Influenza Specimen Collection

Nasopharyngeal Swab

Materials:
- Sterile Dacron/nylon swab
- Viral transport media tube (should contain 1-3 mL of sterile viral transport medium)

Procedure:
1. Tilt patient's head back 70 degrees.
2. Insert swab into nostril. (Swab should reach depth equal to distance from nostrils to outer opening of ear.) Leave swab in place for several seconds to absorb secretions.
3. Slowly remove swab while rotating it. (Swab both nostrils with same swab.)
4. Place tip of swab into sterile viral transport media tube and snap/cut off the applicator stick.
5. Place specimen in sterile viral transport media tube. Note: NP aspirate may not be possible to conduct in infants.

Nasopharyngeal/Nasal Aspirate

Materials:
- Sterile suction catheter/aspiration apparatus
- Viral transport media tube (should contain 1-3 mL of sterile viral transport medium)

Procedure:
1. Tilt patient's head back 70 degrees.
2. Insert catheter into nostril. (Catheter should reach depth equal to distance from nostrils to outer opening of ear.)
3. Rotate the swab several times against nasal wall and repeat in other nostril using the same swab.
4. Place tip of the swab into sterile viral transport media tube and cut off the applicator stick.
5. Place specimen in sterile viral transport media tube. Note: NP aspirate may not be possible to conduct in infants.

Nasopharyngeal/Nasal Wash

Materials:
- Sterile normal saline
- Sterile polyester swab

Procedure:
1. Tilt patient's head back 70 degrees.
2. Insert several drops of sterile normal saline into each nostril.
3. Rotate the swab several times against nasal wall and repeat in other nostril using the same swab.
4. Place tip of the swab into sterile viral transport media tube and cut off the applicator stick.
5. For throat swab, take a second dry polyester swab, insert into mouth, and swab the posterior pharynx and tonsillar areas. (Avoid the tongue.)
6. Place tip of swab into the same tube and cut off the applicator tip.

Deep Nasal Swab

Materials:
- Sterile polyester swab (aluminum or plastic shaft preferred)
- Viral transport media tube (should contain 1-3 mL of sterile viral transport medium)

Procedure:
1. Tilt patient's head back 70 degrees.
2. While gently rotating the swab, insert swab less than one inch into nostril (until resistance is met at turbinates).
3. Rotate the swabs several times against nasal wall and repeat in other nostril using the same swab.
4. Place tip of the swab into sterile viral transport media tube and cut off the applicator stick.

Combined Nasal & Throat Swab

Materials:
- 2 dry sterile polyester swabs (aluminum or plastic shafts preferred)
- Viral transport media tube (should contain 1-3 mL of sterile viral transport medium)

Procedure:
1. Tilt patient's head back 70 degrees.
2. While gently rotating the swab, insert swab less than one inch into nostril (until resistance is met at turbinates).
3. Rotate the swabs several times against nasal wall and repeat in other nostril using the same swab.
4. Place tip of the swab into sterile viral transport media tube and cut off the applicator stick.

Packing:
- Label the specimen on viral transport media tube and ensure cap on tube is tightly sealed. (Do not use a pencil or pen for labeling, as they can rub off or smear. Instead, use a bar code or permanent marker.)
- Fill out paperwork in accordance with state health department guidelines.

Shipping:
- Ship specimens for testing as soon as possible.
- Ensure specimen will be received by the public health laboratory during normal business hours.

Considerations:
- A nasopharyngeal (NP) swab is the optimal upper respiratory tract specimen collection method for influenza testing. However, such specimens cannot be collected from infants and many older patients may not allow an NP specimen to be collected. Alternatively, a combined nasal and throat swab specimen or aspirate specimens can provide good influenza virus yield.
- Some rapid test results obtained from rapid influenza diagnostic tests (RIDTs) that detect influenza viral antigens do not exclude influenza virus infection in patients with signs and symptoms of influenza. A negative test result could be a false negative and should not preclude further diagnostic testing (such as RT-PCR) and starting empiric antiviral treatment.
- A surgical mask and gloves are recommended at a minimum for all procedures. For some patients and procedures, additional precautions may be indicated, see Standard Precautions at www.cdc.gov/hicpac/2007IP/2007ip_parh.htm#idt.