

Laboratory Support of the Influenza A H1N1(2009)

Public Health Response in Victoria



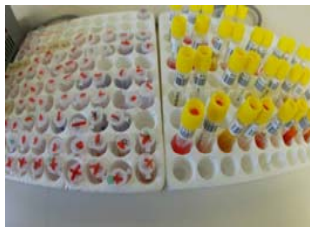
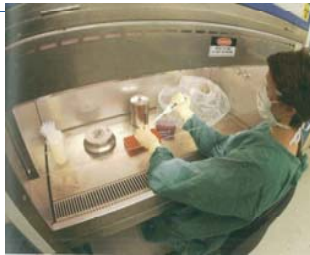
Dr. Mike Catton



VIDRL

Victorian Infectious Diseases
Reference Laboratory

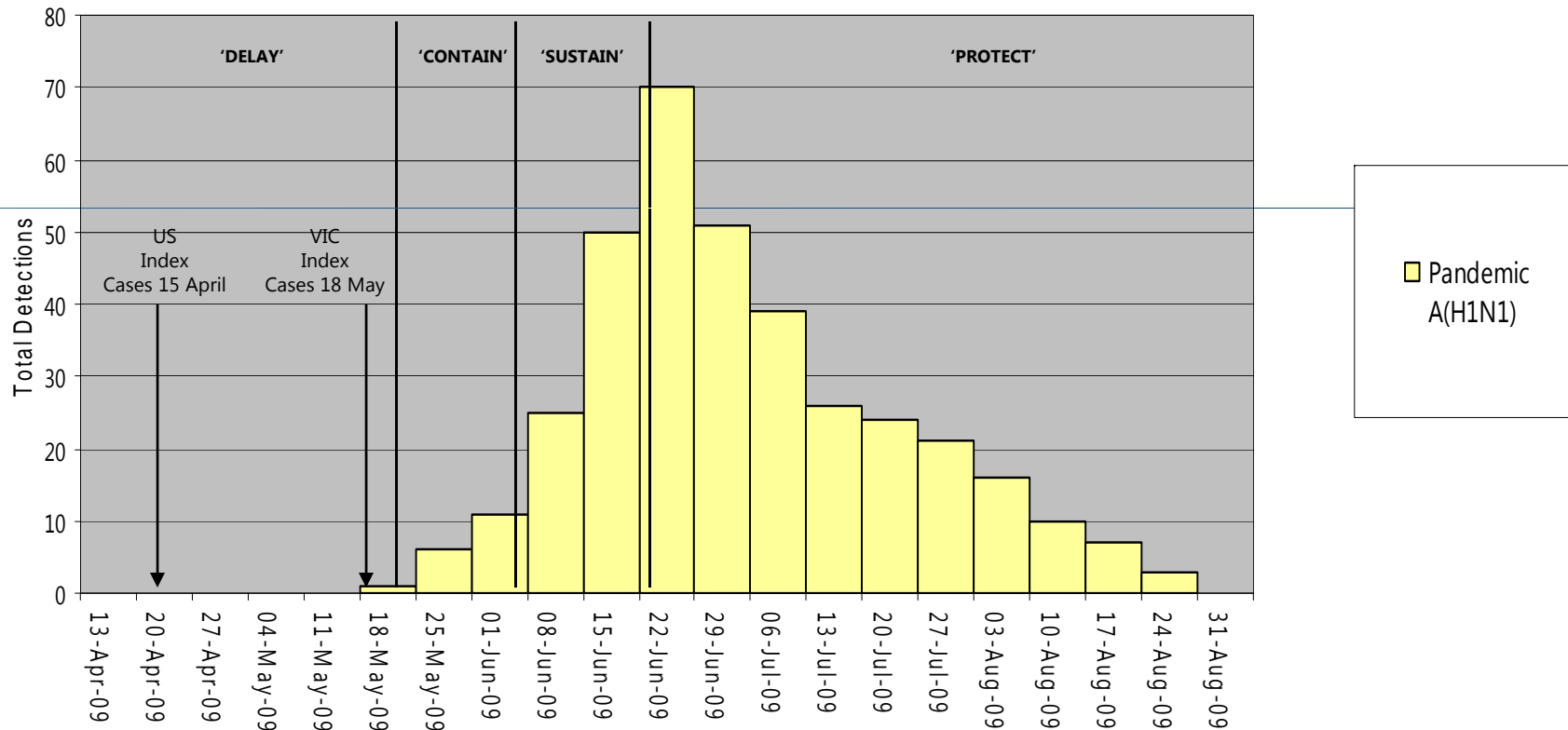
Role of the Public Health Laboratory in Infectious Diseases Outbreaks



- ◆ Develop and maintain appropriate laboratory capacity
- ◆ Surveillance and initial case finding.
- ◆ Diagnostic and reference testing supporting Public Health investigation.
- ◆ Timely notification of cases to Public Health Authorities
- ◆ Contribute to Public Health management decisions
- ◆ Research

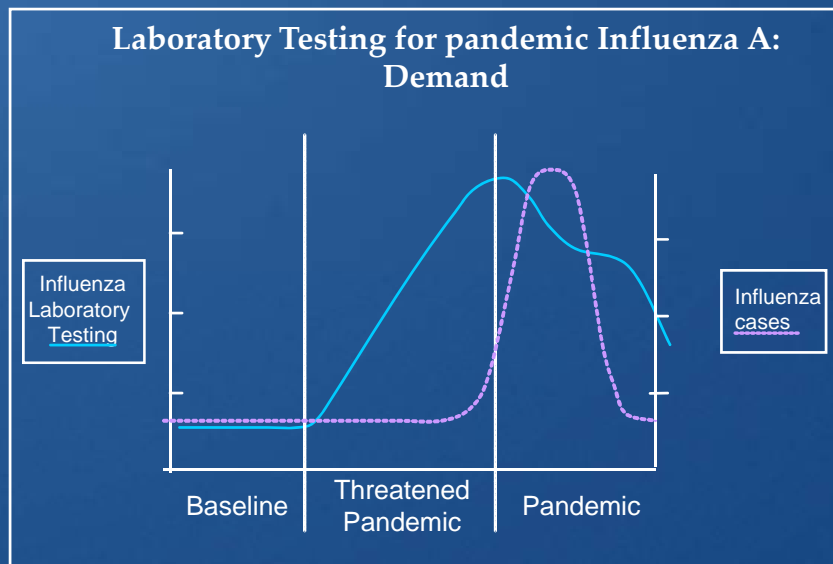
Influenza A H1N1 (2009) in Victoria:

Phases of the Public Health Response



Detections of Influenza A H1N1 (2009) from Sentinel Surveillance Week Commencing

Pandemic Preparedness: VIDRL



Throughput capacity

- Planned surge capacity of 500+ extra PCR/day
- Planned duration 2+ weeks then step down to clinical testing

Facilities/Equipment

- Dedicated outbreak facility
- Nucleic acid extraction robotics + real time PCR analysers

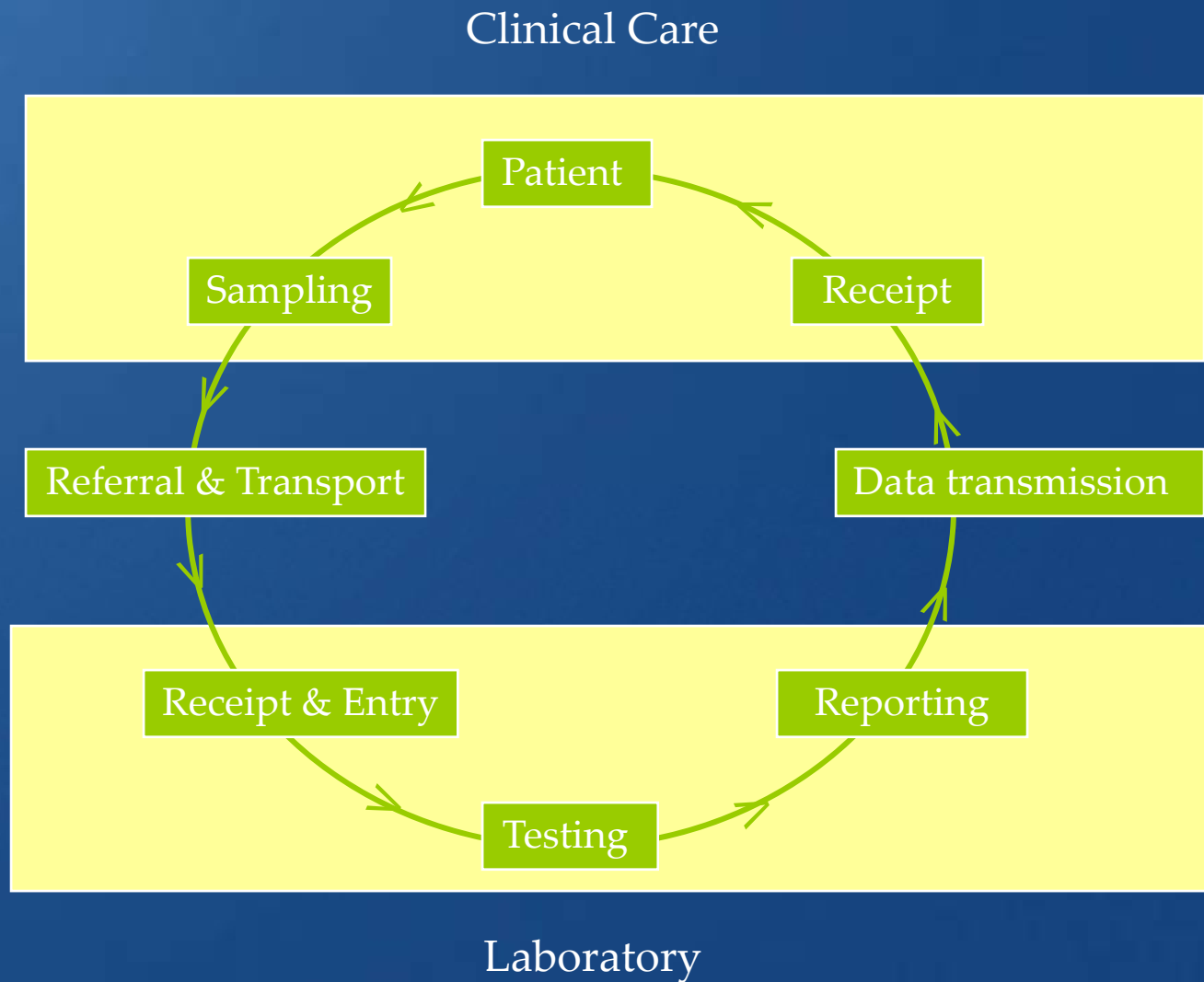
Staffing

- 2 dedicated 'surge' EFT scientists
- Secretaries cross trained on LIMS key entry
- Additional support from 'quiet' laboratory areas

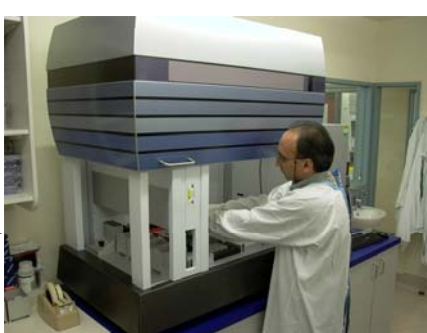
Reagents

- Stockpile of non-perishable reagents.

The Testing Cycle



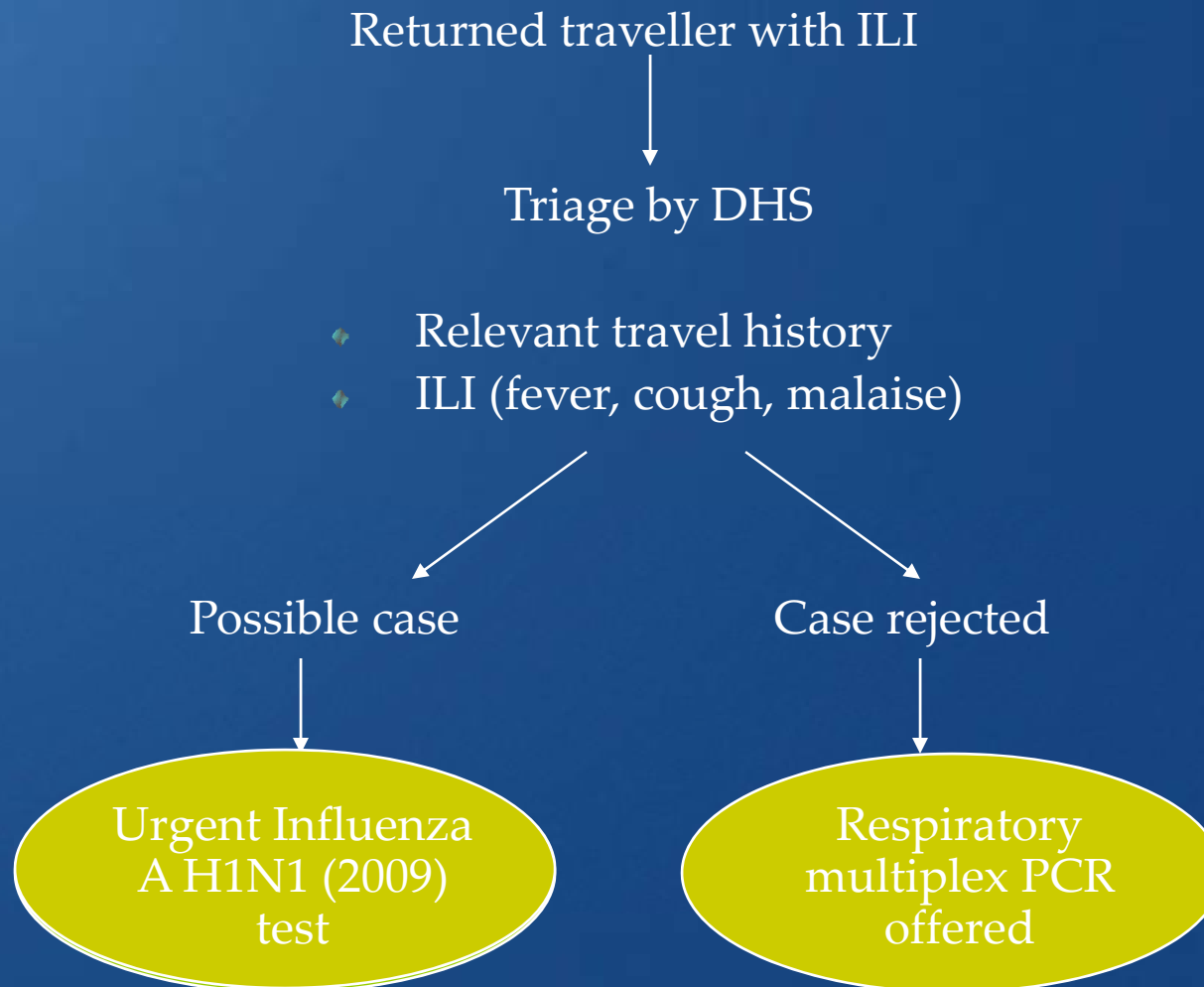
Laboratory Detection of Pandemic Influenza A



