

Checklist for referral of influenza samples to UKHSA's Respiratory Virus Unit

References to tables and sections refer to the [main guidance](#).

Which samples to select for referral

- Out of season: Clinical Network Laboratories (CNLs) and NHS collaborating labs refer all influenza positives (up to 10 per week from a clinical NHS lab).
- In season (epidemic period): CNLs refer up to **25 samples per week to RVU; 10 samples per week from NHS collaborating labs:**
 - include all influenza positive samples from categories A to E (priority 1) and F to G (priority 2), and complete the batch with samples randomly selected from category H (see Table 1)
- In season, other NHS laboratories conducting their own subtyping may refer **up to 5 samples per week**, following priority listing in Table 1.

Has the relevant section in the guidance been checked for sample referral?

- see section for UKHSA Clinical Network Laboratories and NHS collaborating laboratories
- see section for NHS laboratories
- see section for testing to inform patient management
- see section on referral of unsubtypeable or Ct mismatch samples

Is the current version of the [Typing of Influenza Strains E3 referral form](#) being used?

Is the sample an acceptable referred sample type?

- see guidance for [acceptable referred samples](#)
- send primary sample (>400µL) in viral transport medium, not in lysis buffer, and of adequate viral load, for surveillance purposes
- include reference number, sample type, date of collection and date sent to UKHSA

For samples being referred as UNSUBTYPEABLE or unexpected CT MISMATCH

- has subtyping (H1pdm09/H3 +) been attempted? If not, this is classified as NOT SUBTYPED
- does clinical risk assessment indicate potential zoonotic exposure? If so, send urgently
- is this due to a known assay performance issue? If so, only send whilst issue remains under active investigation
- include details of typing and subtyping assays used in referring lab

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If antiviral susceptibility testing requested, has this been discussed with the reference laboratory before sending sample?

- if no, call reference laboratory first to discuss

Has the relevant safety information been provided on the E3 form?

- do you suspect that the patient is infected with a Hazard group 3 or 4 pathogen?
- is there foreign travel history?

Has all relevant patient information been included on the E3 referral form?

- include details of ICU/HDU/ECMO or fatal case
- include travel history or animal or bird contact

Have the sending laboratory results (influenza and other respiratory virus co-detections) been provided?

- influenza type or subtype? Any co-detections?
- assay used and Ct/Cn values where generated **must** be included

Has the patient received the current season flu vaccine? Has the patient received anti-influenza antivirals in the past 14 days?

- if yes, provide details on the E3 referral form

Is the referred sample from an influenza outbreak?

- if yes, provide details of the name or type of setting and CIMS reference (if known) on the E3 referral form