local area
  - Data is used by Iowa HHS for the weekly respiratory virus report.
  - Positive predictive value of rapid influenza tests relies on prevalence in your local community
- We need COVID-19 data too now that negatives are not reportable
- We need more labs around the state for better geographic representation

Iowa Respiratory Survey

May IDPH sumbit your survey data to the National Respiratory and Enteric Virus Surveillance System (NREVSS)?

Please consider giving permission to the Iowa Department of Public Health (IDPH) and the State Hygienic Laboratory at the University of Iowa (SHL) to submit your respiratory virus survey responses to the National Respiratory and Enteric Virus Surveillance System (NREVSS) if you haven't already. See the link below for more information

redcap.idph.state.ia.us/surveys/?s=49LDNXMYFC

Week for which you are reporting * must provide value	(09/27/20 - 10/03/20) ▼
Name of Person Reporting Data * must provide value	Joe Laboratorian Please revise the name if you are not the person listed by default
Email of the person reporting * must provide value	andy.weigel@idph.iowa.gov Please revise the email if you are not the person listed by default
Facility Name * must provide value	Generic Laboratory
County where your facility is located * must provide value	Adair

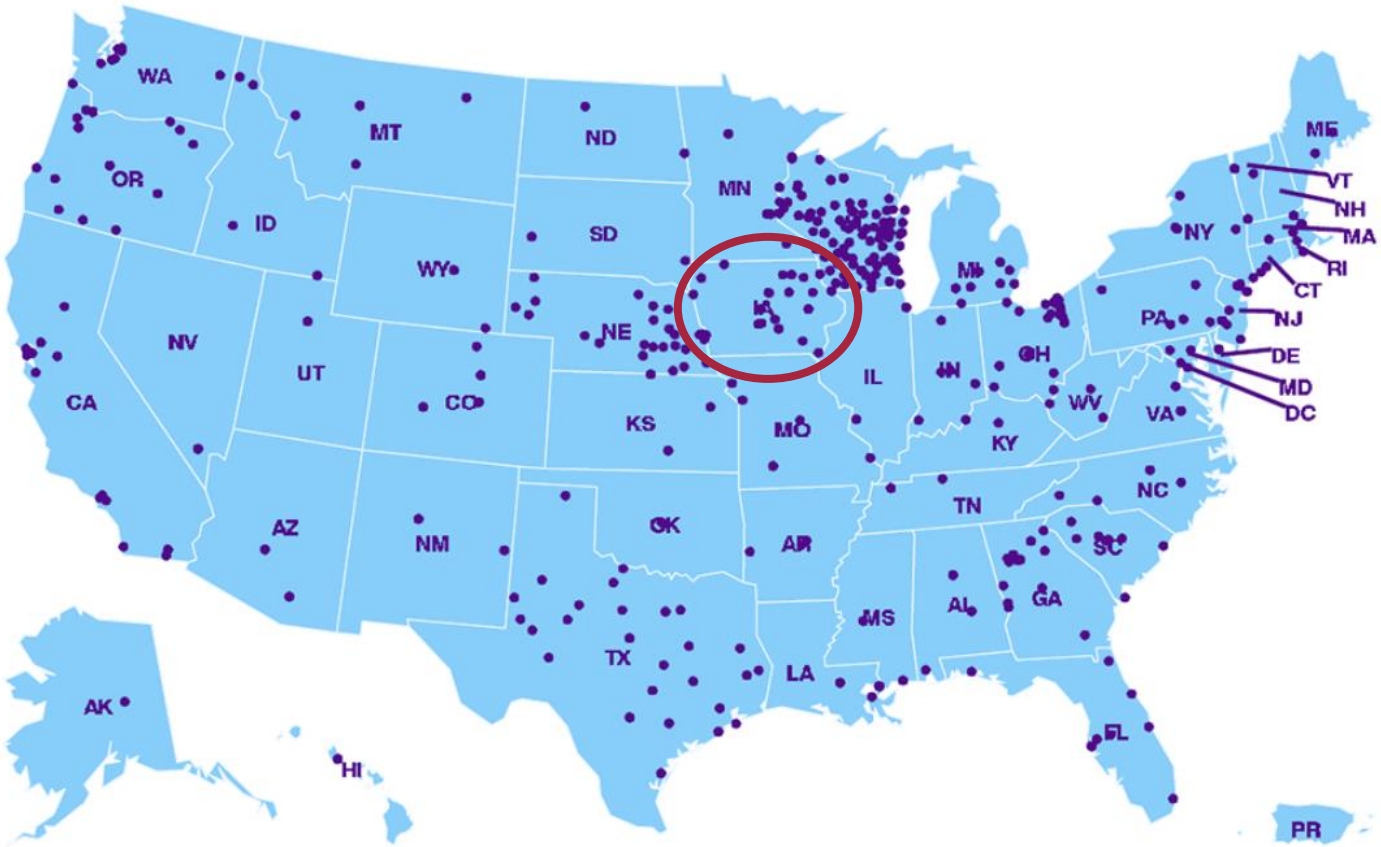
Next Page >>

Please give IDPH permission to pass your weekly lab totals to NREVSS:

via link below or in the survey

https://redcap.idph.state.ia.us/surveys/?s=49LDNXMYFC

Thank you for participating in NREVSS!



IOWA HHS

IOWA State Hygienic Laboratory

Laboratory Contact Information

Molecular section phone: 319-335-4376

SHL general phone: 319-335-4500

Jeff Benfer, M.S., MB (ASCP)cm, Supervisor of Molecular Biology and Virology

jeff-benfer@uiowa.edu

P:319-335-4276

F:319-335-4555

THANK YOU FOR PARTICIPATING!!!

Poll question

SHL is developing a fee for service test to detect flu and SARS CoV2 on panther for $142.63

Would your facility be interested in using this services? Yes / No

If yes,

Please estimate the average volume of testing per week that you would send to SHL for flu/COVID combination testing:

- < 10
- 10-20
- 20-50
- 50 or more

To get your Continuing Education Unit (CEU)

Session CODE:

439-004-22

Here is a brief summary describing how to use the ASCLS CE Organizer:

1. Go to http://ceorganizer.ascls.org/.
2. Select either the Member or Non-Member log-in box.

    a. **ASCLS members** will log in using the same username and password used to enter the Members Section of the ASCLS website.

    b. **If you are not an ASCLS member**, and do not have an account in CE Organizer already, click the "Register Here" link to create a username and password.

3. Once logged in, click on **Claim Credit.**
4. In the list of **Other P.A.C.E. Programs** click on **"439 State Hygienic Lab of the University of Iowa.**

You will be asked to fill out a survey and then can download your certificate.

If you have questions, please email Laina Edwards at laina-edwards@uiowa.edu