- ◆ Pooled nose and throat swabs
- ◆ Real-time PCR based detection
- ◆ Dual PCR primer sets
 - Matrix gene – detection of all 16 influenza subtypes
 - Haemagglutinin gene – differentiation of subtypes
- ◆ Referral to WHOCC for characterisation
- ◆ Prompted by 2 x US index cases 15 April:
 - Matrix & H1 PCR primers checked against H1N1 (2009) sequence
 - Specific H1N1 (2009) probe design

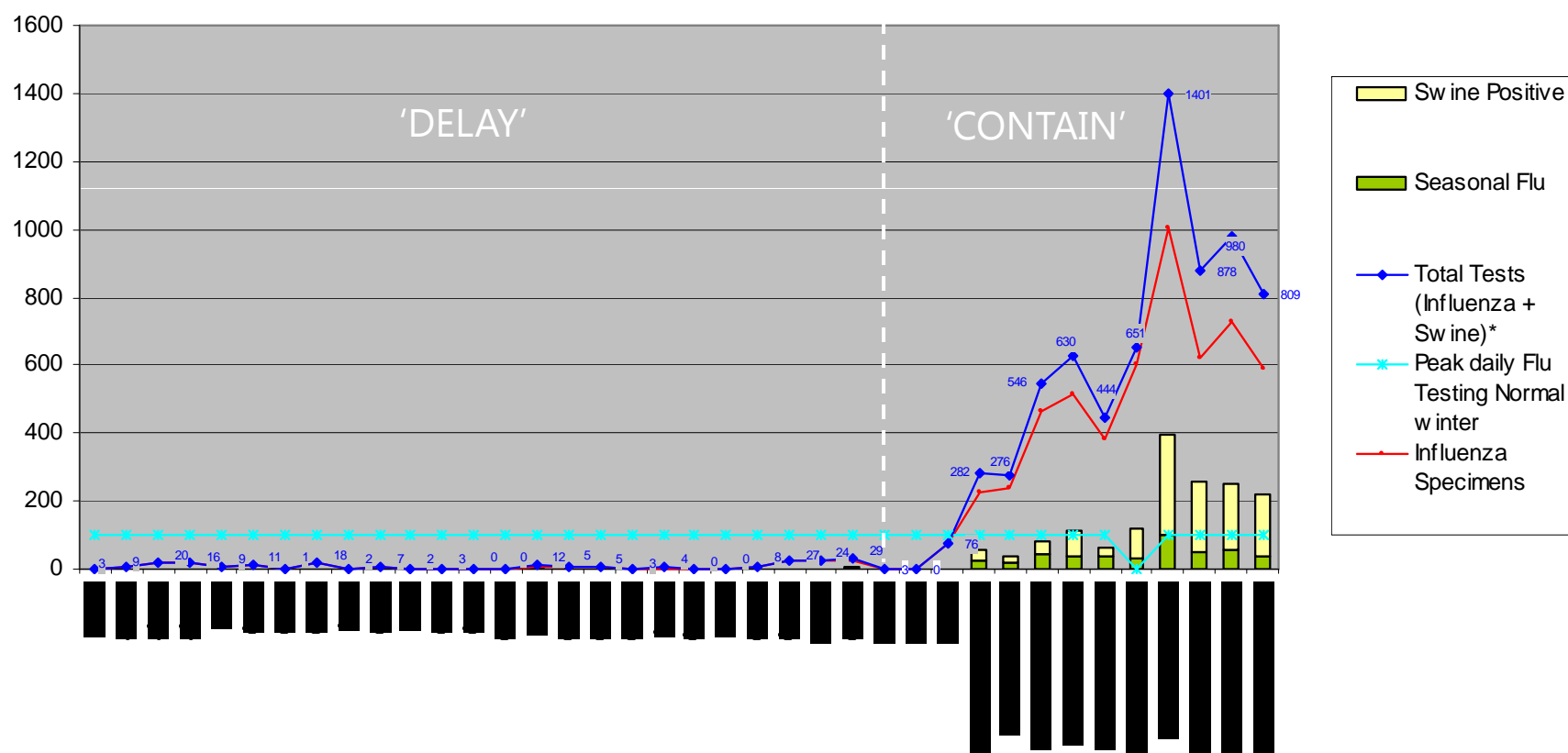
'DELAY' Phase

Influenza A H1N1 (2009) testing protocol: Victoria



Surge Capacity: Influenza A H1N1 (2009) PCR Throughput Viral Identification (VI)

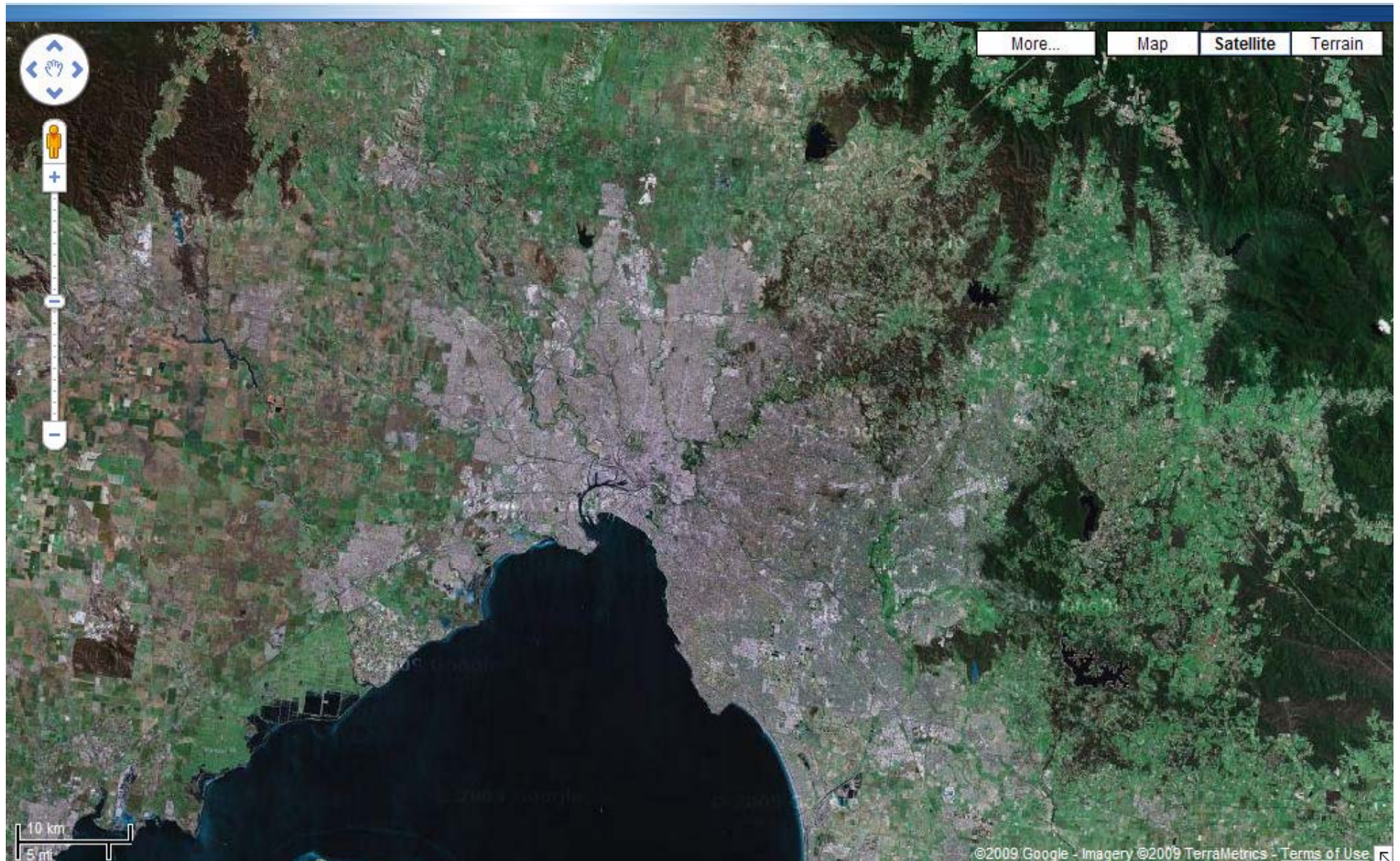
Laboratory VIDRL – ‘CONTAIN’ Phase



* Each Specimen (red line) was tested for influenza. Influenza positives (bars) also had a second test for Swine Flu performed. Total tests (blue line) records numbers of both sets of tests.

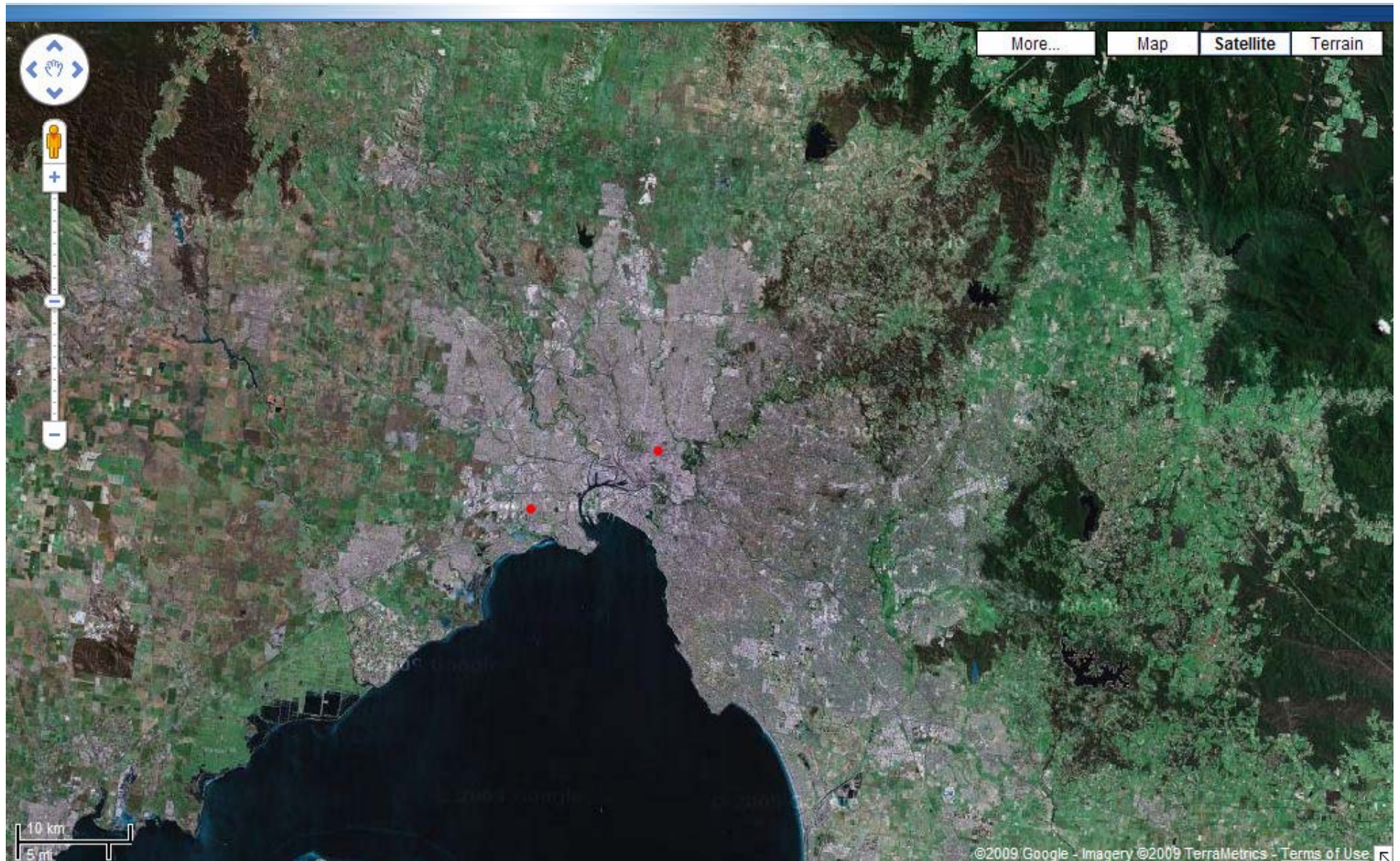
May 17

Day=0



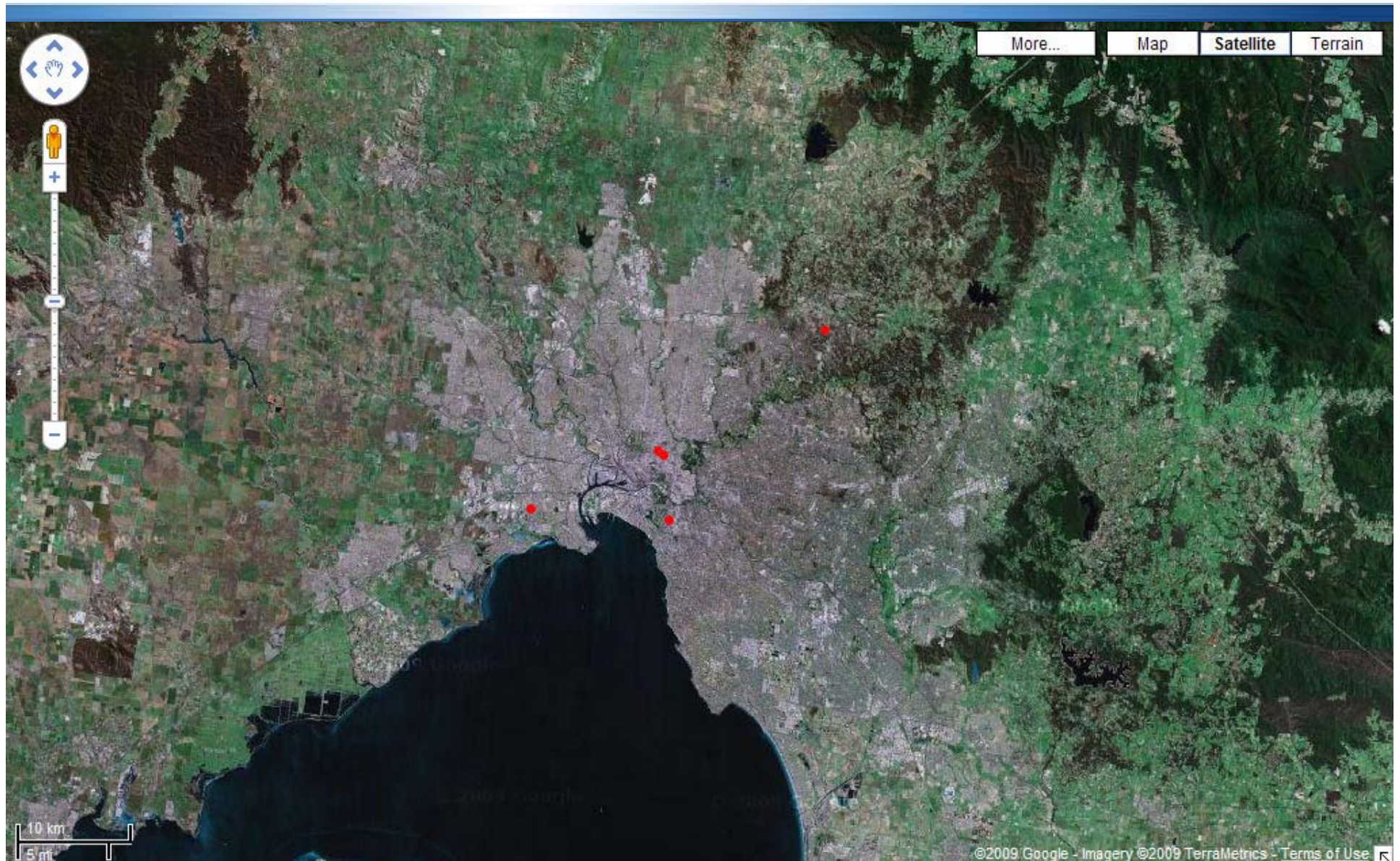
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Day=1



