Interior Health

IMPORTANT LAB UPDATE

November 21st, 2025 25-46

To: **IH Long-term Care Staff, IPAC, CD Unit, IH Medical Health Officers**
From: **Microbiology Working Group, Dr. Amir Hadzic, Microbiology, Melinda Carrier, Health Services Director**

Re: **Respiratory Pathogen Testing Guidance**

With the arrival of respiratory virus season, the laboratory would like to provide a reminder of current respiratory pathogen testing guidance. No changes have been made.

Important Information

- Interior Health Microbiology labs will continue to perform testing for COVID-19, Influenza A, B and RSV on all patients when required.
- Expanded respiratory pathogen ("Magpix") testing will be performed only when COVID-19, influenza and RSV results are negative. All Magpix testing will be completed at Kelowna General Hospital (KGH).
- If the patient is positive for COVID-19, influenza or RSV but **atypical pneumonia (*Mycoplasma pneumoniae* or *Chlamydia pneumoniae*) is still suspected or additional viral testing is needed to inform patient management**, contact the Microbiology laboratory to have Magpix testing performed.
- Acceptable specimen types include nasopharyngeal (NP) swabs, bronchial washes, sputum, endotracheal aspirates and throat swabs.

Note:

- *Throat swabs are a suboptimal specimen type except when M. pneumoniae testing is needed. Only submit a throat swab if M. pneumoniae is suspected or if the patient cannot tolerate an NP swab.*

Action Required

IH Facilities

- All IH facilities are asked to enter orders in Meditech
  - for nasopharyngeal swabs: order "**LTC Covid/Flu+Magpix – Nasophar**"
  - for throat swabs: order "**LTC Covid/Flu+Magpix – Throat**"
- For specimens associated with an outbreak, also submit a PHSA Virology requisition that includes the outbreak location/information (see example on page 2)
- submit specimens to your local laboratory

Private Facilities

- All private facilities are asked to submit a PHSA Virology requisition with the specimen
- For specimens associated with an outbreak, include outbreak location/information on the requisition (see example on page 2)
- submit specimens to your local laboratory

For inquiries and feedback please contact:
Andrea.Ward@interiorhealth.ca, Technical Specialist, Microbiology

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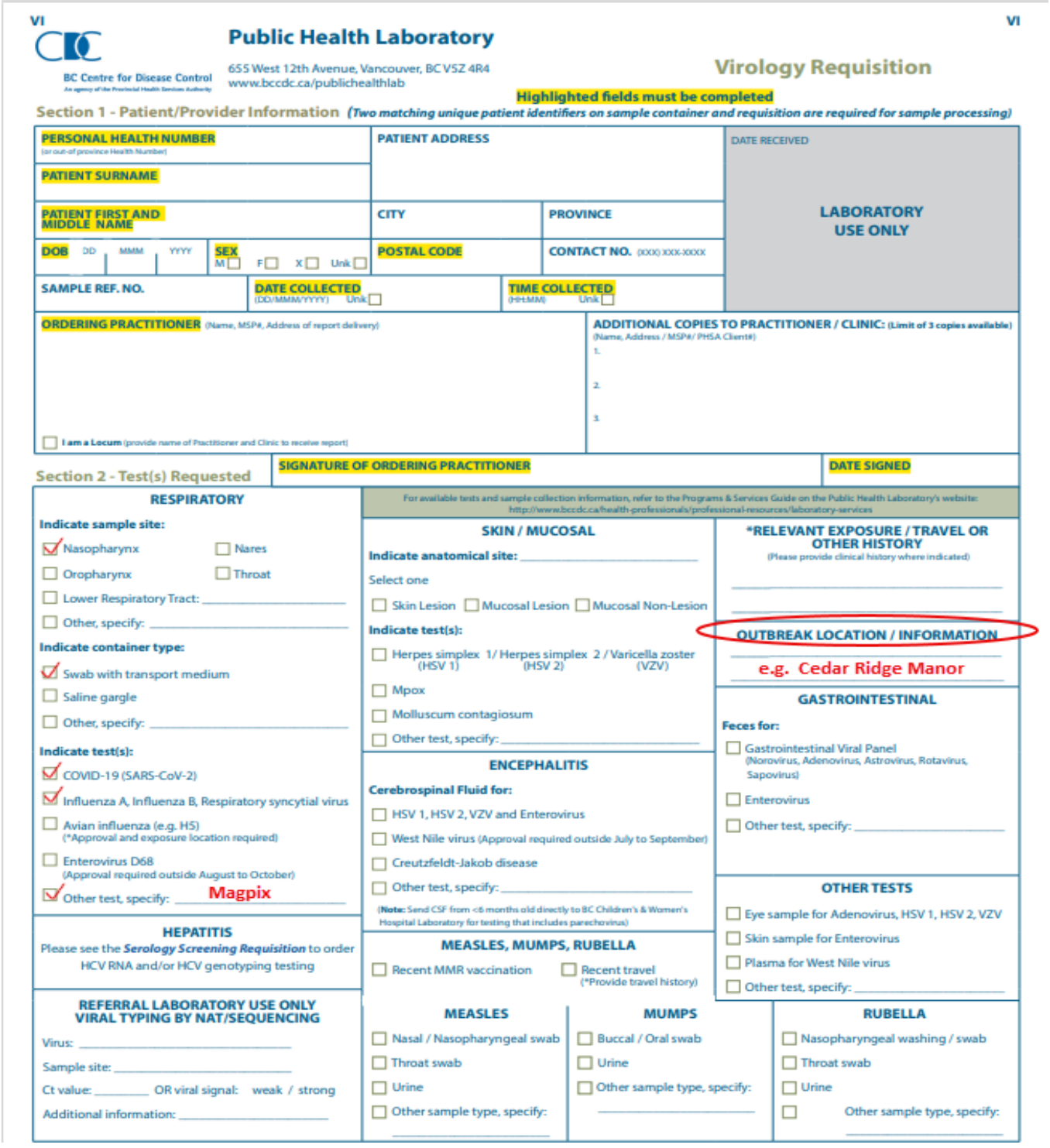
Example of PHSA Virology Requisition

