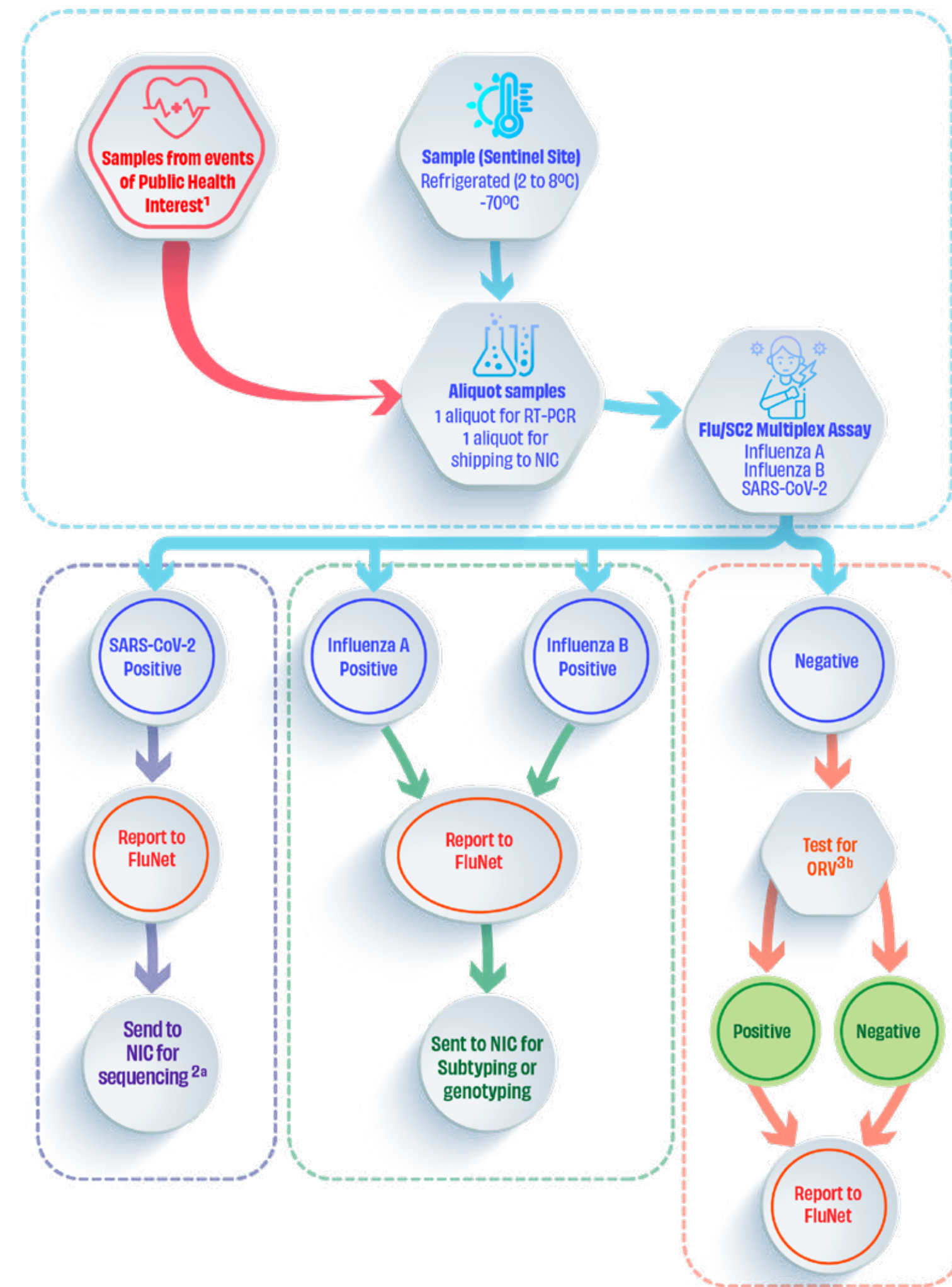


**SARInet** plus  
Red de infecciones respiratorias agudas graves

## Influenza and SARS-CoV-2 Integrated Surveillance **LABORATORY TESTING ALGORITHM**

## Sentinel site laboratories conducting Influenza and SARS-CoV-2 testing



1 – Samples collected out of routine surveillance from events of public health interests. International Health Regulations 2005: [shorturl.at/fJL02](https://shorturl.at/fJL02)