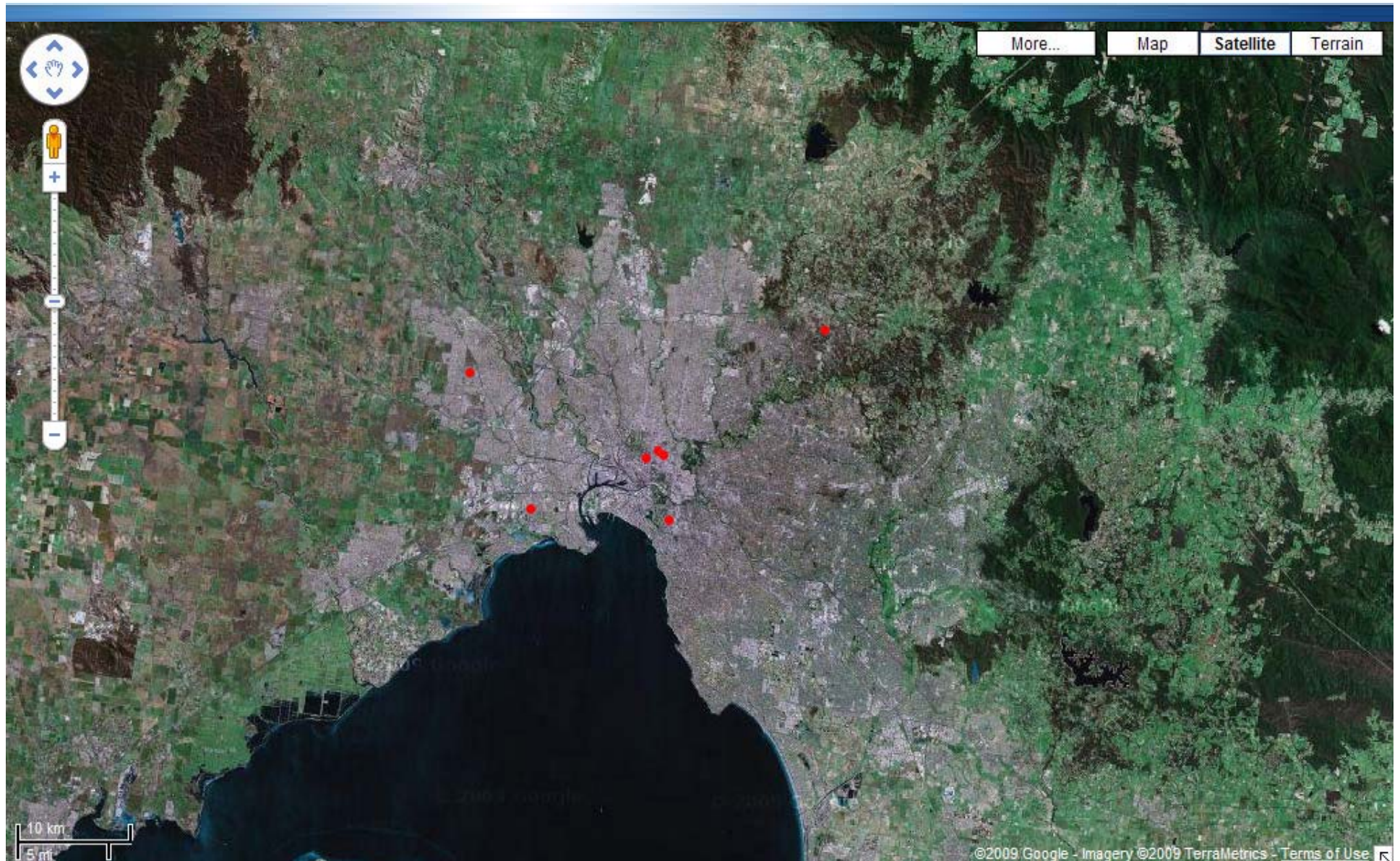
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Day=2



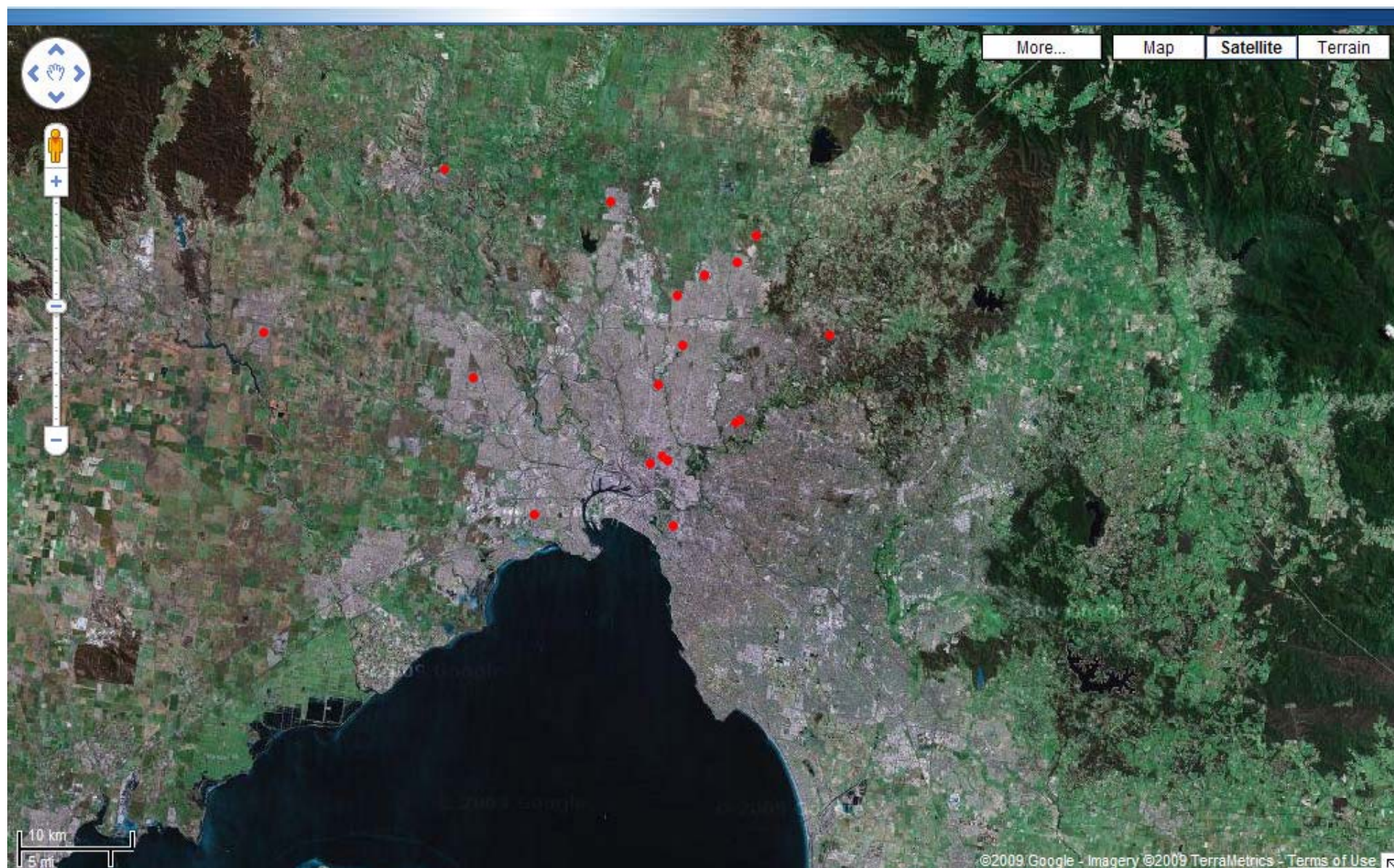
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Day=3



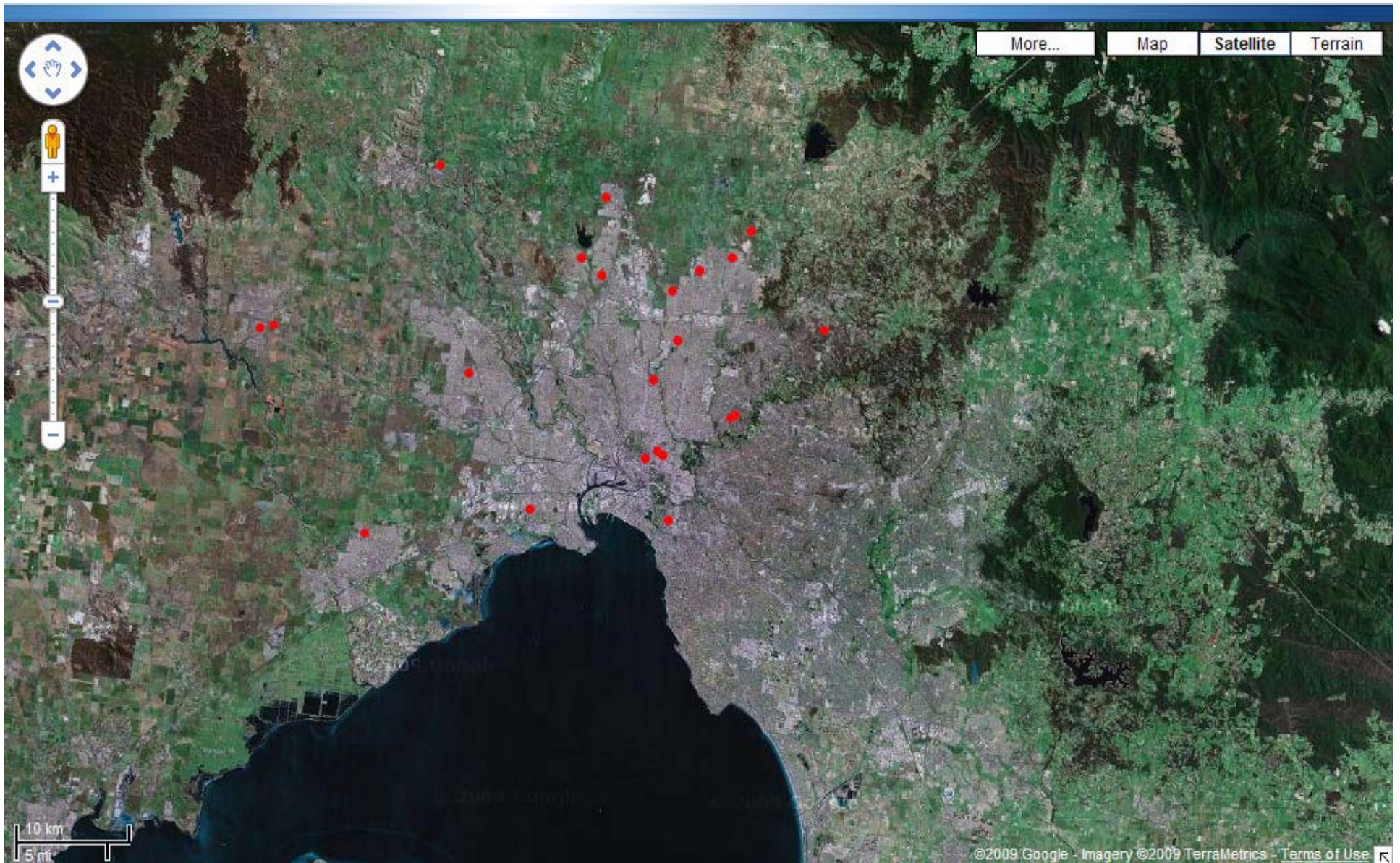
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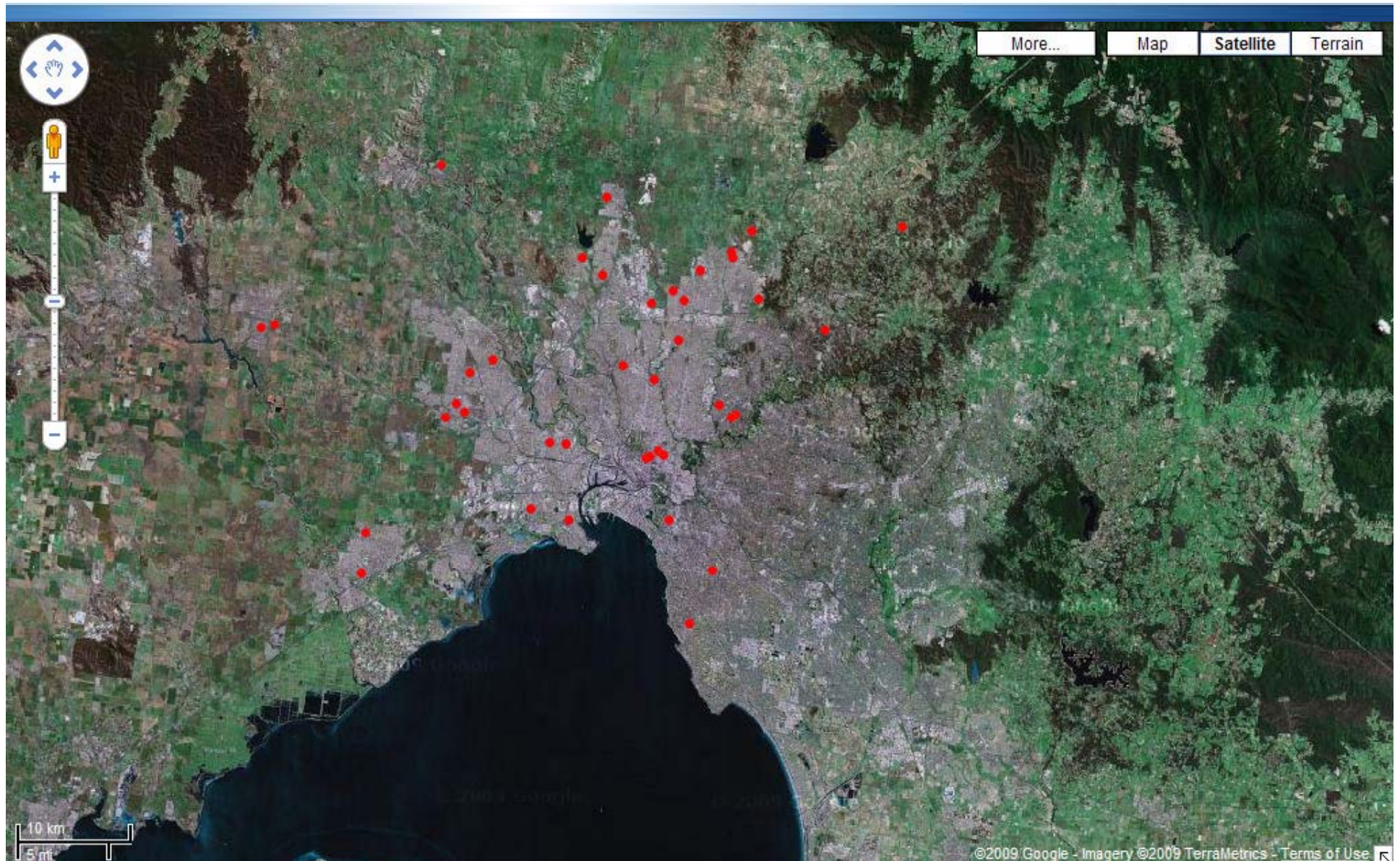
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Day=5



