

September 28th, 2026

26-54

To: IH Long-term Care Staff, IH MHOs, CDU, Infection Prevention and Control,
From: Microbiology Working Group, Dr. Amir Hadzic, Medical Microbiologist, Melinda Carrier, Health Services Director

Re: Respiratory Testing Order Changes for Long-Term Care Facilities

Effective October 1st, 2026, Interior Health Microbiology Laboratory will be introducing updated names and ordering processes for respiratory testing in Long Term Care facilities. These changes are intended to simplify ordering and support appropriate use of respiratory panels.

Important Information

1. Routine Respiratory Panel (RRP) – FIRST-LINE TEST

The **Routine Resp Panel/RRP** replaces the current *Virus Covid/Flu* order and includes:

- COVID-19
- Influenza A & B
- Respiratory syncytial virus (RSV)

➤ The RRP is the **Laboratory-recommended first-line test** for patients with respiratory symptoms

How to order RRP:

- Sites *with* Meditech access: Order **Routine Resp Panel/RRP Nasoph**
- Sites *without* Meditech access: Use the [BCCDC Virology requisition](#) – see Appendix for examples

The LTC Virus Covid/Flu orders will become obsolete on October 1st, 2026.

2. Extended Respiratory Panel (ERP) – SECOND-LINE TEST

The **Extended Resp Panel/ERP** replaces the current *Virus Covid/Flu + Magpix* order

- The Extended Respiratory Panel must now be requested based on the specified criteria and will no longer be performed automatically.
- Immunocompromised patients
 - Suspected *Mycoplasma* or *Chlamydia* infection
 - Patients requiring Critical Care
 - Diagnostic uncertainty where the result **will change management**

How to order ERP:

- Sites *with* Meditech access: Order **Extended Resp Panel/ERP Nasoph**
- Sites *without* Meditech access: Use the [BCCDC Virology requisition](#) and enter ERP in the Other Test section – see Appendix for examples

The LTC Virus Covid/Flu+Magpix orders will become obsolete on October 1st, 2026

Action Required

- Beginning October 1st, 2026, use the new **Routine Resp Panel/RRP Nasoph** and **Extended Resp Panel/ERP Nasoph** order names. Refer to the criteria above when considering ERP testing.
- Sites without Meditech access: use the **BCCDC Virology requisition** as outlined in the Appendix.

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Appendix: Using the BCCDC Virology Requisition to Order Respiratory Testing

Note: BCCDC Virology requisition is located at:

[http://www.elabhandbook.info/PHSA/Files/RequisitionForms%2f2_20260820_111910_PHRQ_VIR_0001F_Virology_Requisition_\(Version_1.0_August_2026\).pdf](http://www.elabhandbook.info/PHSA/Files/RequisitionForms%2f2_20260820_111910_PHRQ_VIR_0001F_Virology_Requisition_(Version_1.0_August_2026).pdf)

1. Ordering Routine Respiratory Panel/RRP – Please select the checkboxes indicated in red

Section 2 - Test(s) Requested		For other available tests and additional information, consult the Public Health Laboratory's eLab Handbook at www.elabhandbook.info/PHSA/Default.aspx	
RESPIRATORY Indicate sample site: ☒ Nasopharynx ☐ Nares ☐ Oropharynx ☐ Throat ☐ Lower Respiratory Tract: _____ ☐ Other, specify: _____ Indicate container type: ☒ Swab with transport medium ☐ Saline gargle ☐ Other, specify: _____ Indicate test(s): ☒ COVID-19 (SARS-CoV-2) ☒ Influenza A, Influenza B, Respiratory syncytial virus ☐ Avian influenza (e.g. H5) (*Approval and exposure location required) ☐ Enterovirus D68 (Approval required outside August to October) ☐ Other test, specify: _____	SKIN / MUCOSAL Indicate anatomical site: _____ Select one ☐ Skin Lesion ☐ Mucosal Lesion ☐ Mucosal Non-Lesion Indicate test(s): ☐ Herpes simplex 1/ Herpes simplex 2 / Varicella zoster (HSV 1) (HSV 2) (VZV) ☐ Mpox ☐ Molluscum contagiosum ☐ Other test, specify: _____ ENCEPHALITIS Cerebrospinal Fluid for: ☐ HSV 1, HSV 2, VZV and Enterovirus ☐ West Nile virus (Approval required outside July to September) ☐ Creutzfeldt-Jakob disease ☐ Other test, specify: _____ (Note: Send CSF from <6 months old directly to BC Children's & Women's)	*RELEVANT EXPOSURE / TRAVEL OR OTHER HISTORY (Please provide clinical history where indicated) _____ _____ OUTBREAK LOCATION / INFORMATION _____ _____ GASTROINTESTINAL Feces for: ☐ Gastrointestinal Viral Panel (Norovirus, Adenovirus, Astrovirus, Rotavirus, Sapovirus) ☐ Enterovirus ☐ Other test, specify: _____ OTHER TESTS ☐ Fec sample for Adenovirus, HSV 1, HSV 2, VZV	

2. Ordering Extended Respiratory Panel/ERP– Please select the checkboxes indicated in red and clearly write ERP in the Other Test section.

Section 2 - Test(s) Requested		For other available tests and additional information, consult the Public Health Laboratory's eLab Handbook at www.elabhandbook.info/PHSA/Default.aspx	
RESPIRATORY Indicate sample site: ☒ Nasopharynx ☐ Nares ☐ Oropharynx ☐ Throat ☐ Lower Respiratory Tract: _____ ☐ Other, specify: _____ Indicate container type: ☒ Swab with transport medium ☐ Saline gargle ☐ Other, specify: _____ Indicate test(s): ☐ COVID-19 (SARS-CoV-2) ☐ Influenza A, Influenza B, Respiratory syncytial virus ☐ Avian influenza (e.g. H5) (*Approval and exposure location required) ☐ Enterovirus D68 (Approval required outside August to October) ☐ Other test, specify: ERP	SKIN / MUCOSAL Indicate anatomical site: _____ Select one ☐ Skin Lesion ☐ Mucosal Lesion ☐ Mucosal Non-Lesion Indicate test(s): ☐ Herpes simplex 1/ Herpes simplex 2 / Varicella zoster (HSV 1) (HSV 2) (VZV) ☐ Mpox ☐ Molluscum contagiosum ☐ Other test, specify: _____ ENCEPHALITIS Cerebrospinal Fluid for: ☐ HSV 1, HSV 2, VZV and Enterovirus ☐ West Nile virus (Approval required outside July to September) ☐ Creutzfeldt-Jakob disease ☐ Other test, specify: _____ (Note: Send CSF from <6 months old directly to BC Children's & Women's)	*RELEVANT EXPOSURE / TRAVEL OR OTHER HISTORY (Please provide clinical history where indicated) _____ _____ OUTBREAK LOCATION / INFORMATION _____ _____ GASTROINTESTINAL Feces for: ☐ Gastrointestinal Viral Panel (Norovirus, Adenovirus, Astrovirus, Rotavirus, Sapovirus) ☐ Enterovirus ☐ Other test, specify: _____ OTHER TESTS ☐ Fec sample for Adenovirus, HSV 1, HSV 2, VZV	