**RESView Pathogen Surveillance 2014-2015:** Influenza A is showing a marked decline from previous weeks. The predominant virus is still influenza A (41%) followed by respiratory syncytial virus (35%) and rhinovirus (8%). See Tables.

**NEW**
Fecal lactoferrin test is system-wide and replaces fecal leukocytes

10X Essentials: Fecal Lactoferrin Test (FLEIA) replaces Fecal Leukocyte Test (FLEU): Effective March 1, 2015, Microbiology at Geisinger Medical Laboratories will adopt an improved test for inflammatory diarrhea.

- **FLEIA Improvements to Care:** (See page 4, references 1-14)
  - Fecal lactoferrin (FLEIA) is a non-invasive iron-binding glycoprotein biomarker expressed during inflammation by the granules of activated neutrophils in the gut and by most mucosal membranes. Other white blood cells do NOT contain lactoferrin.
  - Lactoferrin is proportional to the flux of neutrophils and is documented to improve detection of all inflammatory diarrhea, including *C. difficile* and some other bacterial infections. It is stable in stool and not prone to degradation as are whole neutrophils.
  - Increased fecal lactoferrin is a sensitive and specific surrogate marker for inflammatory bowel diseases (IBD) in adults and children with chronic diarrhea and pain, and is predictive of clinical flares and relapse.
  - It is also elevated in Crohn’s disease (CD) and predictive of post-surgical recurrence, but is not elevated in irritable bowel syndrome (IBS).
  - It also measures disease activity and severity of colitis and ulcerative colitis. It can predict relapse, and identify high-risk groups of acute severe colitis patients and avoid the use of ultrasound or colonoscopy, the latter of which is invasive, costly and has poor patient acceptability.

- You MUST submit a FRESH stool in a sterile cup for Fecal Lactoferrin (FLEIA) Testing.
- Transport: FLEIA is stable at 2-8 degrees C for up to one week.
- CPT code: FLEIA = 83630
- Test sites: Performed once per shift at GMC (Danville), GLH (Lewistown), and HSHS (Holy Spirit Health System).
- Reporting: Positive = Lactoferrin detected; Negative = No lactoferrin detected
- Limitations: Neutropenic individuals may produce false negative lactoferrin assays, as will some samples from pure ileal Crohn’s disease.

If you have any questions, please contact the Doctoral Directors, pager 8600, Technical Specialist, pager 8181. For newsletter questions, contact Christy Attinger, (570) 271-6338
### CDC Respiratory Week, 2014-2015

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<tr>
<td>% Positive Rollup (right axis)</td>
<td>35%</td>
<td>41%</td>
<td>50%</td>
<td>58%</td>
<td>55%</td>
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<td>54%</td>
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<td>45%</td>
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</tbody>
</table>

### Graphical Representation
- **GML RespVIEW 2014-2015**
- **# Respiratory Viruses**
- **% Positive, All Viruses**
Weeky GML RespVIEW: Respiratory Virus Distribution
CDC Week 7, 2014-2015

Influenza Types and Subtypes, GML, CDC Week 7, 2015, n=150

- Flu A H1 Seasonal: 43%
- Flu A H3 Seasonal: 5%
- Flu A H1N1 2009: 41%
- Flu A not typed: 5%
- Flu B: 52%

- Rhinovirus: 8%
- Respiratory syncytial virus: 35%
- Parainfluenza: 3%
- Influenza B: 2%
- Influenza A: 4%
- Human metapneumovirus: 4%
- Coronavirus: 4%
- Adenovirus: 3%
Fecal Lactoferrin Reference List