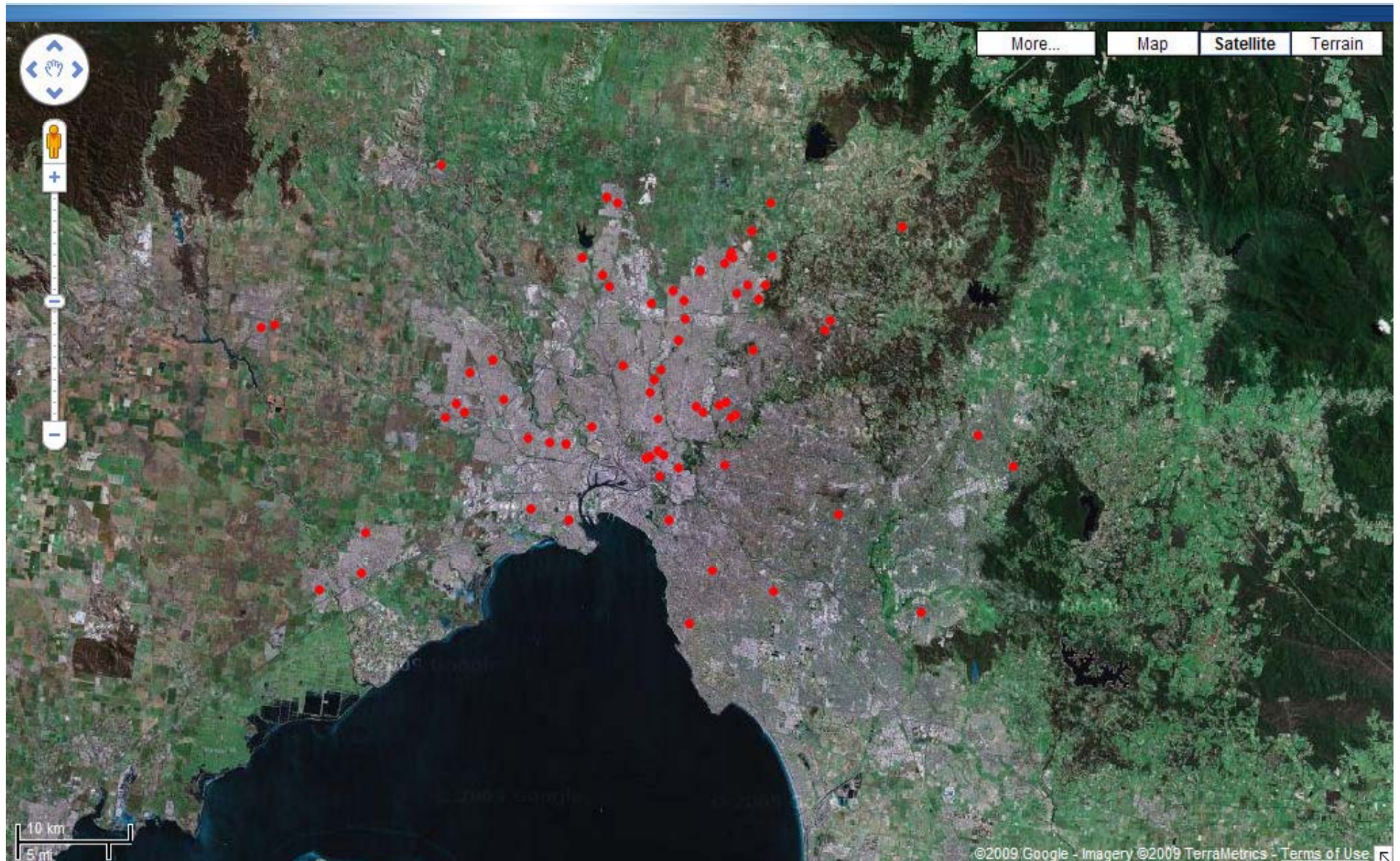
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Day=6



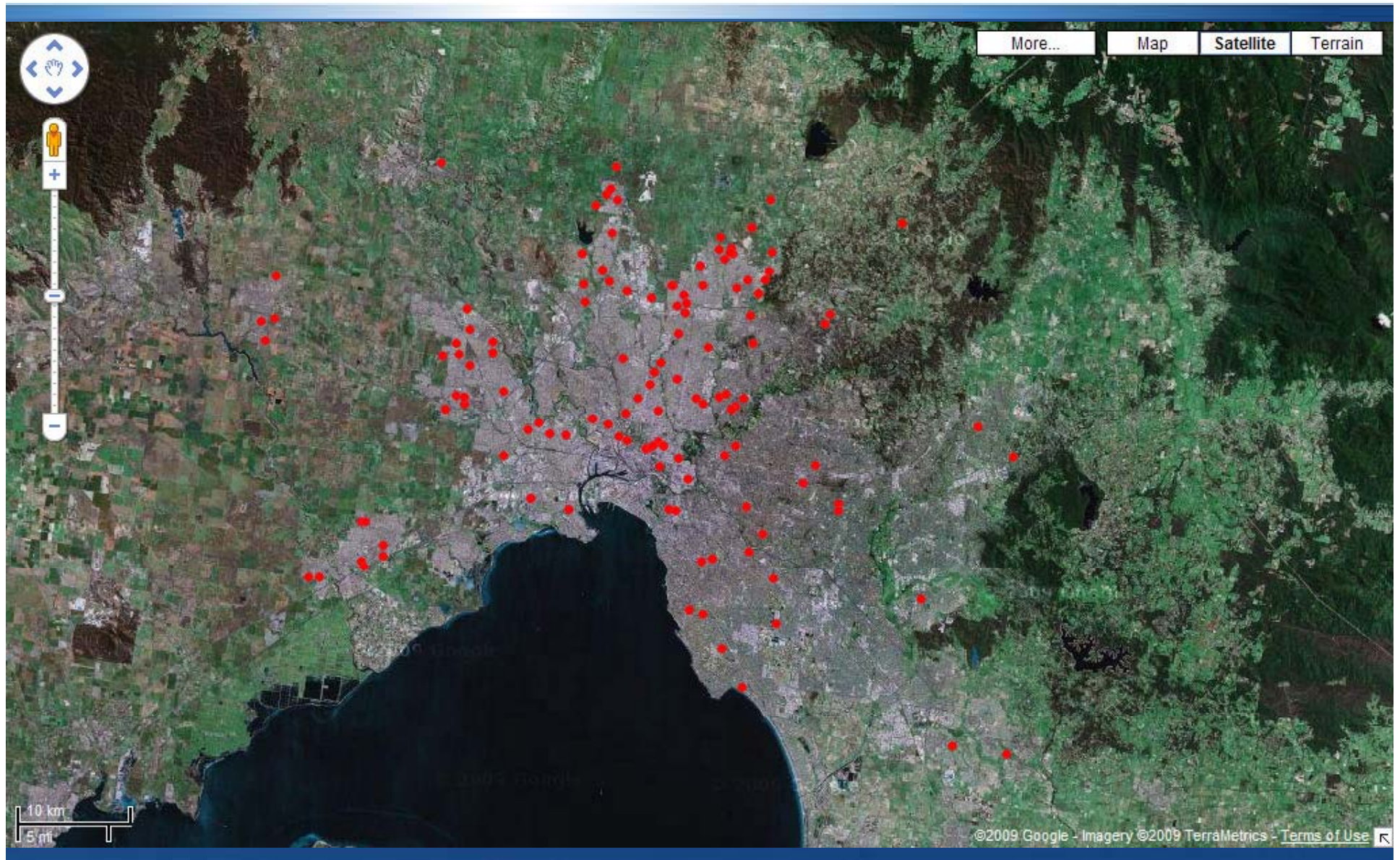
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Day=7



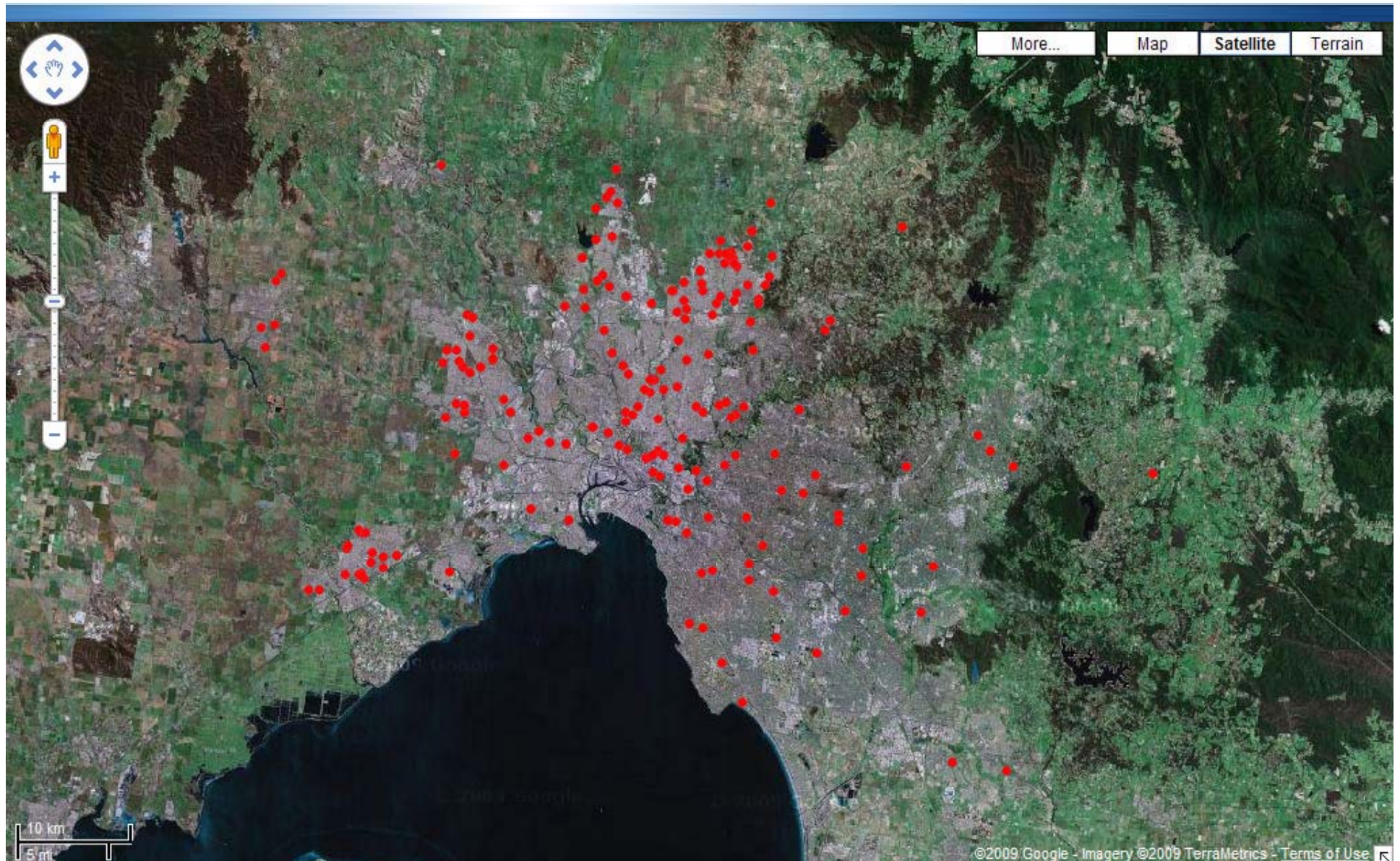
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Day=8



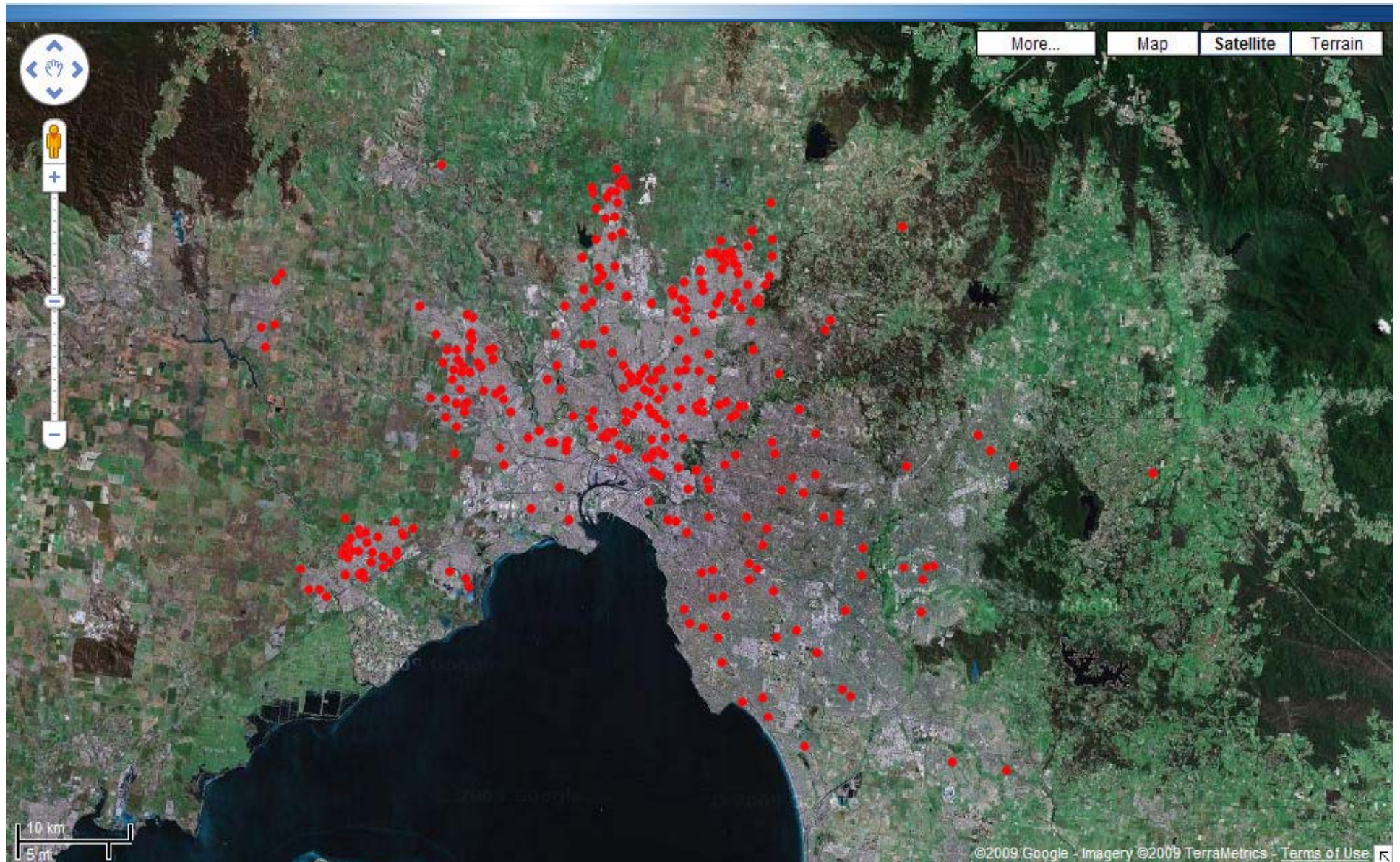
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Day=9



