

September 26th, 2023

23-48

To: IH Long-term care staff, IPAC, CD Unit, IH Medical Health Officers
From: Microbiology Working Group, Dr. Amanda Wilmer, Medical Director,
Microbiology, Melinda Carrier, Health Services Director

Re: Respiratory Viral Testing 2023-2024 Season

Beginning September 28th 2023, Interior Health microbiology laboratories will begin seasonal testing for Influenza A, B, RSV and COVID-19 (SARS-CoV-2) on specimens from long-term care/assisted living facilities if the patient has compatible symptoms. If testing is negative, specimens will automatically be tested on the “Magpix” assay, an expanded respiratory pathogen panel at KGH.

The “Magpix” assay will include testing for the following pathogens:

- Adenovirus
- Bocavirus
- Coronaviruses 229E, NL63, OC43
- Metapneumovirus
- Parainfluenza viruses 1, 2, 3 and 4
- Rhinovirus/Enterovirus
- *Legionella pneumophila*
- *Mycoplasma pneumoniae*
- *Chlamydia pneumoniae*

Saline gargle collection kits have been discontinued and will NOT be tested. Please discard these collection kits if they remain in your inventory. A throat swab is recommended for patients who cannot tolerate an NP swab although they don't perform as well.

Important Information

- Only one specimen is needed to perform Influenza A, B, RSV, SARS-CoV-2 and “Magpix” testing.
- Acceptable specimen types include nasopharyngeal (NP) swabs and throat swabs.
Note: An NP swab will provide the best results.
- “Magpix” testing will be performed automatically if Influenza A, B, RSV and SARS-CoV-2 is negative.

Action Required

IH facilities

- All IH facilities are asked to enter orders in Meditech (see ordering guide on page 2)

Note: this chart can also be found on the IH public website at

<https://www.interiorhealth.ca/sites/default/files/PDFS/respiratory-viral-testing-ordering-chart-om-flu-season-long-term-care.pdf>

- For specimens associated with an outbreak, also submit a PHSA Virology requisition, including outbreak location/information (see example on page 3)
- Submit specimens to your local laboratory

Private facilities

- All private facilities are asked to submit a PHSA Virology requisition, including outbreak location/information if applicable (see example on page 3)
- Submit specimens to your local laboratory

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**Flu Season 2023/2024
Influenza A & B/RSV/Covid-19/Magpix MEDITECH
Long Term Care Ordering Guide**

Patient is symptomatic

ORDER:

LTC Covid/Flu+Magpix – Nasophar

- ⇒ Nasopharynx Aspirate/Wash
- ⇒ Nasopharynx Swab
- ⇒ Nose/Nasopharynx

Note: This ordering guide does NOT apply to health care workers of Long Term Care (i.e. applies to residents only). Please follow current testing guidelines for health care workers.

During Flu season:

- Influenza A & B/RSV and COVID-19 PCR testing will be done at an IH site for all specimens.
- Magpix testing – If specimen is PCR negative for COVID-19, Influenza A/B & RSV, Magpix testing will be performed at Kelowna General Hospital.

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Example of PHSA Virology Requisition

- Please fill out all areas highlighted in yellow, select “Influenza A, Influenza B, RSV”, “Covid-19” and “Other”, with “Magpix written on the specified line
- Include Outbreak Location/Information if an outbreak has been declared.

 <p>BC Centre for Disease Control An agency of the Provincial Health Services Authority</p>	<p>Public Health Laboratory</p> <p>655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.bccdc.ca/publichealthlab</p>	<p>Virology Requisition</p> 
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Section 1 - Patient/Provider Information (Two matching unique patient identifiers on sample container and requisition are required for sample processing)

<p>PERSONAL HEALTH NUMBER (or out-of-province Health Number and province)</p> <p>PATIENT SURNAME</p> <p>PATIENT FIRST AND MIDDLE NAME</p> <p>DOB (DD/MM/YYYY)</p> <p>SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> U (Unk)</p> <p>PATIENT ADDRESS</p> <p>CITY</p> <p>PROVINCE POSTAL CODE</p>	<p>ORDERING PRACTITIONER Name and MSCR</p> <p>Address of report delivery</p> <p><input type="checkbox"/> I do not require a copy of the report <input type="checkbox"/> I am a Locum¹ ¹If Locum, include name of Practitioner you are covering for</p> <p>ADDITIONAL COPIES TO PRACTITIONER / CLINIC: (Name, Address / MSCR/ PHSA Client#) (Limit of 3 copies available)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>DATE RECEIVED</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">LABORATORY USE ONLY</p> <p>OUTBREAK ID</p> <p>SAMPLE REF. NO.</p> <p>DATE COLLECTED (DD/MM/YYYY)</p> <p>TIME COLLECTED (HH:MM)</p>
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Section 2 - Test(s) Requested

