



Guidance for Medical Examiners and Coroners: Reporting and Testing for Influenza

May 14, 2015

The purposes of influenza surveillance are to assist providers with treatment decisions, monitor the severity of the influenza season, and detect novel influenza viruses. **To accomplish these goals, medical examiners and coroners should report the following to their local health jurisdiction:**

- 1) Laboratory-confirmed influenza deaths in persons of all ages, and
- 2) Suspected and laboratory-confirmed infections due to a novel influenza virus, including avian influenza A (H5N1) virus.

In addition, unexplained critical illnesses or deaths in persons <50 years old are reportable. Public health encourages influenza testing in deceased patients with an unexplained respiratory illness. Specimens from these patients can be submitted to the Washington State Public Health Laboratories (WAPHL) for influenza testing using CDC-developed assays free of charge. Medical examiners and coroners interested in submitting specimens to WAPHL should contact their local health jurisdiction: (<http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>).

Testing for Influenza at the Washington State Public Health Laboratories (WAPHL)

- Specimens from autopsies will be tested by viral isolation in conjunction with RT-PCR testing for influenza detection and characterization. RT-PCR performance has not been evaluated for these; hence, specimen collection should occur promptly.
- Optimal testing performance is obtained with freshly-collected specimens that are refrigerated (2-8°C) and arrive at the WAPHL for processing within 72 hours of collection. If you are unable to ship the specimen for arrival at WAPHL within 72 hours of collection, the specimen should be frozen at $\leq -70^{\circ}\text{C}$ and shipped on dry ice.
- **As soon as possible after death:** obtain a nasopharyngeal specimen using swabs with a synthetic tip (such as Dacron or nylon) and a plastic or wire shaft and place in viral transport medium.
- **During autopsy:** obtain a tracheal specimen using a swab with a synthetic tip and place in viral transport medium. In addition, collect multiple lung tissue specimens, if possible, and specimens from other organs showing pathology. Place fresh lung tissue in viral transport medium. Store fresh-frozen and fixed lung tissue for further testing if needed. Obtain any additional appropriate specimens for culture.
- Please label all specimen tubes with specimen source, the decedent's name, date of birth, and date of collection.

Important Note: Viral antigens and nucleic acids may be focal and sparsely distributed in patients with influenza. Additionally, the degradation of live virus and growth of other contaminating organisms in the respiratory tract following death may reduce the efficacy of viral isolation from respiratory specimens. Extensive sampling of both upper and

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lower tracts that occurs as soon as possible after death ensures the best chance of detecting the virus.

- Freshly-collected specimens that are stored refrigerated should be shipped cold (not frozen) on ice packs. Previously-frozen specimens should be shipped on dry ice.
- Please ship specimens along with completed PHL virology submission forms indicating the specimen deceased patient to:

Washington State Public Health Laboratories
Attn: Virology Laboratory
1610 NE 150th Street
Shoreline, WA 98155

Current PHL submission forms for influenza testing are located at:
<http://www.doh.wa.gov/Portals/1/Documents/5230/302-017-SerVirHIV.pdf>

For information regarding infection control during autopsies, see:
http://www.cdc.gov/h1n1flu/post_mortem.htm

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