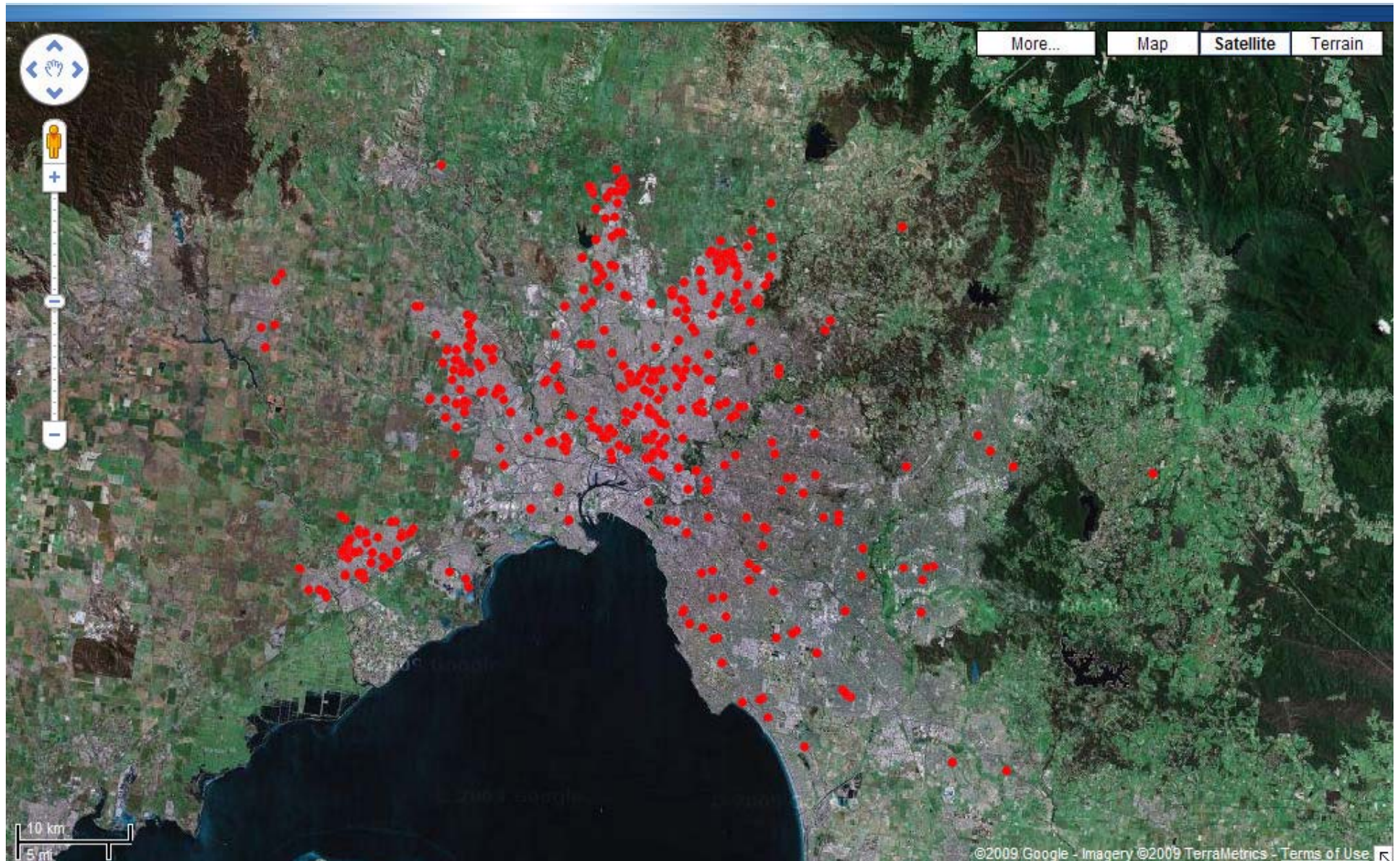
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Day=10



