ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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**M E M O R A N D U M**

TO: Local Health Departments; Hospitals; and Departments of Critical Care, Emergency Medicine, Family Practice, Geriatrics, Internal Medicine, Infectious Diseases, Infection Control, Pediatrics, Pharmacy, Neonatal Units, Obstetrics and Gynecology, Pulmonary Medicine, and Laboratory Medicine

FROM: IDPH Communicable Disease Control Section
IDPH Division of Laboratories

DATE: September 27, 2023

RE: Influenza Testing and Reporting Guidance

Illinois Department of Public Health (IDPH) is issuing updated guidance related to submission of influenza laboratory specimens and reporting. Comprehensive influenza surveillance, including confirmatory testing and speciation, is only possible with the assistance and involvement of clinicians, infection control practitioners, and laboratories. Thank you for your assistance and cooperation.

An influenza/SARS-CoV-2 multiplex assay will be used by the IDPH Public Health Laboratories for all specimens. Influenza-positive specimens will be further tested to identify the subtype of influenza virus and SARS-CoV-2 specimens will be sequenced to determine which variant of SARS-CoV-2 is predominating. This testing will allow a better understanding of which viruses are causing respiratory illnesses, as influenza and SARS-CoV-2 are expected to be cocirculating this flu season. Testing for influenza only will not be available.

Influenza Testing and Reporting Guidelines

1. **With the exception of laboratories enrolled as sentinel site reporters, routine testing performed for inpatient and outpatient clinical care, including PCR testing, should be obtained at clinical and hospital laboratories**. For the 2023-2024 influenza season, only the following specimens should be sent to IDPH for influenza testing[1]:

    a. Specimens that are approved by local health departments (LHDs) on a case-by-case basis, such as for outbreak management in a congregate facility, post-mortem evaluation, and cases of suspected novel influenza viruses.

[1] These criteria do not apply to IDPH-designated respiratory sentinel surveillance providers, who will receive separate instructions regarding specimen submission.

b. Specimens that cannot be subtyped (e.g., from molecular assays that can detect all currently circulating influenza A virus subtypes who identify an unsubtypeable result).

2. **Specimen Testing Authorization:**
To authorize the submission of specimens not related to the influenza sentinel program, **LHD staff** must complete the online testing authorization page found on the IDPH web portal that is accessible to LHD staff. The LHD will create an ID number and enter it online on the authorization page. The ID will consist of the disease (for influenza = INF), followed by the first four letters of the LHD name, followed by the year and the next consecutive number of influenza specimen. For example, the first influenza specimen from Sangamon County would have the code INFSANG2023001.

The Electronic Test Ordering and Reporting (ETOR) portal should be utilized to submit all test orders electronically. Paper testing requisition forms should not be used. To enroll your site in this system or for further questions, please email DPH.Labs.DMG@Illinois.gov.

3. **General Specimen Guidance:**
Specimens received at the IDPH laboratory that are not authorized by IDPH or the LHD will be rejected and stored until further information is obtained from the submitter. The submitter may contact their LHD or the IDPH CDCS at 217-782-2016 to discuss specimen testing guidelines. Additionally, any specimen not maintained at the proper temperature, or that is more than three days old when received (except if sent frozen) will not be tested and an unsatisfactory result will be provided. If you have questions about specimen submission, collection, or transportation, call the appropriate regional laboratory (Chicago: 312-793-4760, Springfield: 217-782-6562, Carbondale: 618-457-5131). For after hour emergencies, contact the Illinois Emergency Management Agency at 800-782-7860 and request to speak with the IDPH duty officer.

4. **Reporting:**
The major objectives of influenza surveillance during 2023-2024 season are to describe risk factors for and burden of severe illness, provide information for management of situations requiring public health intervention(s) (e.g., prophylaxis in a congregate care facility), identify changes in the severity and epidemiology of influenza, and identify novel strains. For influenza reporting, I-NEDSS contains three different case-based modules: novel influenza, pediatric influenza-associated deaths, and influenza-associated ICU hospitalization. Please enter cases into the appropriate module. For female patients in the ICU, enter important information on pregnancy/postpartum status. If updated information for any patient becomes available after the initial report (e.g., results of a PCR test, death), please update the I-NEDSS report. **Providers should report the following to the LHD:**

a. **Suspected novel influenza** (e.g., severe respiratory illness of unknown etiology associated with recent international travel, contact with swine, or any case of human infection with an influenza A virus that is different from currently circulating human

seasonal influenza H1 and H3 viruses). Suspected Novel Influenza cases are reportable immediately, within three hours. *Note: For surveillance purposes, 2009 H1N1(A) influenza is no longer considered to be a novel influenza strain.*

b. **Pediatric influenza-associated death** is defined as death of an individual < 18 years of age resulting from a clinically compatible illness confirmed to be influenza by culture, PCR, commercial rapid influenza, or other appropriate diagnostic test. These cases are reportable as soon as possible, but within seven days.