2 – Recommended clinical samples based on laboratory diagnostic: samples with Ct values  $\leq 25$ ; samples transported through an unbroken cold chain and stored under ultra-low temperature. Samples with Ct values above 30 can be sequenced to determine influenza subtype/lineage and SARS-CoV-2 lineage/variant. Recommended selection criteria for representativeness: different age groups; different geographic locations within the country; different time points; patients representing the spectrum of disease meeting case definitions in use for ILI/ARI or SARI; clinically significant cases from sentinel surveillance (e.g. fatal cases, vaccinated individuals, immunocompromised individuals, patients receiving treatment such as antivirals, plasma therapy or monoclonal antibodies), re-infected cases. <https://apps.who.int/iris/handle/10665/336689>

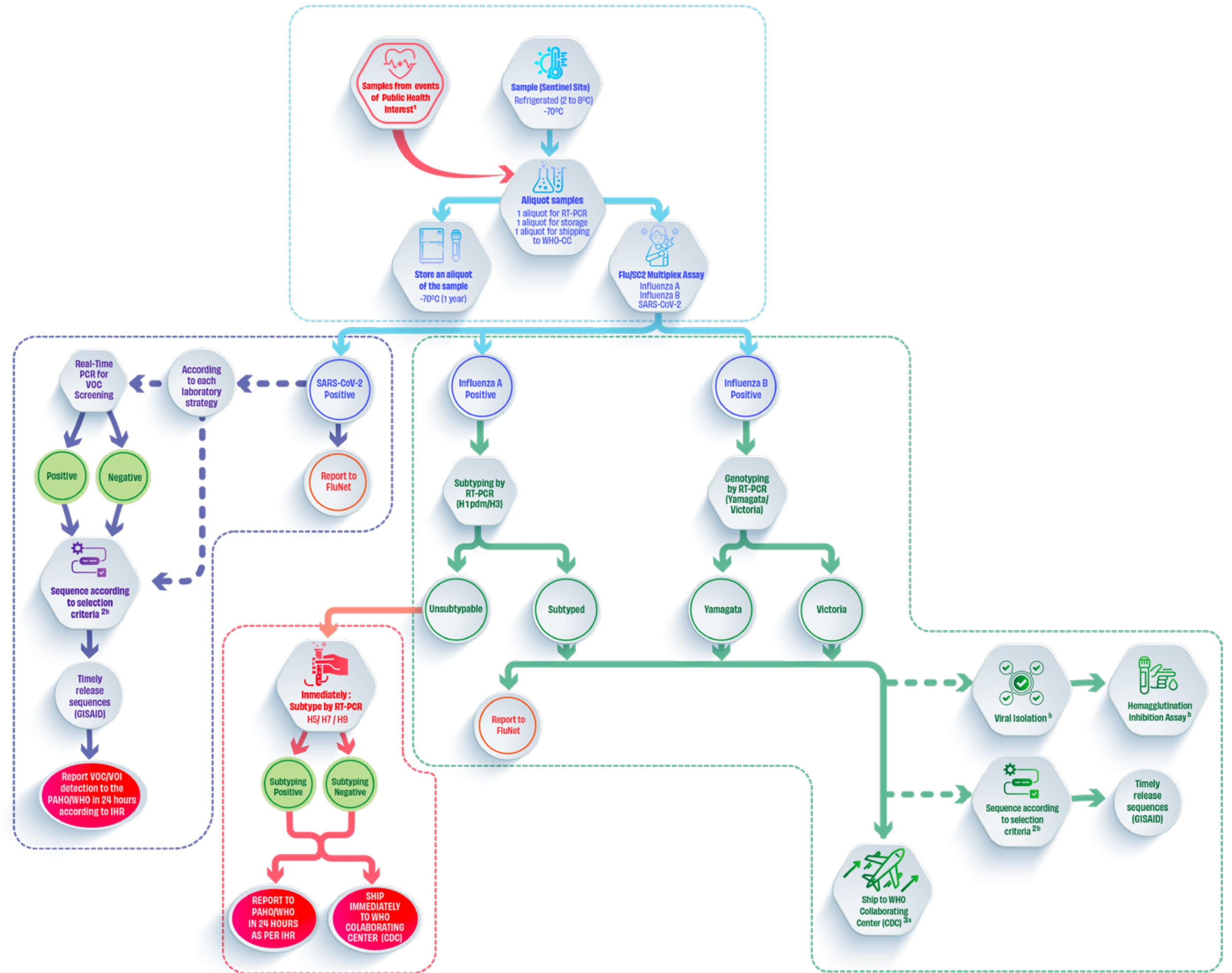
3 – Other respiratory viruses testing conducted molecularly or by immunofluorescence according to the country surveillance strategy. According to selection criteria According to each laboratory strategy