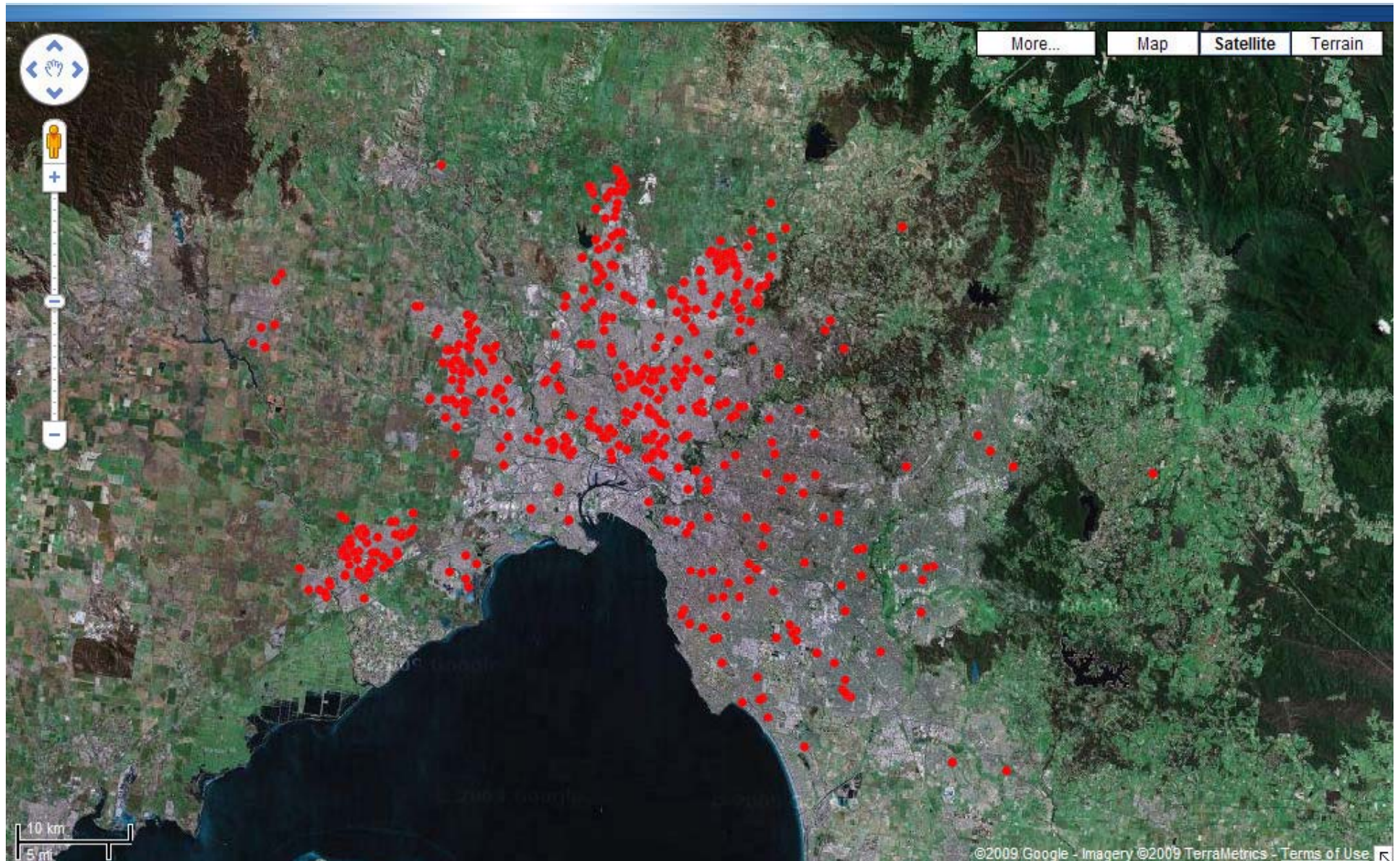
May 28

Day=11



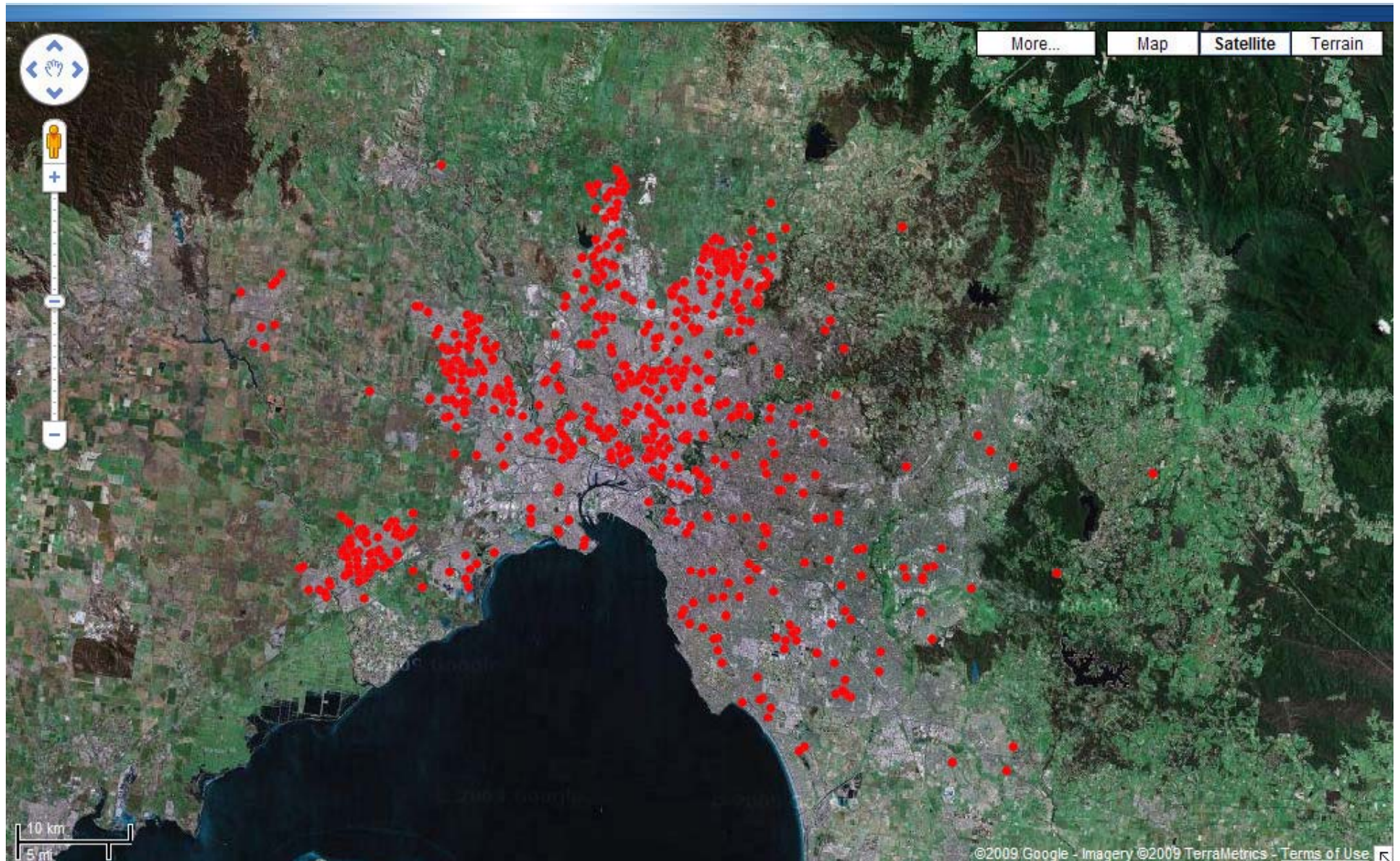
May 29

Day=12



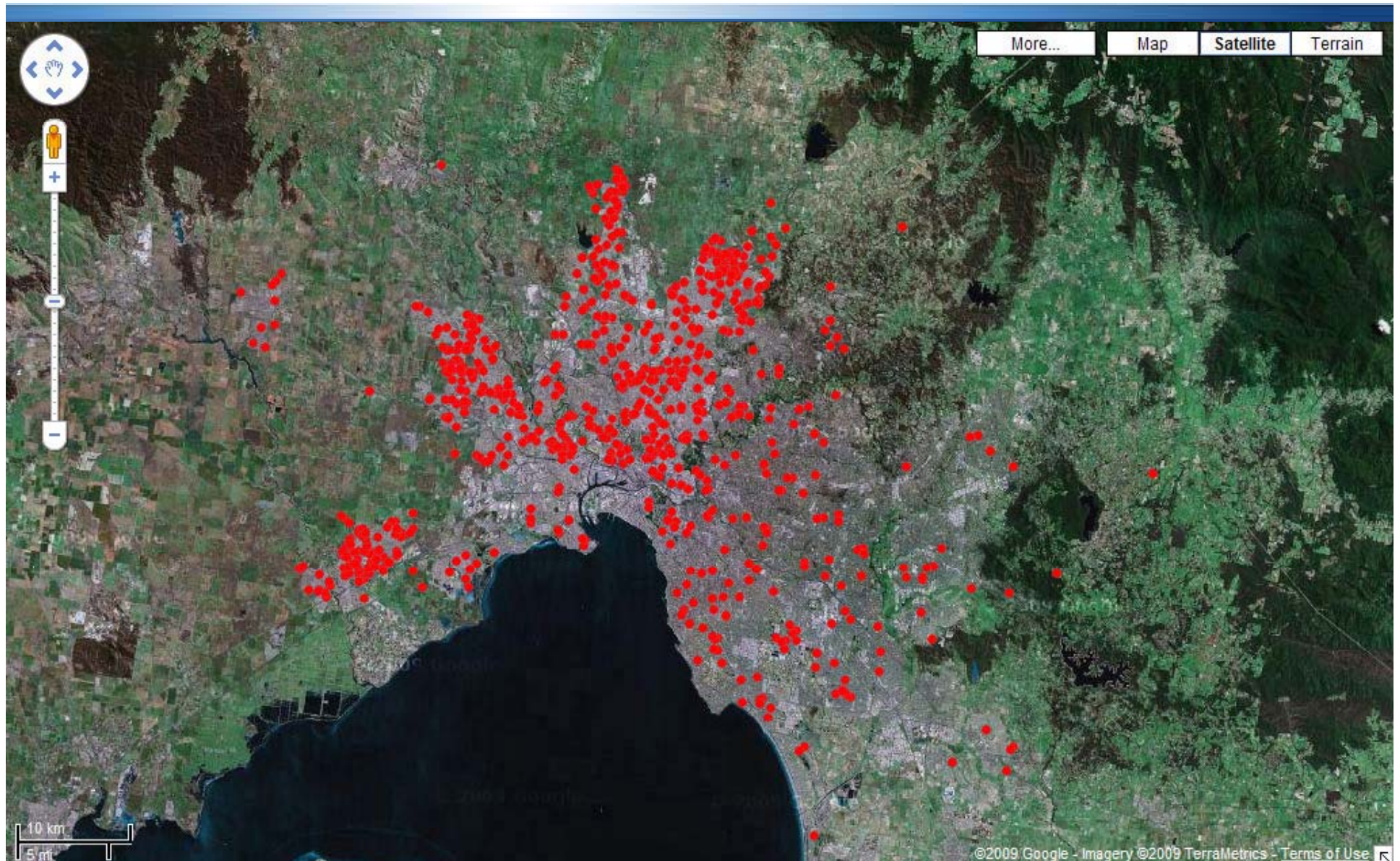
May 30

Day=13



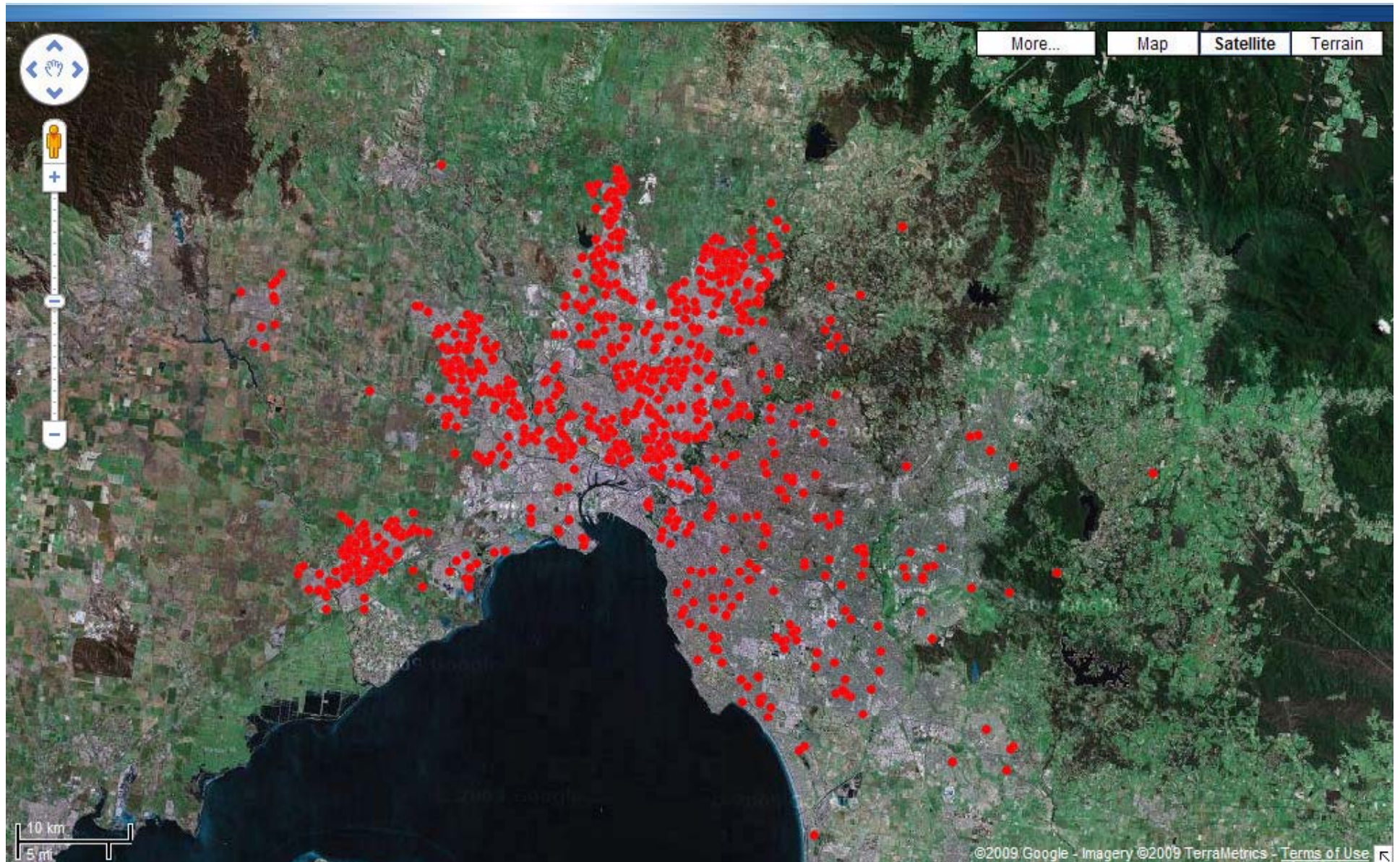
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Day=14



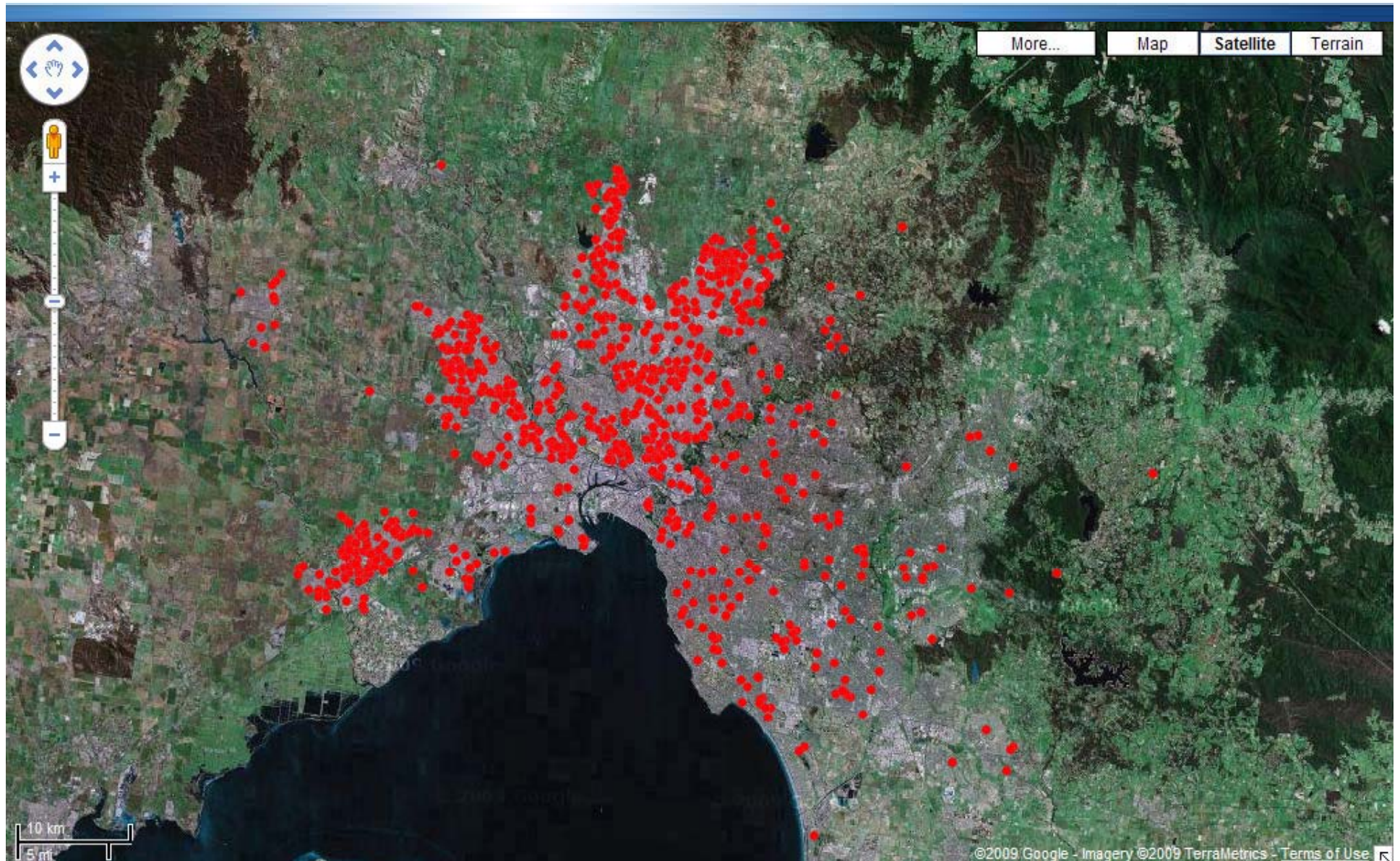
June 1

Day=15

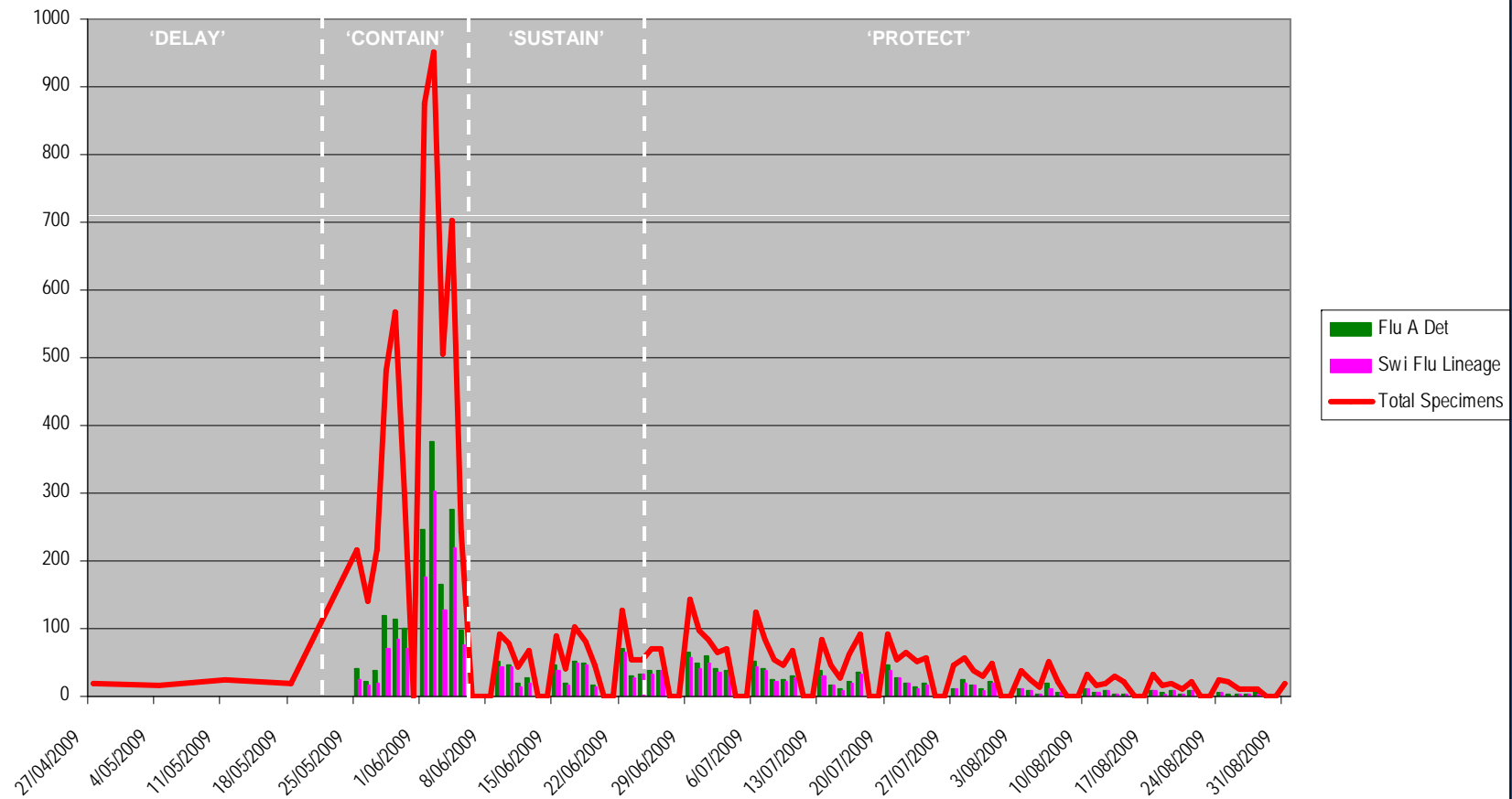


June 2

Day=16

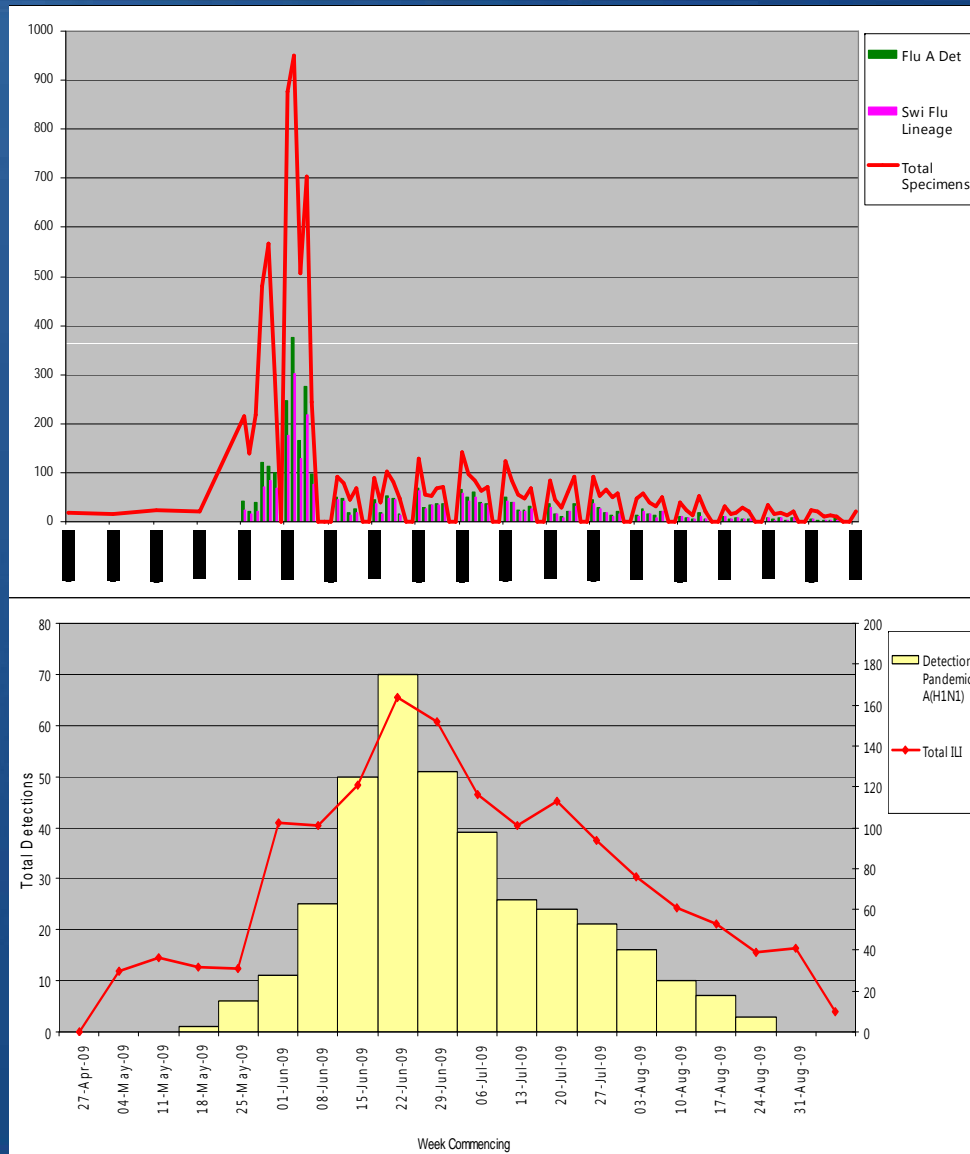


Influenza A H1N1 (2009) PCR Throughput Viral Identification (VI) Laboratory VIDRL 'SUSTAIN' & 'PROTECT' Phases

