

October 16th, 2020

20-69

To: IH and Private Long Term Care Facilities, Communicable Disease Unit, Infection Control Practitioners
From: Hope Byrne, Director, Microbiology Working Group
Dr. Amanda Wilmer, Medical Director, Microbiology

Re: Respiratory Virus Testing 2020-2021 Season

Beginning October 20th, 2020, Interior Health will perform COVID-19, Influenza A, B and RSV testing on all specimens from long-term care/assisted living facilities. If testing is negative, specimens will automatically be sent for the “Magpix” expanded viral panel at BCCDC.

COVID-19, Influenza A, B and RSV testing will be performed at each regional microbiology laboratory in Kamloops (RIH), Cranbrook (EKH), Kelowna (KGH) and Trail (KBH).

This testing will be performed 7 days a week.






Important Information

- Specimens from 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.
- Order entry for long term care and assisted living facilities owned and operated by IH has been restructured this season – refer to the table below for new orders available.

Specimen type	Order
Nasopharynx Swab/Aspirate/Wash/Nose	LTC Flu + Magpix - Nasopharynx
Sputum	LTC Flu + Magpix - Sputum
Throat	LTC Flu + Magpix - Throat

- refer to the Guide to Lab Services for the most up-to-date ordering guide (also attached below)
- Please note: There will be no change to collection container requirements. Only one specimen is needed to perform all necessary respiratory viral testing.
- Approved collection containers are shown below.

Swabs approved for use in Interior Health

<p>1. Starswab® Multitrans System Note: Ensure proper swab is selected. The Starswab is very similar in appearance to the blue-top Copan swab used for oropharyngeal collection.</p>	
<p>2. Yocon</p>	
<p>3. BD Universal Viral Transport Medium (3.0mL tube)</p>	
<p>4. Copan Red Top 2ml Swab</p>	
<p>Aptima Unisex swabs: No longer an approved sample type.</p>	

- Please check inventory at your site and discard any expired collection containers.
- To request collection containers, email SwabsCOVID@interiorhealth.ca with your location and number of swabs required.

Action Required

- All IH facilities are asked to enter orders in Meditech
- All facilities (IH and private) are asked to submit a PHSA requisition ([found here](#)), with the specimen
 - see below for an example of a requisition
- Submit specimens to your local microbiology laboratory
- Your local laboratory will arrange for testing be performed within IH or, forwarded to BCCDC when testing for additional pathogens is required.

FLU Season 2020/2021
Influenza A & B/RSV/COVID-19/Magpix
MEDITECH Long Term Care Ordering Guide



ORDER:

LTC Flu +Magpix -Nasopharynx

Select correct MIC Source :

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

LTC Flu +Magpix -Sputum

LTC Flu +Magpix -Throat

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

- Please fill out all areas highlighted in yellow, select "Other" and write "Magpix" on the specified line.

<p>VI CDC BC Centre for Disease Control <small>An agency of the Provincial Health Services Authority</small></p>	<p>Public Health Laboratory 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.bccdc.ca/publichealthlab</p>	<p>VI LM LABS 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)

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

Section 2 - Test(s) Requested

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