

October 28<sup>th</sup>, 2021

21-88

**To: IH and Private Long Term Care facilities, ACF COVID response team, COVID Communicable Disease Unit, IH Infection Control Practitioners, IH Medical Health Officers**  
**From: Hope Byrne, Director, Microbiology Working Group**  
**Dr. Amanda Wilmer, Medical Director, Microbiology**

**Re: Respiratory Viral Testing 2021-2022 Season**

Beginning November 1<sup>st</sup>, 2021, Interior Health will perform seasonal testing for Influenza A, B and RSV and COVID-19 on nasopharyngeal (NP) swabs from long-term care/assisted living facilities for patients with compatible symptoms. If COVID-19 outbreaks are already established in a facility, testing for only COVID-19 will continue to be performed on asymptomatic patients or staff, upon request of the Medical Health Officer.

For symptomatic patients with NP swabs collected, if testing is negative, specimens will automatically be sent for the “Magpix” expanded viral panel at BCCDC.

*Note: Influenza/RSV and “MAGPIX” testing are not available for asymptomatic patients.*

This testing will be performed at each of the regional microbiology laboratories in Kamloops (RIH), Kelowna (KGH), Cranbrook (EKH) and Trail (KBH) 7 days a week.

### Important Information

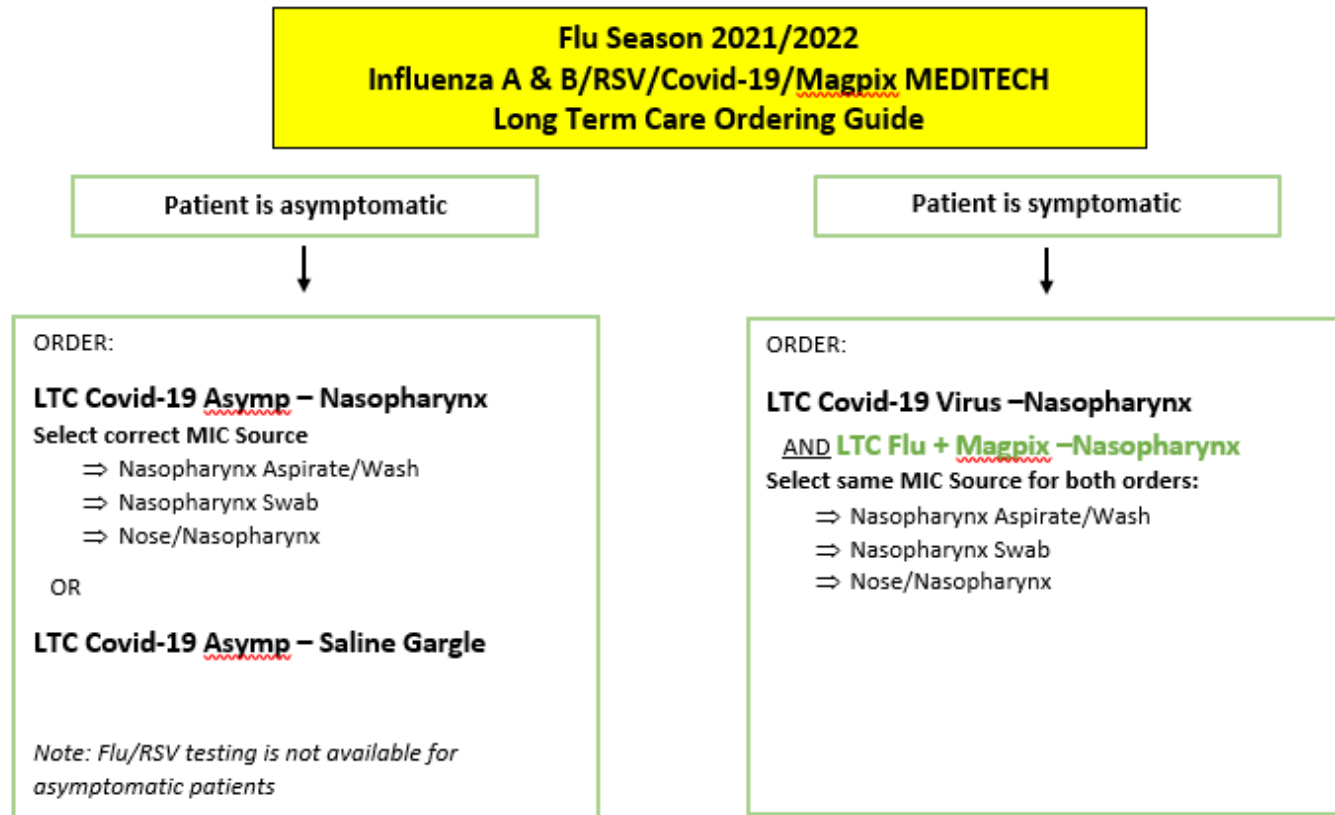
- Only one nasopharyngeal swab specimen is needed to perform COVID-19, Influenza A, B, RSV and “Magpix” testing.
- Saline gargles are not approved for symptomatic patients or Influenza/RSV testing.
- Separate orders will continue to be required in Meditech for COVID-19 testing and Influenza/RSV testing – please refer to the [Guide to Lab Services](#) for the most up-to-date ordering guide (also see page 2).
- Specimens from symptomatic patients of long-term care or assisted living facilities that test negative for Influenza A, B, RSV and COVID-19 will be forwarded to BCCDC for “Magpix”, a panel which tests for additional viral and atypical bacterial pathogens.