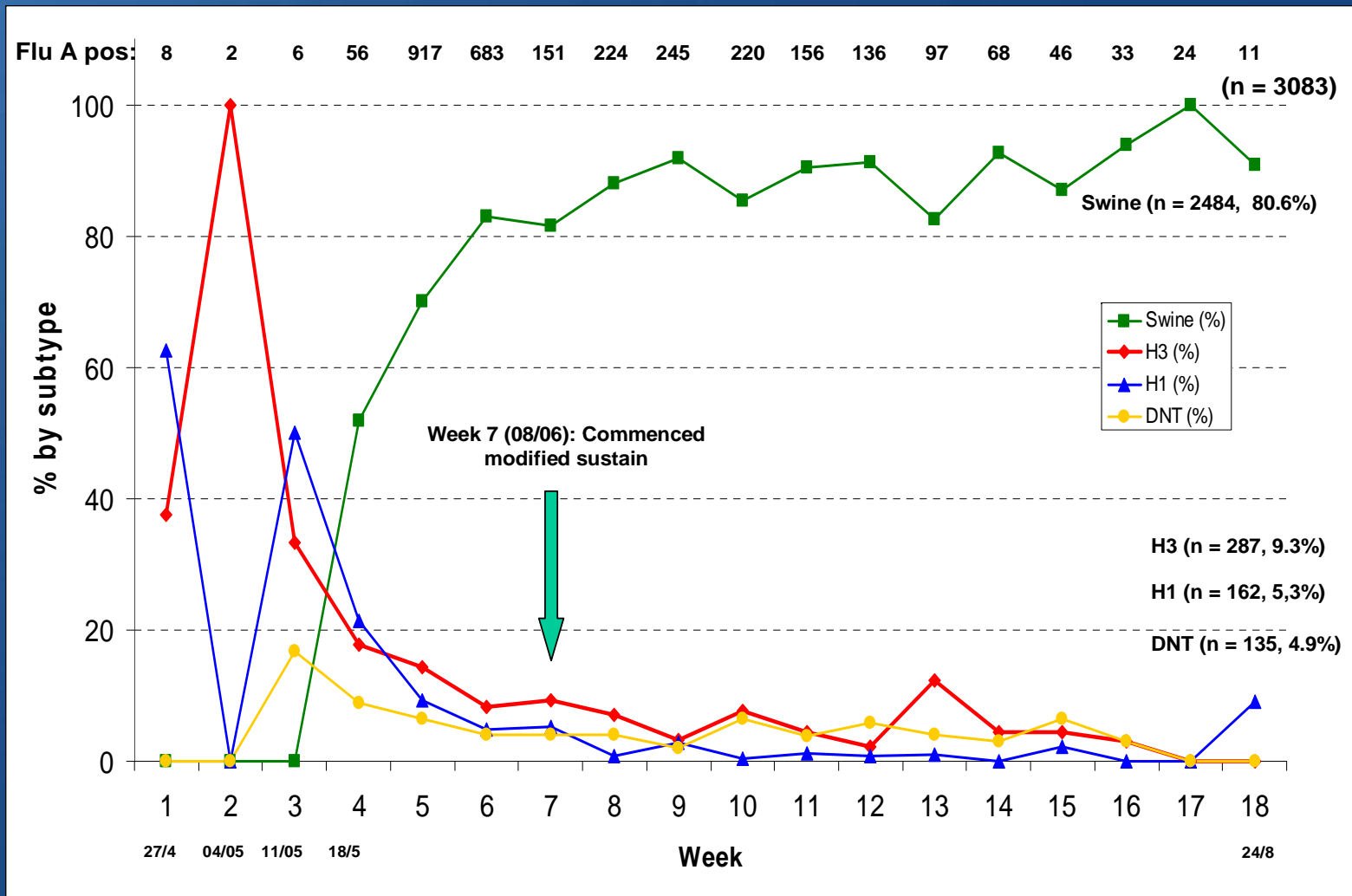


Complementary Laboratory Activity:

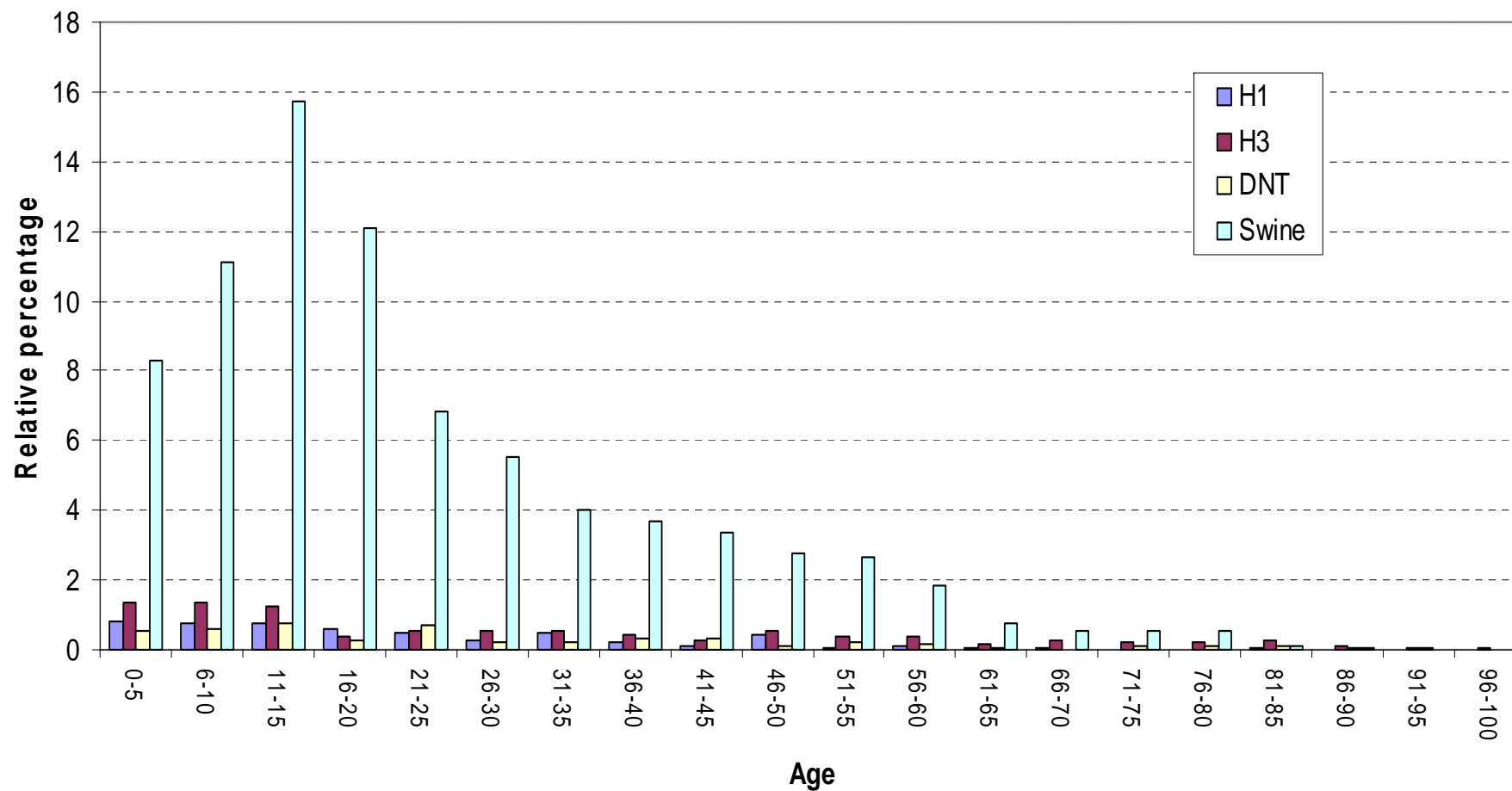
- (i) Clinically focussed testing during 'SUSTAIN' & 'PROTECT'
- (ii) Sentinel Surveillance Influenza H1N1 (2009) detections and ILI



Influenza A Subtypes VIDRL Winter 2009

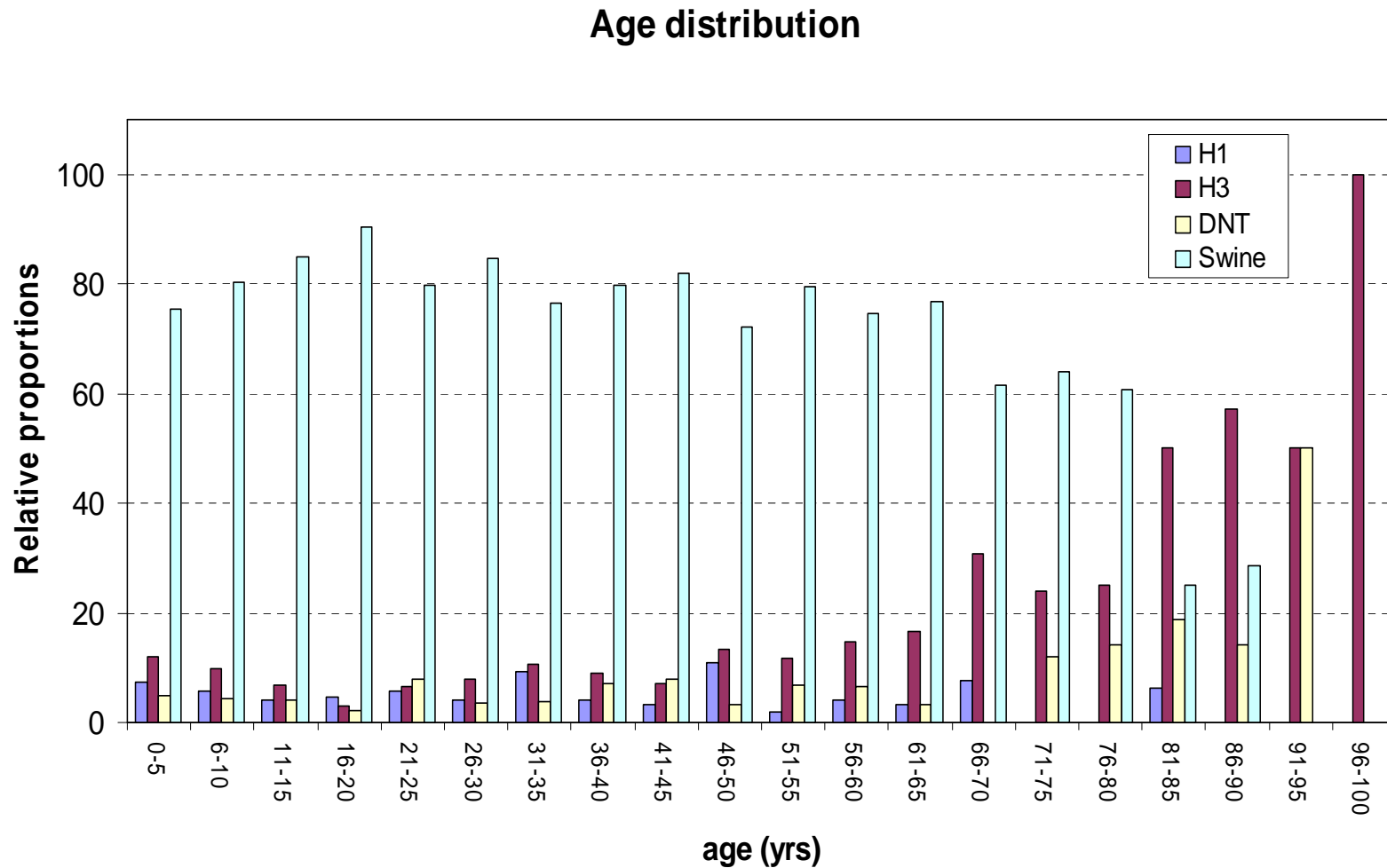


Age Distribution of Influenza A Subtypes VIDRL Winter 2009 (Percentage of each subtype by age)



Age Distribution of Influenza A Subtypes VIDRL Winter 2009

(relative proportions of subtypes within each age-group)



Planning & Reality

Pandemic Preparedness

- ◆ Nominated surge test throughput capacity (500+ tests/day 2 + weeks)
- ◆ This capacity expected to meet surveillance and clinical needs
- ◆ Laboratory response planning built around this figure

◆ Extent to which reality varied from expectation

- Negative results were important for action
- Expectations of testing for everyone
- Continuation of case finding despite community transmission

◆ Extent to which planning succeeded

- Within laboratory
 - Data entry
 - Telecoms
 - Staff numbers
- External to laboratory
 - Specimen transport
 - Data transmission
 - Communications
 - Reagents

Success/Perceived Success
Of Pandemic Preparedness

Expectation and Reality

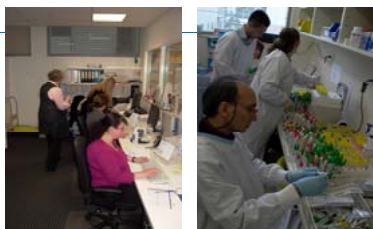
- ◆ Negative results of influenza testing were important: cessation of antivirals and release from quarantine.
- ◆ Expectations from public/primary care of laboratory testing of all respiratory illnesses
- ◆ Continuation of case finding and laboratory testing despite widespread community transmission

