Nasopharyngeal Swab Collection for Influenza* (including novel H1N1)
PSAB Committee on Laboratory Practices – October 2009
(*Can also be used for other respiratory virus specimen collections.)

Materials needed:
• Flocked nasopharyngeal swab (preferred) or a dacron-tipped nasopharyngeal swab
  (Cotton or calcium alginate swabs are not acceptable. PCR assays may be inhibited by residues present in these materials.)
• Viral transport media or Universal transport media
• N95 respirator and gloves
• Goggles
• Gown

Procedure for Adults:
1. Follow recommended infection control (IC) precautions including putting on N95 respirator, goggles, gown and gloves before proceeding. For complete IC recommendations see:
   http://www.cdc.gov/swineflu/guidelines_infection_control.htm
2. Have the patient blow their nose then sit with head against a wall as patients have a tendency to pull away during this procedure. Tilt the patient’s head back at a 70 degree angle (see figure below).

3. Insert the swab into one nostril straight back (not upwards) and continue along the floor of the nasal passage for several centimeters until reaching the nasopharynx (resistance will be met). The distance from the nose to the ear gives an estimate of the distance the swab should be inserted. Do not force the swab, if obstruction is encountered before reaching the nasopharynx, remove the swab and try the other side.
4. Rotate the swab gently for 5-10 seconds to loosen the epithelial cells.
5. Remove swab and immediately inoculate viral/universal transport media by inserting the swab at least ½ inch below the surface of the media. Bend or clip the swab handle to fit the transport medium tube and reattach the cap securely. A dry swab is NOT acceptable for culture, DFA or PCR testing. Label the specimen with the patient’s name and date/time of collection.
6. Specimens should be transported at refrigerator temperature and received by laboratory as soon as possible.

Procedure for Children:
1. Have the child sit on their parent’s lap and have the parent secure the child’s arms. They should sit chest to chest for smaller children.
2. The parent should place one hand on the hands of the child and their other hand on the child’s forehead. If they are sitting chest to chest, the parent should have one hand on the child’s head and one arm across their back.
3. The clinician should place one hand on the child’s chin and swab with the other, as described above.

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