## NIC receiving Influenza and SARS-CoV-2 positive samples tested at sentinel sites

1 – Samples collected out of routine surveillance from events of public health interests. International Health Regulations: [shorturl.at/sCNX9](https://shorturl.at/sCNX9)

2 – Recommended clinical samples based on laboratory diagnostic: samples with Ct values  $\leq 25$ ; samples transported through an unbroken cold chain and stored under ultra-low temperature. Samples with Ct values above 30 can be sequenced to determine influenza subtype/lineage and SARS-CoV-2 lineage/variant. Recommended selection criteria for representativeness: different age groups; different geographic locations within the country; different time points; patients representing the spectrum of disease meeting case definitions in use for ILI/ARI or SARI; clinically significant cases from sentinel surveillance (e.g. fatal cases, vaccinated individuals, immunocompromised individuals, patients receiving treatment such as antivirals, plasma therapy or monoclonal antibodies), re-infected cases. <https://apps.who.int/iris/handle/10665/336689>

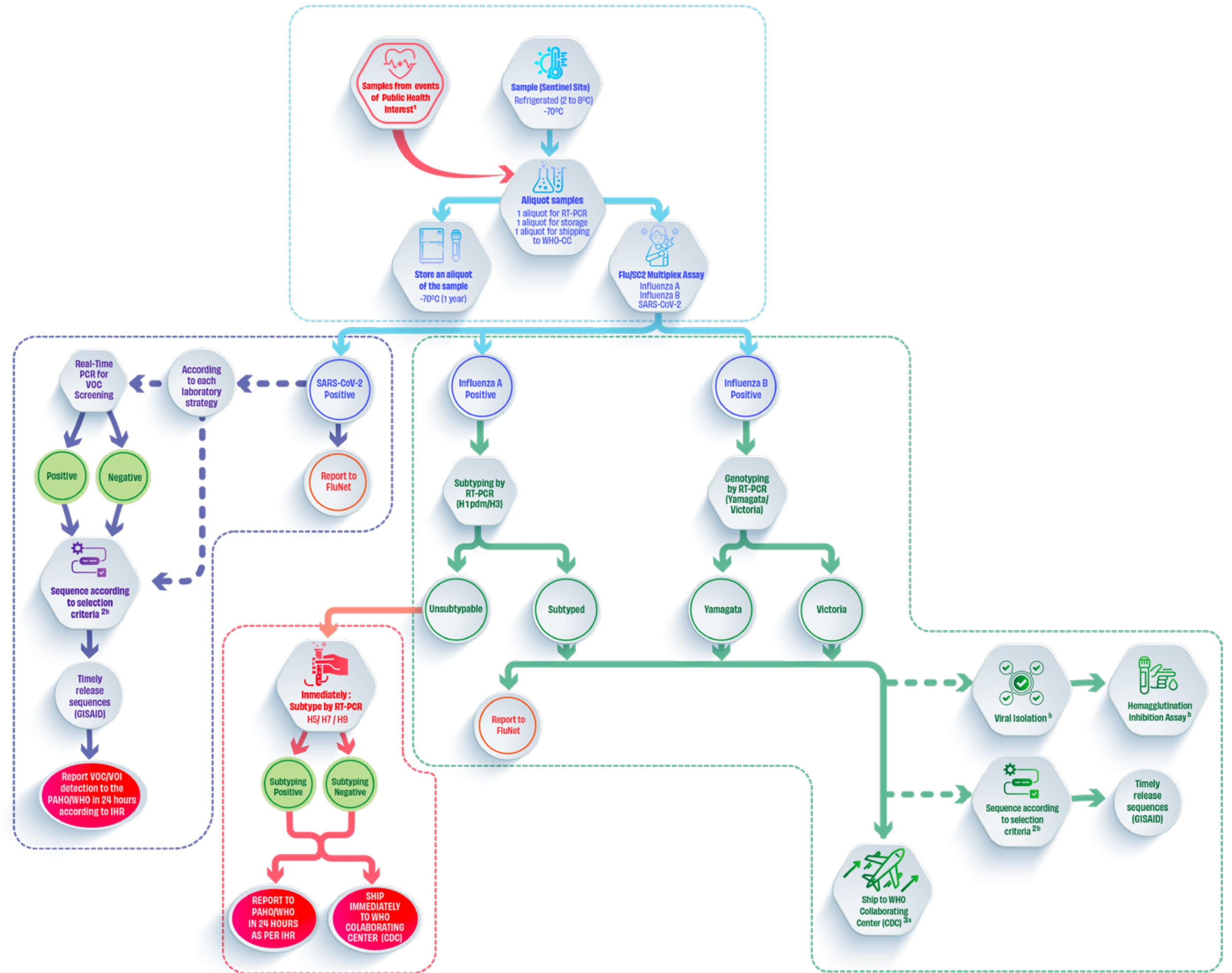




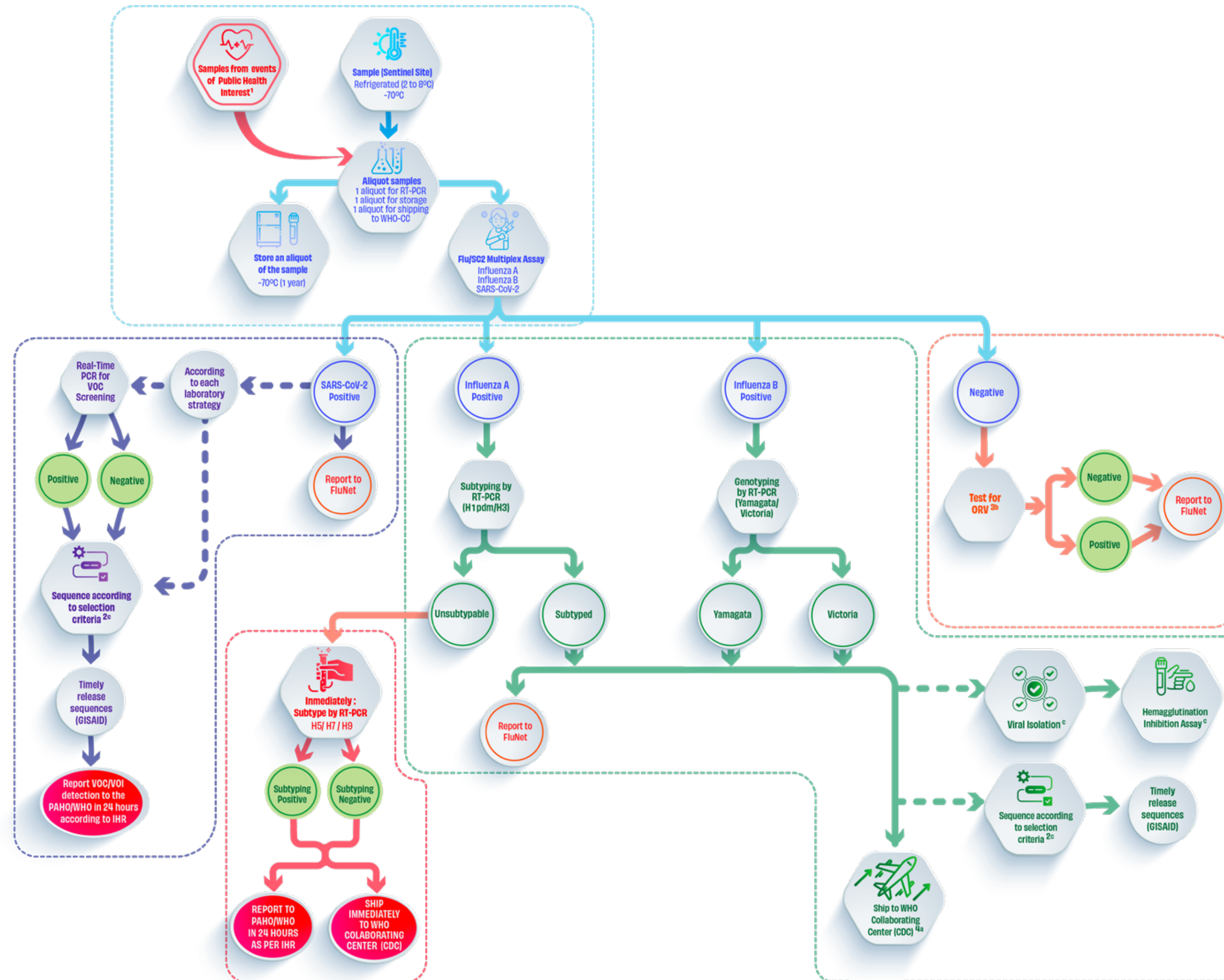
## NIC receiving Influenza and SARS-CoV-2 positive samples tested at sentinel sites