### Action Required

- All IH facilities are asked to enter orders in Meditech (see ordering guide on page 2).
- All facilities (IH and private) are asked to submit a [PHSA Virology requisition](#) (see examples on pages 3, 4 and 5).
- Submit specimens to your local laboratory.
- Your local laboratory will arrange for testing to be performed within IH, or forwarded to BCCDC when testing for additional pathogens is required.

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**During Flu season:**

- Influenza A & B/RSV/COVID19 PCR testing will be done at an IH site for all specimens
- Magpix testing – specimens negative for Influenza A & B/RSV/COVID19 PCR will be forwarded to BCCDC for MAGPIX testing

**Note: The most current version of this document is available in the [Guide to Lab Services](#)**

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**Example of Requisition for Care Facilities with Meditech Access (symptomatic patients)**

- In addition to entering all orders in Meditech, please fill out all areas highlighted in yellow, select “Other” and write “Magpix” on the specified line.



**Public Health Laboratory**

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

**Virology Requisition**



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

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

**Section 2 - Test(s) Requested**

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

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**Example of Requisition for Care Facilities with NO Meditech Access (symptomatic patients)**

- 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.



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

<b>PERSONAL HEALTH NUMBER</b> (or out-of province Health Number and province)		<b>ORDERING PRACTITIONER</b> Name and MSC#		<b>LABORATORY USE ONLY</b>
<b>PATIENT SURNAME</b>		Address of report delivery		
<b>PATIENT FIRST AND MIDDLE NAME</b>		<input type="checkbox"/> I do not require a copy of the report <input type="checkbox"/> I am a Locum <sup>†</sup> <small>†If Locum, include name of Practitioner you are covering for</small>		
<b>DOB</b> (DD/MMM/YYYY)	<b>SEX</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> U (Unk)	<b>ADDITIONAL COPIES TO PRACTITIONER / CLINIC:</b> (Name, Address / MSC# / PHSA Client#) (Limit of 3 copies available)		
<b>PATIENT ADDRESS</b>		1.		DATE RECEIVED
<b>CITY</b>		2.		OUTBREAK ID
<b>PROVINCE</b>	<b>POSTAL CODE</b>	3.		<b>SAMPLE REF. NO.</b>
				<b>DATE COLLECTED</b> (DD/MMM/YYYY)
				<b>TIME COLLECTED</b> (HH:MM)