Success of Planning Within the Laboratory



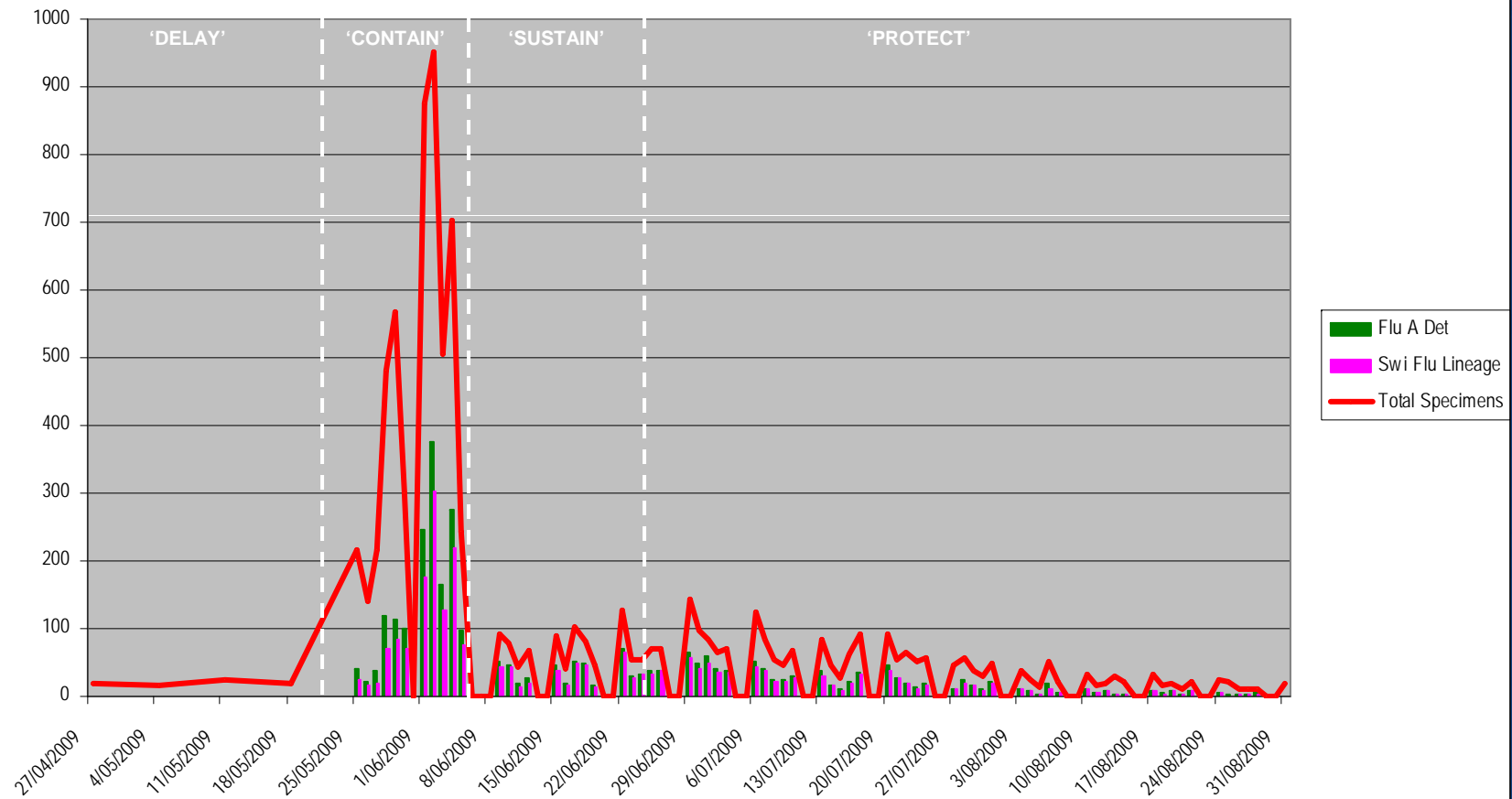
<u>Plan</u>	<u>In Practice</u>
<u>Facilities</u> <ul style="list-style-type: none"> Outbreak specific PCR Laboratories Dedicated outbreak specimen reception area 	<ul style="list-style-type: none"> Worked well Not available during outbreak
<u>Equipment</u> <ul style="list-style-type: none"> Nucleic acid extraction robotics Real time PCR analysers 	<ul style="list-style-type: none"> Worked well Worked well

Success of Planning within the Laboratory



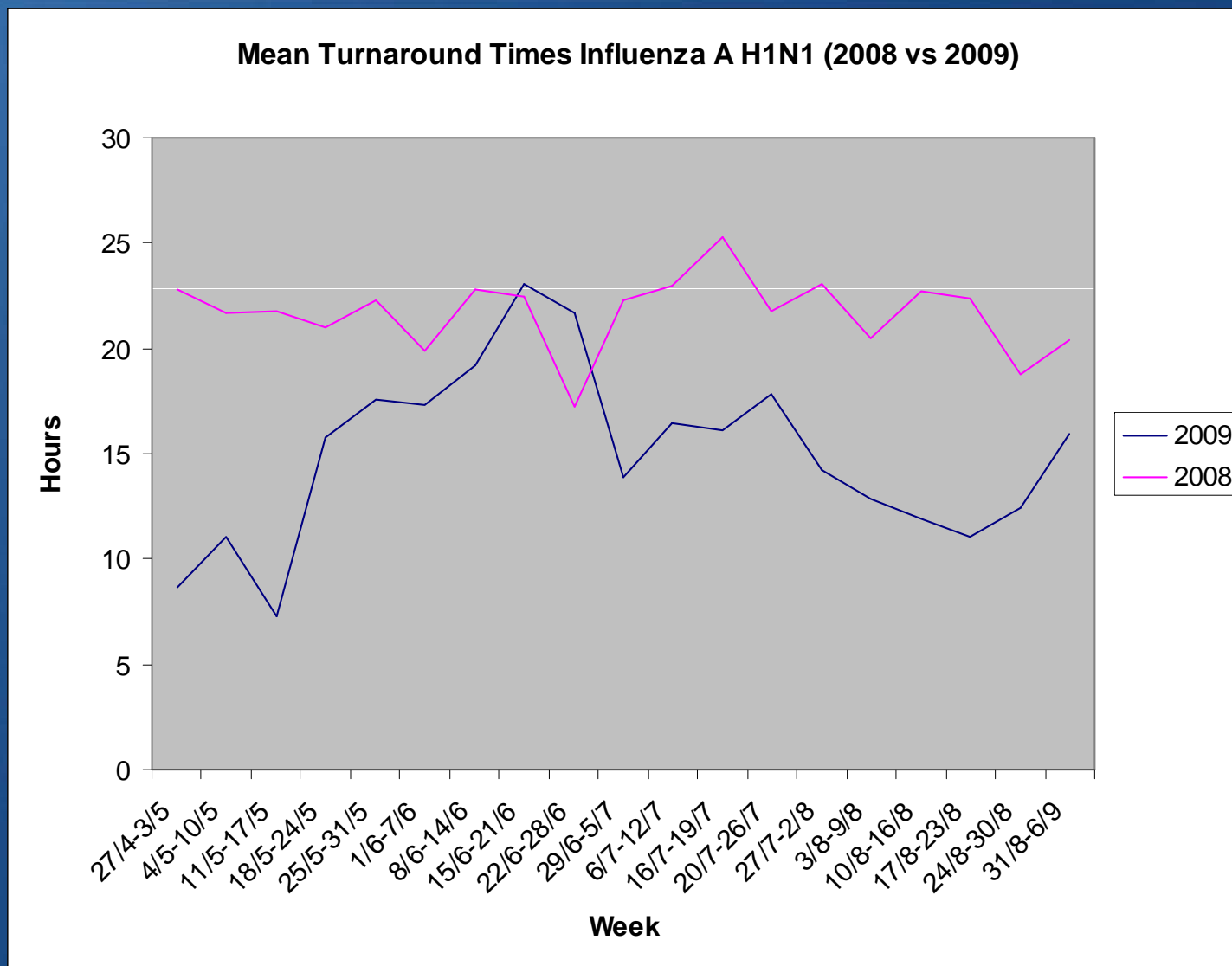
<u>Plan</u>	<u>In Practice</u>
<u>Staffing</u> <ul style="list-style-type: none"> 2 additional multi-trained scientists Supplementary staff from 'quiet areas' Secretaries cross trained in data key entry Switchboard manning from 'quiet areas' 	<ul style="list-style-type: none"> Extremely helpful, but still short-staffed Quiet areas busy covering support staff tasks Not fast enough Quiet areas busy
<u>Reagents</u> <ul style="list-style-type: none"> Stockpile of non-perishable reagents 	<ul style="list-style-type: none"> Ran critically low on perishable reagents (eg reverse transcriptase)

Influenza A H1N1 (2009) PCR Throughput Viral Identification (VI) Laboratory VIDRL 'SUSTAIN' & 'PROTECT' Phases

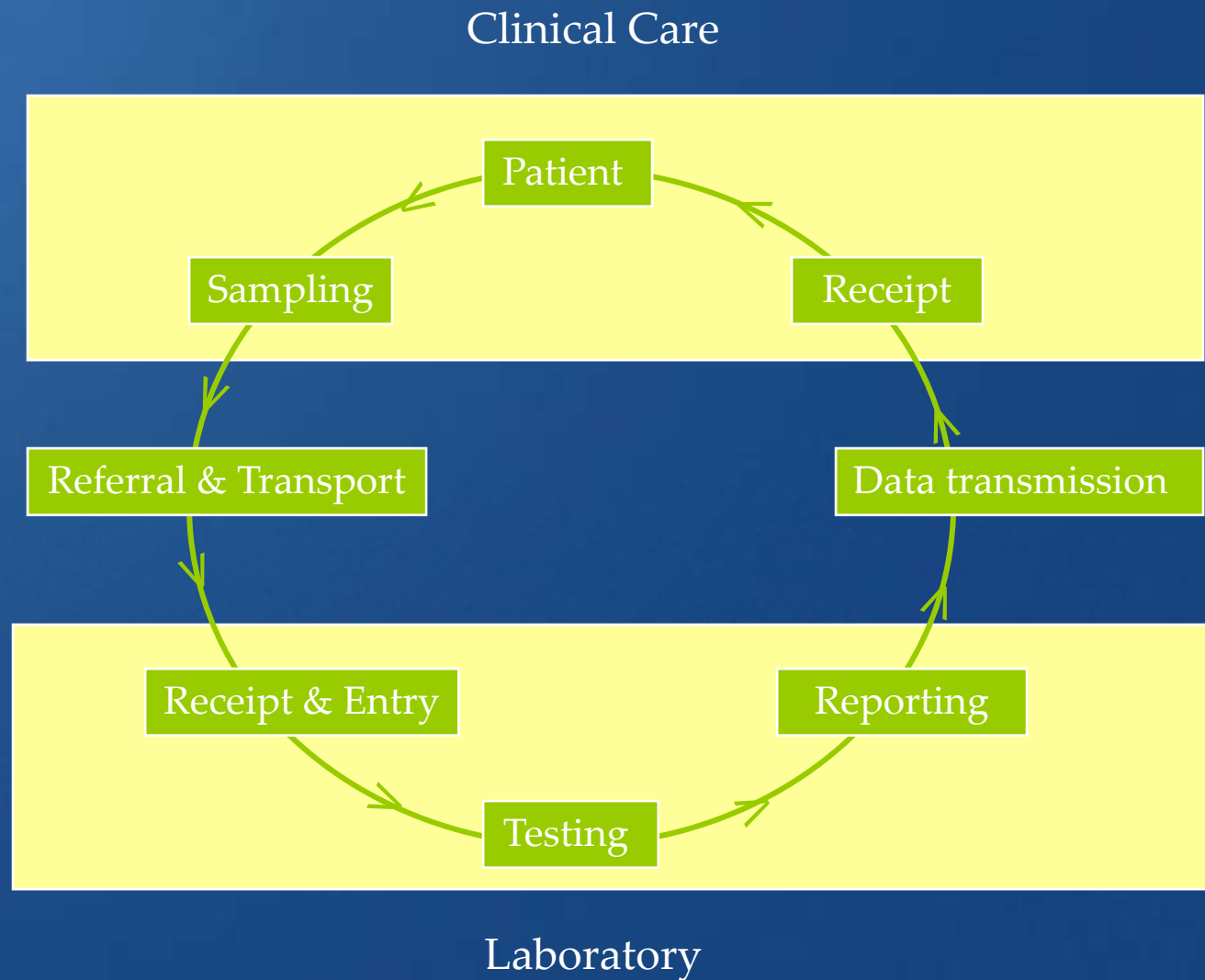


Mean Turnaround Times (hrs) Influenza A H1N1 (2009)

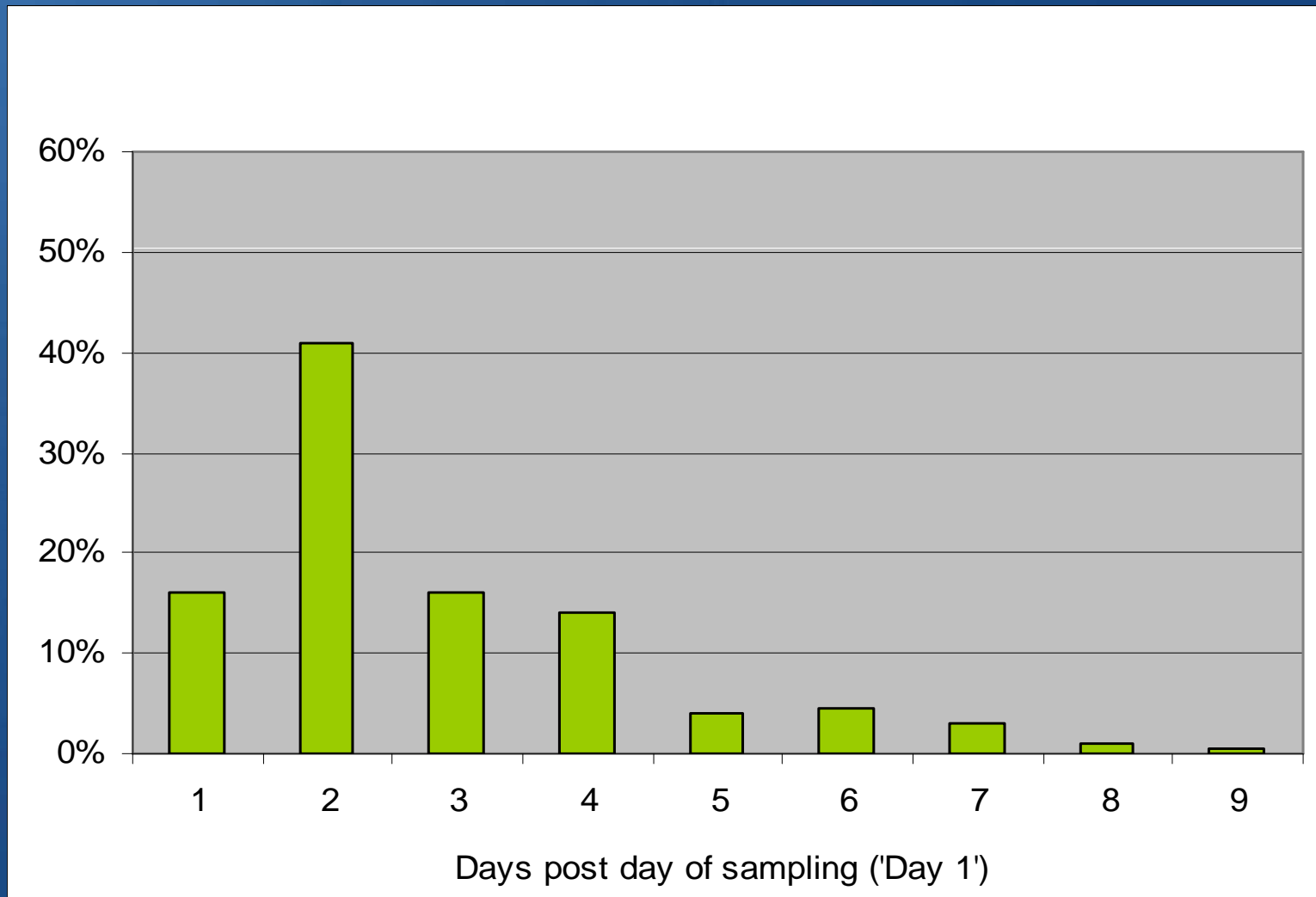
PCR VIDRL May-July



The Testing Cycle



H1N1 (2009) Positive Samples: Transit times to VIDRL (Days)



Victorian Aged Care Facility Respiratory Outbreaks Investigations: Laboratory Diagnoses

	2004	2005	2006	2007	2008	2009
Picornaviruses	2	1	0	1	2	1
RSV	0	2	0	1	2	2
Influenza A H3	0	1	1	9	5	1
Influenza A H1	0	0	0	1	0	0
Influenza B	0	0	0	3	1	0
Other	0	0	0	1*	0	0
No diagnosis	0	0	0	3	4	1

* Adenovirus as part of a mixed outbreak with RSV & Flu A