3 – Influenza: Clinical samples recently collected (within 4-8 weeks) specimens; different type/subtypes; from: different age groups; different geographical locations; Severe Acute Respiratory Infection (SARI) cases; Influenza-Like (ILI) cases; atypical pneumonia cases; unusual outbreaks; clinically significant cases (e.g. fatal cases, vaccinated patients, immunocompromised patients, patients receiving antiviral treatment, viruses known to be resistant to antiviral drugs). Samples with Ct value  $\leq 30$ . Same viruses should not be sent to multiple WHO CCs. Operational Guidance on Sharing Seasonal Influenza viruses: <https://t.ly/JU-6>

According to selection criteria  
According to laboratory capacity





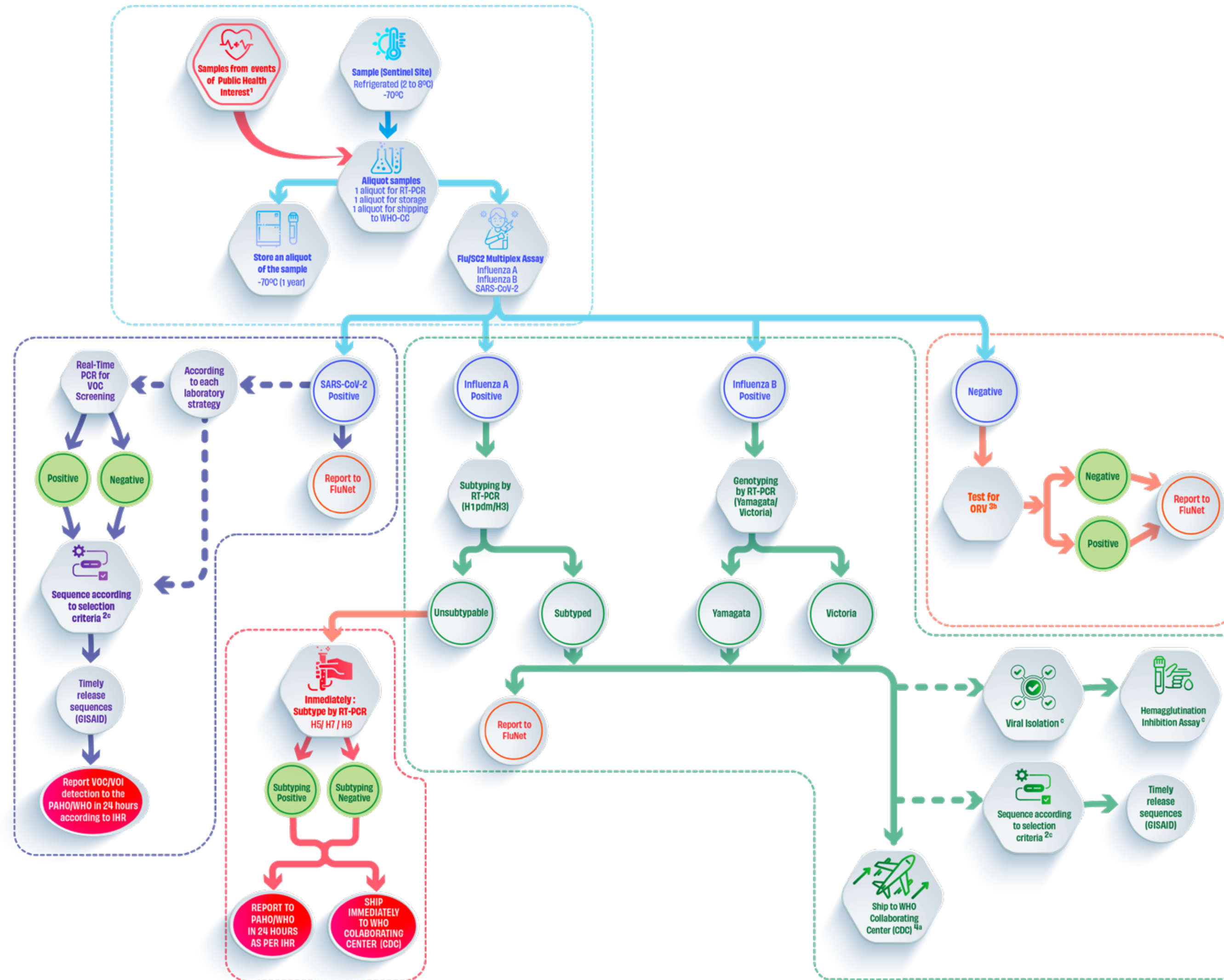


## NIC testing for Influenza and SARS-CoV-2 using CDC multiplex assay

1 – Samples collected out of routine surveillance from events of public health interests. International Health Regulations: <https://www.who.int/publications/i/item/9789241580410?msclkid=128025ecaabc11eca7819f61281e007b>

2 – Recommended clinical samples based on laboratory diagnostic: samples with Ct values  $\leq 25$ ; samples transported through an unbroken cold chain and stored under ultra-low temperature. Samples with Ct values above 30 can be sequenced to determine influenza subtype/lineage and SARS-CoV-2 lineage/variant. Recommended selection criteria for representativeness: different age groups; different geographic