- please fill out all areas highlighted in yellow, select "**Influenza A, Influenza B, Respiratory Syncytial Virus**", "**Covid-19**" and "**Other**" with "**Magpix**" written on the specified line.
- **If specimen is part of an outbreak investigation**, include Outbreak Location/Information



VI VI

Public Health Laboratory

BC Centre for Disease Control

655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Virology Requisition

Highlighted fields must be completed

Section 1 - Patient/Provider Information *(Two matching unique patient identifiers on sample container and requisition are required for sample processing)*

PERSONAL HEALTH NUMBER (or out-of province Health Number)
PATIENT SURNAME
PATIENT FIRST AND MIDDLE NAME
DOB DD MMM YYYY
SEX M F X Unk
PATIENT ADDRESS
CITY
PROVINCE
POSTAL CODE
CONTACT NO. (XXX) XXX-XXXX
DATE RECEIVED
LABORATORY USE ONLY
SAMPLE REF. NO.
DATE COLLECTED (DD/MMM/YYYY) Unk
TIME COLLECTED (HH:MM) Unk
ORDERING PRACTITIONER (Name, MSP#, Address of report delivery)
I am a Locum (provide name of Practitioner and Clinic to receive report)
ADDITIONAL COPIES TO PRACTITIONER / CLINIC: (Limit of 3 copies available) (Name, Address / MSP#/ PHSA Client#)
1.
2.
3.

Section 2 - Test(s) Requested

SIGNATURE OF ORDERING PRACTITIONER
DATE SIGNED

For available tests and sample collection information, refer to the Programs & Services Guide on the Public Health Laboratory's website: http://www.bccdc.ca/health-professionals/professional-resources/laboratory-services

RESPIRATORY

Indicate sample site:
- [x] Nasopharynx
- [ ] Nares
- [ ] Oropharynx
- [ ] Throat
- [ ] Lower Respiratory Tract: _____
- [ ] Other, specify: _____

Indicate container type:
- [x] Swab with transport medium
- [ ] Saline gargle
- [ ] Other, specify: _____

Indicate test(s):
- [x] COVID-19 (SARS-CoV-2)
- [x] 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)
- [x] Other test, specify: Magpix

HEPATITIS

Please see the ***Serology Screening Requisition*** to order HCV RNA and/or HCV genotyping testing

REFERRAL LABORATORY USE ONLY VIRAL TYPING BY NAT/SEQUENCING

Virus: _____
Sample site: _____
Ct value: _____ OR viral signal: weak / strong
Additional information: _____

SKIN / MUCOSAL

Indicate anatomical site: _____
Select one
- [ ] Skin Lesion
- [ ] Mucosal Lesion
- [ ] Mucosal Non-Lesion

Indicate test(s):
- [ ] Herpes simplex 1 (HSV 1) / Herpes simplex 2 (HSV 2) / Varicella zoster (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 Hospital Laboratory for testing that includes parechovirus)

MEASLES, MUMPS, RUBELLA

- [ ] Recent MMR vaccination
- [ ] Recent travel (*Provide travel history)

MEASLES
- [ ] Nasal / Nasopharyngeal swab
- [ ] Throat swab
- [ ] Urine
- [ ] Other sample type, specify:

MUMPS
- [ ] Buccal / Oral swab
- [ ] Urine
- [ ] Other sample type, specify:

RUBELLA
- [ ] Nasopharyngeal washing / swab
- [ ] Throat swab
- [ ] Urine
- [ ] Other sample type, specify:

***RELEVANT EXPOSURE / TRAVEL OR OTHER HISTORY**
(Please provide clinical history where indicated)

OUTBREAK LOCATION / INFORMATION
e.g. Cedar Ridge Manor

GASTROINTESTINAL

Feces for:
- [ ] Gastrointestinal Viral Panel (Norovirus, Adenovirus, Astrovirus, Rotavirus, Sapovirus)
- [ ] Enterovirus
- [ ] Other test, specify: _____

OTHER TESTS
- [ ] Eye sample for Adenovirus, HSV 1, HSV 2, VZV
- [ ] Skin sample for Enterovirus
- [ ] Plasma for West Nile virus
- [ ] Other test, specify: _____

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