Pennsylvania Department of Health

Instructions for collection and shipping of specimens and test result notification

Testing of blood and cerebrospinal fluid from Pennsylvania patients for West Nile Virus (WNV) will be performed at the Department of Health Laboratory in Lionville. Specimens that are positive early in the season or have indeterminate results will be sent to the Centers for Disease Control and Prevention (CDC) for confirmation.

Submission Form (enclosed):

Please include a submission form for each patient. Fill out the form as completely as possible. Testing will not be initiated without inclusion of the date of onset of symptoms, date the specimen was collected, and any pertinent travel history. Due to cross reactivity of WNV with related flaviviruses, documentation of vaccination for yellow fever or Japanese encephalitis, or a previous history of yellow fever or Japanese encephalitis or dengue fever is needed for accurate test interpretation.

Shipping container:

Please put your specimen in a substantial container. Wrap specimen in absorbent material and pack in 2 different crush-proof plastic containers to insure that any leakage is contained. If you are requesting serology, the specimen should be kept cool but there is no need to keep it frozen. "Cool packs" can be used for this purpose. If you are hand-carrying the specimen, please observe the packing instructions above to secure the specimens in transit. Label specimens as "Diagnostic Specimen."

Specimen types and amounts:

Acute and convalescent specimens should be sent together whenever available. If one of these specimens is unavailable, single specimens will be accepted. Ideal timing of specimens is as follows: a) acute specimens should be taken 10 days after onset of symptoms, b) convalescent specimens should be collected 2-3 weeks after the acute sample. Keep in mind, if the acute sample is taken prior to 10 days post-onset of symptoms, antibodies may not have had time to develop and a false negative test may result. Testing for serology is done on serum and cerebrospinal fluid (CSF) specimens. Please send at least 1. 0 ml of serum and at least 1. 0 ml of CSF for proper testing to proceed. **DO NOT send whole blood.**

Reporting of test results:

Test results will normally be available 10 to 14 days after receipt of specimen. During periods of heavy submission, turn-around times may be longer. Receipt of a hard copy of the results may take 2 weeks after completion of testing. Initial serologic testing will be performed using IgM capture ELISA. If the initial results are positive, further confirmatory tests may delay the reporting of final results.

Result Notification:

Pennsylvania Department of Health (DOH) Bureau of Laboratories (BOL) will notify the submitting laboratory by fax or telephone of all **positive test results** as soon as they are received. A printed copy of the test result with interpretation will be mailed to the submitting laboratory by the DOH Laboratory. The DOH laboratory will perform ELISA testing on serum and/or CSF. Serology results will be reported as positive or negative for the detection of WNV antibody. Confirmation by serum neutralization testing will be done at CDC by special request only. If the physician requests PCR, serum neutralization testing or culture, please call the Bureau of Epidemiology at 717-787-3350 for approval and instructions.

For any patient who has a positive test for WNV, DOH will notify the local health officer providing service in the patient's county/city of residence. Together with the local health department, DOH will administer a risk factor surveillance questionnaire to the patient or patient's family.

Physicians will be advised of modifications to this protocol through regular notices sent to local health officers and the Chief Executive Officers, Emergency Room Directors, and Infection Control Practitioners of all Pennsylvania acute care hospitals.

Revised 3/2004

PENNSYLVANIA DEPARTMENT OF HEALTH PHYSICIAN INITIAL CASE AND LABORATORY SUBMISSION REPORT FOR VIRAL ENCEPHALITIS/MENINGITIS/FEVER - WNV/OTHER CSF PCR and culture will only be performed with the approval of Epidemiology. Please call 717-787-3350 for instructions 1. IDENTIFYING PATIENT INFORMATION Date of Report: ____/___/____/ Date of onset of symptoms(must be completed): Last name First Name MI DOB Sex: Male Female Street Address Apt. City: State Zip County Tel. H (2. REPORTED/SUBMITTED BY: First name Last name Work address State Zip Code City Telephone (Pager (3. CLINICAL INFORMATION Current diagnosis: Encephalitis Meningitis Other (Specify_____ Hospitalized? Yes Hospital Name_ No Submitting Laboratory Name_ Address: Hospital Lab Phone #_ __ Hospital Lab Fax #_ Fever (>38C or 100F) No Unknown Altered Mental Status Yes Unknown Yes No Muscle Weakness Yes No Unknown Stiff neck/Meningeal signs Yes No Unknown Headache Unknown Yes Unknown Yes No Seizures No Rash Yes No Unknown Muscle Pain Yes Unknown No Joint Pain Other Neurological signs Unknown Yes No Yes No Unknown Outcome: Recovered Still with symptoms/deficits Died (date of death ____ Unknown Discharge Diagnosis_ Did patient travel outside PA in the 3 weeks before onset? Yes No If yes, where? Did patient have a blood transfusion, organs or blood products in the last 3 months? Yes No If yes, Facility Name_ When _ Did patient donate blood in the previous 2 weeks? Yes 4. SPECIMENS BEING SUBMITTED TO PA BOL FOR WEST NILE TESTING CSF should be kept cold; sera 5-10 ml in red top tube should be kept cold; ship with ice packs; use overnight delivery service Specimen Type: Specify CSF or Serum DATE OF COLLECTION FOR BOL USE ONLY *****Required***** BOL Accession No.

Submit specimens directly to: PENNSYLVANIA DEPT. OF HEALTH, BUREAU OF LABORATORIES, 110 PICKERING WAY, LIONVILLE, PA 19353. Call the Laboratory at 610-280-3464 if you have any guestions about testing and shipping

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of specimens. Report cases of meningitis or encephalitis using PA NEDSS (National Electronic Disease Surveillance System) or call the DIVISION OF COMMUNICABLE DISEASE EPIDEMIOLOGY at 717-787-3350 if you have questions Revised 3/04 or for assistance.