<p>RESPIRATORY PATHOGENS</p> <p><input checked="" type="checkbox"/> Influenza A, Influenza B, RSV</p> <p><input checked="" type="checkbox"/> COVID-19</p> <p><input type="checkbox"/> MERS (Approval and travel history required*)</p> <p><input type="checkbox"/> Enterovirus D68 (Seasonal; when outside season, approval required)</p> <p><input checked="" type="checkbox"/> Other, specify: Magpix</p> <p>Indicate sample site:</p> <p><input checked="" type="checkbox"/> Nasopharynx <input type="checkbox"/> Nares</p> <p><input type="checkbox"/> Oropharynx <input type="checkbox"/> Throat</p> <p><input type="checkbox"/> Lower Respiratory Tract: _____</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>Indicate container type:</p> <p><input checked="" type="checkbox"/> Swab with transport media</p> <p><input type="checkbox"/> Saline gargle</p> <p><input type="checkbox"/> Wash: _____</p> <p><input type="checkbox"/> Others: _____</p> <p>VIRUS SUBTYPING</p> <p><input type="checkbox"/> Influenza A</p> <p><input type="checkbox"/> Adenovirus (Surveillance/outbreak investigations only)</p> <p>Ct value: _____ or viral signal: weak / strong</p> <p>HEPATITIS VIRUSES</p>	<p>For other available tests and sample collection information, consult the Public Health Laboratory's eLab Handbook: www.elabhandbook.info/PHSA/Default.aspx</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>PATIENT STATUS / TRAVEL HISTORY* / EXPOSURE (Please provide travel history where indicated*)</p> <p>_____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>OUTBREAK LOCATION / INFORMATION</p> <p>LTCF Outbreak</p> <p>Swan Valley Lodge</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>HERPES SIMPLEX 1,2 / VARICELLA ZOSTER VIRUSES</p> <p><input type="checkbox"/> Genital lesion swab <input type="checkbox"/> Non-genital lesion swab</p> <p><input type="checkbox"/> Skin swab</p> <p><input type="checkbox"/> Other, specify: _____</p> </td> <td style="vertical-align: top;"> <p>GASTROINTESTINAL VIRUSES</p> <p>Feces** for:</p> <p><input type="checkbox"/> Gastrointestinal Panel (Norovirus, Adenovirus, Astrovirus, Rotavirus, Sapovirus)</p> <p><input type="checkbox"/> Enterovirus</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>**Guideline for Ordering Stool Specimens www.bcguidelines.ca/gpac/guideline_diarrhea.html</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>ENCEPHALITIS VIRUSES</p> <p>Cerebrospinal Fluid for:</p> <p><input type="checkbox"/> HSV 1, HSV 2, VZV and Enterovirus</p> <p><input type="checkbox"/> West Nile virus (Seasonal) (Summer/early fall; when outside of season, specify travel history to endemic area*)</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>(Note: Send CSF from <6 months old directly to BC Children's & Women's Hospital Laboratory for testing that includes parechovirus)</p> </td> <td colspan="2" style="vertical-align: top;"> <p>BIOPSY / AUTOPSY / OTHER TESTS</p> <p><input type="checkbox"/> Plasma for West Nile virus (Seasonal)</p> <p><input type="checkbox"/> Eye sample for Adenovirus, HSV 1, HSV 2, VZV</p> <p><input type="checkbox"/> Other, specify: _____</p> </td> </tr> </table>		<p>PATIENT STATUS / TRAVEL HISTORY* / EXPOSURE (Please provide travel history where indicated*)</p> <p>_____</p>	<p>OUTBREAK LOCATION / INFORMATION</p> <p>LTCF Outbreak</p> <p>Swan Valley Lodge</p>	<p>HERPES SIMPLEX 1,2 / VARICELLA ZOSTER VIRUSES</p> <p><input type="checkbox"/> Genital lesion swab <input type="checkbox"/> Non-genital lesion swab</p> <p><input type="checkbox"/> Skin swab</p> <p><input type="checkbox"/> Other, specify: _____</p>	<p>GASTROINTESTINAL VIRUSES</p> <p>Feces** for:</p> <p><input type="checkbox"/> Gastrointestinal Panel (Norovirus, Adenovirus, Astrovirus, Rotavirus, Sapovirus)</p> <p><input type="checkbox"/> Enterovirus</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>**Guideline for Ordering Stool Specimens www.bcguidelines.ca/gpac/guideline_diarrhea.html</p>	<p>ENCEPHALITIS VIRUSES</p> <p>Cerebrospinal Fluid for:</p> <p><input type="checkbox"/> HSV 1, HSV 2, VZV and Enterovirus</p> <p><input type="checkbox"/> West Nile virus (Seasonal) (Summer/early fall; when outside of season, specify travel history to endemic area*)</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>(Note: Send CSF from <6 months old directly to BC Children's & Women's Hospital Laboratory for testing that includes parechovirus)</p>	<p>BIOPSY / AUTOPSY / OTHER TESTS</p> <p><input type="checkbox"/> Plasma for West Nile virus (Seasonal)</p> <p><input type="checkbox"/> Eye sample for Adenovirus, HSV 1, HSV 2, VZV</p> <p><input type="checkbox"/> Other, specify: _____</p>	
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