

**FACT SHEET FOR HEALTHCARE PROVIDERS:
INTERPRETING CDC HUMAN INFLUENZA VIRUS REAL-TIME RT-PCR DIAGNOSTIC PANEL-
INFLUENZA A/H7 (EURASIAN LINEAGE) ASSAY
TEST RESULTS**

April 22, 2013

The Secretary of Health and Human Services has declared circumstances exist to justify authorization of the emergency use of in vitro diagnostic tests for the detection of the novel influenza A(H7N9) virus because of the significant potential for a public health emergency involving this virus. The Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for the CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel-Influenza A/H7 (Eurasian Lineage) Assay to test for the presumptive presence of novel influenza A(H7N9) virus in the following clinical specimens: upper respiratory specimens such as nasopharyngeal swabs (NPS), nasal swabs (NS), throat swabs (TS), nasal washes (NW), nasal aspirates (NA), and/or dual NPS/TS, or lower respiratory specimens such as bronchoalveolar lavage (BAL), bronchial wash (BW), tracheal aspirate (TA), sputum, and lung tissue from patients with signs and symptoms of respiratory infection. This EUA will terminate when the Secretary's declaration terminates, unless it is revoked sooner. The information in this Fact Sheet is the minimum necessary to inform you of the significant known and potential risks and benefits of the emergency use of the CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel-Influenza A/H7 (Eurasian Lineage) Assay.

At this time, no FDA-approved/cleared tests that identify the existence of the novel influenza A(H7N9) virus in clinical specimens are available in the United States. Therefore, the Centers for Disease Control and Prevention (CDC) has developed this test to detect novel influenza A(H7N9) infections. Current information on the novel influenza A(H7N9) virus, including case definitions and infection control guidelines, is available at <http://www.cdc.gov/flu/avianflu/h7n9-virus.htm>. All information and guidelines, including those on novel influenza A(H7N9) virus laboratory testing, may change as we continue to learn more about this virus. Please check CDC's novel influenza A(H7N9) website regularly for the most current information.

If infection with a novel influenza A(H7N9) virus is suspected based on current clinical and epidemiological screening criteria recommended by public health authorities, the CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel-Influenza A/H7 (Eurasian Lineage) Assay test should be ordered only to presumptively diagnose novel influenza A(H7N9) infection. This test is authorized for use with both upper respiratory specimens (such as NPS, NS, TS, NW, NA, and/or dual NPS/TS) and lower respiratory specimens (such as BAL, BW, TA, sputum, and lung tissue). It is strongly recommended that NPS or NS be collected even if other specimens are collected. Specimens should be collected with appropriate infection control precautions for novel virulent influenza viruses, and per the guidance for case investigation and specimen collection (<http://www.cdc.gov/flu/avianflu/guidance-labtesting.htm>), and according to the manufacturer's instructions for the specimen collection device and sent to a qualified laboratory for analysis.

What does it mean if the specimen tests positive for the novel influenza A(H7N9) virus?

A positive test result from the CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel-Influenza A/H7 (Eurasian Lineage) Assay indicates that the patient is presumptively infected with the novel influenza A(H7N9) virus. The test does not indicate the stage of infection. Laboratory test results should always be considered in the context of clinical observations and epidemiologic data in making a final diagnosis. For guidelines on managing patients please refer to "*Interim Guidance for Infection Control Within Healthcare Settings When Caring for Patients with Confirmed, Probable, or Cases Under Investigation of Avian Influenza A(H7N9) Virus Infection*" at <http://www.cdc.gov/flu/avianflu/h7n9-infection-control.htm>.

The CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel-Influenza A/H7 (Eurasian Lineage) Assay has been designed to minimize the likelihood of false positive test results. However, in the event of a false positive result, risks to patients could include any or all of the following: a recommendation for quarantine of household or other close contacts, patient isolation that might limit contact with family or friends, the ability to work, the impaired ability to detect and receive appropriate medical care for the true infection causing the flu like symptoms, unnecessary prescription of an antiviral medication or other therapy, or other unintended adverse effects.

What does it mean if the specimen tests negative for novel influenza A(H7N9) virus?

Negative results do not preclude novel influenza A(H7N9) virus infection, and should not be used as the sole basis for treatment or other patient management decisions. The clinical features of the illness and the type and risk of exposure are the keys to making patient management and isolation decisions. A negative CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel-Influenza A/H7 (Eurasian Lineage) Assay test result should not be interpreted as demonstrating that the patient does not have novel influenza A(H7N9) infection. The possibility of a false negative result should especially be considered if the patient's recent exposures or clinical presentation indicate novel influenza A(H7N9) infection is likely, and diagnostic tests for other causes of acute respiratory illness are negative.

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Any significant new findings observed during the course of the emergency use of CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel-Influenza A/H7 (Eurasian Lineage) Assay will be made available at <http://www.cdc.gov/flu/avianflu/h7n9-virus.htm>.