

Cover Sheet

DATE: June 20, 2016

SUBJECT: Using PCR to Diagnose *Haemophilus influenzae* and *Neisseria meningitidis* and Identify Serotype or Serogroup

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**For LOCAL HEALTH
DEPARTMENT reference only**

DPHHS Subject Matter Resource for
more information regarding this HAN,
contact:

**DPHHS CDCP
Epidemiology Section
1-406-444-0273**

**DPHHS Health Alert Hotline:
1-800-701-5769**

**DPHHS HAN Website:
www.han.mt.gov**

Information Sheet

Date: June 20, 2016

Subject: Using PCR to Diagnose *Haemophilus influenzae* and *Neisseria meningitidis* and Identify Serotype or Serogroup

Background: The attached CDC Health Advisory addresses the impact of new, rapid testing technologies on public health practices that rely on further analysis of key organisms. The advisory encourages selection of assays capable of determining specific serotypes and serogroups of organisms such as *Haemophilus influenza* and *Neisseria meningitidis*.

Information: This information is essential for public health follow-up, helping us determine which cases may be related as well as which may have been vaccine preventable. State reporting rules (ARM 37.114.313) requires isolates, when available, to be submitted to the Montana Public Health Laboratory for such surveillance. Please refer to the CDC advisory for more information and thank you for your assistance on this issue.

Recommendations: See the attached CDC Health Advisory.

This is an official
CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
June 17, 2016, 13:30 EDT (1:30 PM EDT)
CDCHAN-00391

**Best Practices for Using PCR to Diagnose
Haemophilus influenzae and *Neisseria meningitidis* and
Identify Serotype or Serogroup**

Summary

Determining serotype for *Haemophilus influenzae* (Hi) and serogroup for *Neisseria meningitidis* (Nm) is crucial for identifying potential outbreaks and determining appropriate public health responses. Several new commercial multiplex polymerase chain reaction (PCR) assays capable of simultaneously testing a single specimen for an array of pathogens that cause blood infections, meningitis, or encephalitis are available. These assays can rapidly identify Hi and Nm species, but most do not determine serotype or serogroup. Laboratories should continue to perform culture and use validated, specific real-time PCR assays capable of detecting and differentiating all six serotypes (a-f) of Hi and six serogroups (A, B, C, W, X, and Y) of Nm; otherwise, additional steps need to be taken including performing a reflex culture or at a minimum retaining a clinical sample for further testing.

Background

CDC is aware of recent instances in which it was not possible to determine whether cases of Nm were part of a cluster due to the lack of serogroup data. For these cases, multiplex PCR assays capable of simultaneously testing a single specimen for an array of pathogens that cause blood infections, meningitis, or encephalitis were used. While such assays can rapidly identify Hi and Nm species, most do not determine serotype or serogroup. Detecting serotype and serogroup are important for identifying potential outbreaks and determining appropriate public health responses.

Recommendations

Clinical, commercial, and state public health laboratories considering PCR for Hi and Nm should select assays capable of detecting and differentiating all Hi serotypes (serotypes a-f) and all Nm serogroups common in the United States (serogroups B, C, W, and Y). If a public health laboratory is not able to perform serotyping or serogrouping by PCR and a culture isolate is not available, the laboratory should send specimens to the CDC Bacterial Meningitis laboratory or one of the Association of Public Health Laboratories (APHL) Vaccine Preventable Diseases Reference Laboratories for serotype/serogroup testing (see links in the For More Information section).

All laboratories with Hi and Nm PCR capacity are strongly encouraged to continue performing culture or to save clinical specimens for further testing and submission to state health departments and CDC. Hi and Nm culture isolates are valuable not only for serotyping or serogrouping but also for monitoring antimicrobial susceptibility and for conducting whole genome sequencing, which is necessary for strain comparisons during outbreak investigations and to monitor vaccine effectiveness over time.

All laboratories that use assays that do not determine serotype or serogroup should perform either a simultaneous culture or a reflex culture if Hi or Nm is identified. At a minimum, adequate clinical sample for further testing at a laboratory with a PCR assay that can detect serotype or serogroup should be maintained.

For More Information

- [Best Practices for Use of PCR for Diagnosing *Haemophilus influenzae* and *Neisseria meningitidis* and Importance of Identifying Serotype/Serogroup](http://www.cdc.gov/meningococcal/laboratory/pcr-guidance-mening-hflu.html) (<http://www.cdc.gov/meningococcal/laboratory/pcr-guidance-mening-hflu.html>)
- [CDC Bacterial Meningitis Laboratory](http://www.cdc.gov/meningococcal/laboratory.html) (<http://www.cdc.gov/meningococcal/laboratory.html>)
- [Association of Public Health Laboratories \(APHL\) Vaccine Preventable Diseases Reference Laboratories](http://www.aphl.org/programs/infectious_disease/Pages/VPD.aspx) (http://www.aphl.org/programs/infectious_disease/Pages/VPD.aspx)

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance
Health Advisory May not require immediate action; provides important information for a specific incident or situation
Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation
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##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##