



Bureau of Laboratories (BOL)
Jacksonville - Lantana - Miami - Pensacola - Tampa

Testing for Viruses



The Bureau of Laboratories (BOL) performs testing for the detection of influenza viruses (flu), St. Louis encephalitis virus (SLE), West Nile Virus (WNV), eastern equine encephalitis (EEE) virus, polio virus, rabies virus, herpes viruses, smallpox virus, monkeypox virus and many other viruses. In addition, the Tampa and Jacksonville laboratories have participated in the World Health Organization Influenza (WHO) Surveillance Network for more than 25 years.

The BOL currently has four laboratories capable of identifying suspect cases of swine flu (caused by a non-human strain of H1N1 influenza A virus): Jacksonville, Miami, Pensacola and Tampa. When swine flu virus cannot be ruled out, samples are sent to the CDC for further characterization. The National Laboratory Response Network (LRN) provides funding to state public health laboratories for the purchase of required instruments, reagents and supplies so these laboratories, including the Florida BOL, can develop the capability and capacity in order to mount an effective response to influenza epidemics and pandemics. This would not have been possible five years ago, prior to national pandemic influenza planning.

Virology Work load 2008

Non-rabies testing: >150,000; Rabies only: 3,366 (10 per day 24/7)

Seasonal Influenza Testing

As WHO Influenza Surveillance Network laboratories, the Tampa and Jacksonville laboratories routinely accept surveillance samples from more than 150 sentinel physicians from around the State of Florida. The testing performed provides data used to determine which strains will be used in the seasonal influenza vaccine each year. While looking for influenza viruses, testing is also performed to detect other respiratory viruses that can cause severe illness. One of these viruses, respiratory syncytial virus (RSV), is a respiratory virus that infects the lungs and breathing passages. Most otherwise healthy people recover from RSV infection in 1 to 2 weeks. However, infection can be severe in some people, such as certain infants, young children, and older adults. In fact, RSV is the most common cause of bronchiolitis (inflammation of the small airways in the lung) and pneumonia in children under 1 year of age in the United States.

2009 H1N1 Influenza A Testing

Between April 25, 2009 and November 30, 2009, the BOL received 12,800 clinical samples for testing in response to the H1N1 influenza A pandemic. The BOL was ready to respond on short notice by training additional staff in order to ramp up testing capacity to meet demand. In the beginning of the outbreak, only public health laboratories were able to test for 2009 H1N1 influenza A virus. As such, responsibility was thrust upon the BOL to perform both diagnostic testing and surveillance testing. It was not until mid-summer that a commercial test became available, enabling non-public health laboratories to perform diagnostic testing. We are currently preparing for a possible resurgence of H1N1 case in the spring of 2010.

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