locations within the country; different time points; patients representing the spectrum of disease meeting case definitions in use for ILI/ARI or SARI; clinically significant cases from sentinel surveillance (e.g. fatal cases, vaccinated individuals, immunocompromised individuals, patients receiving treatment such as antivirals, plasma therapy or monoclonal antibodies), re-infected cases. <https://apps.who.int/iris/handle/10665/336689>





## NIC testing for Influenza and SARS-CoV-2 using CDC multiplex assay

3 – Other respiratory viruses testing conducted molecularly or by immunofluorescence according to the country.

4 – Influenza: Clinical samples recently collected (within 4-8 weeks) specimens; different type/subtypes; from: different age groups; different geographical locations; Severe Acute Respiratory Infection (SARI) cases; Influenza-Like (ILI) cases; atypical pneumonia cases; unusual outbreaks; clinically significant cases (e.g. fatal cases, vaccinated patients, immunocompromised patients, patients receiving antiviral treatment, viruses known to be resistant to antiviral drugs). Samples with Ct value  $\leq 30$ . Same viruses should not be sent to multiple WHO CCs. Operational Guidance on Sharing Seasonal Influenza viruses: <https://www.who.int/publications/i/item/operational-guidance-on-sharing-seasonal-influenza-viruses>

According to selection criteria  
According to each laboratory strategy  
According to laboratory capacity