

Influenza Swabs

An important part of the survey will also be taking swabs, **one per week** from patients suspected of having the flu. You should receive packs with appropriate instructions at the outset of the season each year.

You are asked if possible to take up one swab per week per practice on a case of influenza. Obviously if you have no cases then you cannot take a swab. It is also recognised that at certain times you may be too busy to take a swab on that particular case but in general it is of immense benefit to take a swab from a case per week if you can. Taking the swabs involves both throat and nasal swabs. With the nasal swab – the thin wire swab orange cap, try and introduce it into the nasal pharynx via the nostrils and rub it about a little. This is a little uncomfortable but if you can do it once in each nostril the pick up rate is much better than one nostril alone. Then put the swab into the medium and shake it about in the fluid, then discard the wire swab. With the throat swab – the solid white stick swab try and rub it around the posterior pharynx as much as possible. Then break the top of the swab and put it into the red capped medium bottle. Close the bottle, put it in the provided plastic container, fill the form and put both into the provided white envelope and post it off freepost. Please complete the form fully **especially your practice ID number**. Please use the current form which will have the current year written on it, discard all older forms.

Please note the following

- Influenza is a clinical diagnosis – see definition below
- You should take only one swab per week maximum.
- A case you take a swab on should be a case that you are already calling a case of influenza, the swab is only for confirmation or otherwise.
- Therefore any case on which a swab is taken should be appearing in that weeks return irrespective of whether the result is back and/or whether the swab is positive or negative.
- Try and complete the form, some of the questions may seem daft but it has a set of international WHO recommended questions.
- The box “did you record this case in your clinical notes” is there as a reminder to make sure you record the case.

For the purposes of the surveillance influenza should be diagnosed in the following situation using the EU case definition for influenza

– Sudden onset of symptoms

AND

– *at least one of the following four systemic symptoms:*

- Fever or feverishness
- Malaise
- Headache
- Myalgia

AND

– *At least one of the following three respiratory symptoms:*

- Cough
- Sore throat
- Shortness of breath

However if you are convinced a patient has influenza and does not meet the above criteria you are still free to diagnosis it as influenza.

In general you should have enough swabs to do you for the entire season. However, if you are involved in the vaccine effectiveness study you may need extra swabs. If you require further supplies of anything to do with swabbing you should request this directly from the NVRL by e-mail or fax. Do not telephone as the requests cannot be dealt with by telephone. E-mail nvrl@ucd.ie making the subject line “Surveillance swabbing request” and in the body of the e-mail specify exactly what you require be it forms, wire swabs or viral transport medium etc. Please include your practice code. Alternatively send the same information by fax to 01 2697611.

Do not contact the NRVL by telephone, they won’t know what you are talking about, use the email address or fax.