**Section 2 - Test(s) Requested**

<p><b>RESPIRATORY PATHOGENS</b></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: <b>Magpix</b></p> <p><b>Indicate sample site:</b></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><b>Indicate container type:</b></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><b>VIRUS SUBTYPING</b></p>		<p>For other available tests and sample collection information, consult the Public Health Laboratory's <i>eLab Handbook</i>: <a href="http://www.elabhandbook.info/PHSA/Default.aspx">www.elabhandbook.info/PHSA/Default.aspx</a></p>	
<p><b>PATIENT STATUS / TRAVEL HISTORY* / EXPOSURE</b> (Please provide travel history where indicated*)</p> <p>_____</p> <p>_____</p>		<p><b>OUTBREAK LOCATION / INFORMATION</b></p> <p>_____</p> <p>_____</p>	
<p><b>HERPES SIMPLEX 1,2 / VARICELLA ZOSTER VIRUSES</b></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><b>GASTROINTESTINAL VIRUSES</b></p> <p><b>Feces** for:</b></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><b>**Guideline for Ordering Stool Specimens</b> <a href="http://www.bcguidelines.ca/gpac/guideline_diarrhea.html">www.bcguidelines.ca/gpac/guideline_diarrhea.html</a></p>	
<p><b>ENCEPHALITIS VIRUSES</b></p> <p><b>Cerebrospinal Fluid for:</b></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><small>(Note: Send CSF from &lt;6 months old directly to BC Children's &amp; Women's Hospital Laboratory for testing that includes parechovirus)</small></p>		<p><b>BIOPSY / AUTOPSY / OTHER TESTS</b></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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**Example of Requisition for Care Facilities with NO Meditech Access (asymptomatic patients)**

- Please fill out all areas highlighted in yellow, select “**Covid-19**” and write “Asymptomatic testing” on the specified line.



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<b>CITY</b>		2.		
<b>PROVINCE</b>	<b>POSTAL CODE</b>	3.		<b>DATE RECEIVED</b>
				<b>OUTBREAK ID</b>
				<b>SAMPLE REF. NO.</b>
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				<b>TIME COLLECTED</b> (HH:MM)

**Section 2 - Test(s) Requested**

<p><b>RESPIRATORY PATHOGENS</b></p> <p><input 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 type="checkbox"/> Other, specify: <b>Asymptomatic testing</b></p> <p><b>Indicate sample site:</b></p> <p><input type="checkbox"/> Nasopharynx   <input type="checkbox"/> Nares</p> <p><input checked="" type="checkbox"/> Oropharynx   <input type="checkbox"/> Throat</p> <p><input type="checkbox"/> Lower Respiratory Tract: _____</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><b>Indicate container type:</b></p> <p><input type="checkbox"/> Swab with transport media</p> <p><input checked="" type="checkbox"/> Saline gargle</p> <p><input type="checkbox"/> Wash: _____</p> <p><input type="checkbox"/> Others: _____</p> <p><b>VIRUS SUBTYPING</b></p>		<p>For other available tests and sample collection information, consult the Public Health Laboratory's <i>eLab Handbook</i>: <a href="http://www.elabhandbook.info/PHSA/Default.aspx">www.elabhandbook.info/PHSA/Default.aspx</a></p>	
<p><b>PATIENT STATUS / TRAVEL HISTORY* / EXPOSURE</b> (Please provide travel history where indicated*)</p> <p>_____</p> <p>_____</p>		<p><b>OUTBREAK LOCATION / INFORMATION</b></p> <p>_____</p> <p>_____</p>	
<p><b>HERPES SIMPLEX 1,2 / VARICELLA ZOSTER VIRUSES</b></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><b>GASTROINTESTINAL VIRUSES</b></p> <p><b>Feces** for:</b></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><b>**Guideline for Ordering Stool Specimens</b> <a href="http://www.bcguidelines.ca/gpac/guideline_diarrhea.html">www.bcguidelines.ca/gpac/guideline_diarrhea.html</a></p>	
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