c. **Influenza associated Intensive Care Unit (ICU) hospitalizations** are defined as individuals hospitalized in an ICU with a positive laboratory test for influenza A or B, including specimens identified as influenza A/H3N2, A/H1N1pdm09, and specimens not subtyped (e.g., influenza positive cases by PCR or any rapid test such as EIA). These cases are reportable as soon as possible, but within 24 hours.[2]

d. **Outbreaks of influenza or influenza-like illness in a congregate setting** (e.g., correctional or long-term care facility): Additional information regarding reporting of outbreaks of influenza and influenza-like illness in congregate settings will be provided under separate cover.

5. **Influenza Reports:**
IDPH will update the first weekly 2023-2024 season influenza surveillance report on October 12, 2023 (week 40, ending October 7, 2023). IDPH weekly influenza reports will be available on the IDPH influenza surveillance webpage.

Local or regional influenza surveillance reports are also available on many LHD websites. If you have questions about influenza surveillance reports, contact your LHD or the IDPH CDCS at 217-782-2016 or by email at dph.respiratory@illinois.gov.

6. **Laboratory Sentinel Sites:**
Participants in the IDPH respiratory sentinel surveillance program are asked to **send at least ten specimens each week that have tested positive for influenza or SARS-CoV-2 and two negative specimens** to an assigned IDPH laboratory for viral testing at **no cost** to the sentinel site; no prior authorization is needed. If your laboratory is interested in becoming a sentinel site and participating in this program by submitting positive respiratory specimens to IDPH, please contact one of the IDPH laboratories or CDCS:

Springfield laboratory: 217-782-6562
Carbondale laboratory: 618-457-5131
Chicago laboratory: 312-793-4760
CDCS: dph.respiratory@illinois.gov or 217-782-2016.

[2] Such cases are reportable under the Communicable Disease Code, Section 690.295 as any unusual case that may indicate a public health hazard.

7. **ILINet Sentinel Providers:**
   ILINet providers input weekly influenza-like illness data for outpatient visits into a CDC database. This data helps track the influenza season and epidemiological trends. If your practice or facility is interested in participating in influenza surveillance by becoming an ILINet sentinel site reporter, please contact the CDCS Influenza Program at 217-782-2016 or by email at dph.respiratory@illinois.gov.

8. **PCR Testing for Influenza:**
   Points of contact are listed in the chart below for additional laboratories wanting to arrange for influenza PCR testing not covered by IDPH testing criteria. Testing protocols vary by laboratory (e.g., not every lab performs sub-typing). Laboratories are listed in alphabetical order; IDPH does not endorse any particular laboratory. This list may be incomplete and is based on currently available information that is updated periodically. To add the name of a laboratory to this list, contact Josh Geltz, Division Chief of the Division of Laboratories at Joshua.Geltz@Illinois.gov.

| **Lab** | **Contact** | **Phone** |
|---|---|---|
| ACL Laboratories | Sales | 800-877-7016 |
| Alverno Clinical Laboratories, LLC | Melissa Mace | 219-989-3888 |
| Marshfield Labs | Sandra Molter | 800-222-5835, x16278 |
| Mayo Medical Laboratories | Customer Service | 800-533-1710 |
| North Shore University Health System | Brian Staes | 847-663-2105 |
| Northwestern Memorial Hospital | Angie Bialkowski-Gunn | 312-926-4296 |
| Quest Diagnostics | Customer Service | 866- 697-8378 |
| University of Illinois | Jessica Padilla | 312-996-4800 |

If you have any questions about influenza surveillance, please contact the IDPH CDCS at 217-782-2016 or by email at dph.respiratory@illinois.gov. If you have questions regarding influenza laboratory surveillance, or need assistance with respiratory surveillance shipping kits, please email dph.lab.shipping@illinois.gov. All surveillance supply orders must be placed electronically using IL ETOR (Illinois Electronic Test Ordering and Reporting Portal) and mark you are a sentinel surveillance site when completing the form. IDPH does not provide shipping supplies to facilities that are not enrolled in the IDPH Respiratory Sentinel Surveillance Program.