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Department of Public Health

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TO: Healthcare Providers and Laboratorians in Massachusetts

FROM: Gillian A. Haney, MPH

Director

Office of Integrated Surveillance and Informatics Services

Bureau of Infectious Disease and Laboratory Sciences

DATE: March 9, 2018

RE: Discontinuation of Rapid Influenza Diagnostic Test Reporting via Fax

Historically, MDPH has relied on reports of rapid influenza diagnostic tests (RIDTs) as an essential component of influenza surveillance efforts.  However, in recent years PCR testing for influenza has become more widely available and the volume of these reports has increased substantially.  RIDTs have poor sensitivity to detect influenza viruses and may produce false positive results as well.  Some of these tests do not differentiate between influenza A and influenza B viruses, and none of these tests can provide subtype information. Please see the following link for CDC guidance regarding the use of RIDTs:  <http://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm> .

Due to the increased volume of PCR tests and the limitations of RIDTs, influenza virologic surveillance at MDPH will now focus on PCR and culture reports.  MDPH will only be accepting rapid influenza test results from hospitals and commercial laboratories that report to MDPH using electronic laboratory reporting (ELR).  As a result of this shift in focus, MDPH will be discontinuing use of the Rapid Influenza Diagnostic Report Form and providers will not need to report any RIDT results going forward.

Please note that if you are using a rapid molecular influenza test in your office (Alere i NAT Flu A/B, Roche Diagnostics Cobas Influenza A/B), these results must still be reported to MDPH using standard reporting procedures.