

2026 DCLS Hantavirus Andes Strain_Testing Guidance

Submission of suspected **Hantavirus Andes strain** specimens requires advance consultation with the Virginia Department of Health (VDH) and approval by the Centers for Disease Control and Prevention (CDC) and/or the Nebraska Public Health Laboratory.

***Note: Contact your local health department for assistance PRIOR to submitting samples to DCLS.**

I. TESTING REQUIREMENTS AND SPECIMEN COLLECTION

SEROLOGY TESTING

- Testing lab: **IgM and IgG** testing will be performed at **the CDC**
- Pre-approval required: **Yes**
- Acceptable specimen type: **Serum** (minimum volume of 100µL)
 1. **Red-top blood tube**: centrifuge and collect serum in a sterile tube prior to transport
 2. **Gold-top/serum-separator blood tube**: centrifuge prior to transport
- Sample Identifiers: include **2 primary identifiers** on the specimen container and test request form (*Ex: first and last name, date of birth, medical record number and/or unique patient identifier*)
- Additional information: include **collection date and time** on the specimen container

PCR TESTING

- Testing lab: **Real-time PCR** testing will be performed at **the Nebraska Public Health Laboratory, upon Epi request only**
- Pre-approval required: **Yes**
- Acceptable specimen type: **Whole blood-EDTA** (minimum volume of 1mL) collected in a **purple/lavender-top EDTA** blood tube
- Sample Identifiers: include **2 primary identifiers** on the specimen container and test request form (*Ex: first and last name, date of birth, medical record number and/or unique patient identifier*)
- Additional information: include **collection date and time** on the specimen container

II. SPECIMEN SUBMISSION AND TRANSPORT

SUBMISSION

- Submit specimens to DCLS as soon as possible after collection
- Complete the DCLS TEST REQUEST FORM and include in the specimen package
- The DCLS TEST REQUEST FORM should include the following:
 1. **Complete Patient and Submitter information**, including approval or case ID number
 2. **Patient Medical History information**
 3. **Complete Specimen Collection information**, including:
 - **specimen type,**
 - **date and time of collection**
 4. Write **"Hantavirus/Andes"** in the Send Out Testing section on page 2 of the DCLS Test Request Form

STORAGE/TRANSPORT

- Store collected specimens refrigerated at 4°C until transport occurs
- Ship to DCLS Refrigerated at 2-8°C on **frozen** ice packs IMMEDIATELY or within 7 days of specimen collection
- When transport cannot occur within 7 days, store serum and/or whole blood specimens at -20°C in sterile, leak-proof containers, and transport the samples to DCLS frozen on dry ice
- Specimens can be transported via the DCLS Courier in hard-walled or Styrofoam insulated coolers. Ship specimens appropriately as **Category B** when using commercial couriers

III. CONTACT INFORMATION

For testing, and/or transport questions, contact the following:

- **DCLS After-hours Emergency Number:** 804-335-4617
- **Dr. LaToya Griffin-Thomas** (Lead Scientist – BT/Special Pathogens Testing)
latoya.griffin-thomas@dgs.virginia.gov
804-648-4480, x281
- **Destiny Hairfield** (Group Manager – BT Testing)
destiny.hairfield@dgs.virginia.gov
804-648-4480, x154
- **Terri Harper** (Group Manager – Sample Support/Transport)
- **VDH After-hours Contact Number:** 866-531-3068

IV. REFERENCES

- * **VDH Local Health Department Locator:** [local health department](#)
- [About Andes Virus | Hantavirus | CDC](#)
- <https://www.vdh.virginia.gov/hantavirus/>
- **DCLS Test Request Form:** https://dgs.virginia.gov/globalassets/document-center/dcls-forms/dcls_test-request-form_16857-4-fillable.pdf