

## PHSA Laboratories

BCCDC Public Health Laboratory

October 25, 2021

### RE: 2021/2022 Respiratory Virus Laboratory Testing

COVID-19 nucleic acid testing (NAT) will continue to be performed on all specimens submitted from clients (outpatients and inpatients) with compatible symptoms, contacts of those infected, and when requested by the MHO. In addition, influenza A, influenza B and respiratory syncytial virus (RSV) testing will be performed on specimens when requested as per routine seasonal practice.

**In November 2021, the BCCDC Public Health Laboratory will implement a NAT test that simultaneously detects SARS-CoV-2/influenza A/influenza B/RSV for enhanced surveillance during the 2021/22 season. All samples submitted for COVID-19 testing will also be tested for influenza A/influenza B/RSV. When influenza A/influenza B/RSV testing is not requested, negative results will not be reported, while all positive influenza A/ influenza B/RSV results will be reported.** A proportion of the influenza A positive samples will be subtyped.

Otherwise influenza A/ influenza B/RSV testing is routinely recommended only for individuals:

1. Who are pregnant,
2. In a Long-Term Care (LTC) facility,
3. Who are part of an outbreak investigation,
4. Hospitalized or ill enough to be hospitalized,
5. Age <5 years.

If the COVID-19 and influenza A/influenza B/RSV NAT testing are negative, samples can be further tested using an extended respiratory pathogen panel for a wide range of respiratory pathogens but this will only be undertaken by request per the indications outlined above. Automatic reflexing to testing by this panel will not be performed, with the exception of samples from the Sentinel Practitioner Surveillance Network which will be routinely tested by the extended respiratory pathogen panel for surveillance purposes.

## Specimen and Requisition Requirements

The preferred samples for COVID-19/influenza A/influenza B/RSV NAT testing are nasopharyngeal swabs/washes. Please note, only one sample needs to be collected for COVID-19, influenza A/influenza B/RSV and extended respiratory pathogen panel testing. **Saline gargle samples have only been validated for the detection of SARS-CoV-2 and should not be submitted for influenza A/influenza B/RSV and extended respiratory pathogen panel testing requests.**

Please use and complete the [Virology Requisition](#) (Version 3.1 07/2020) to order respiratory virus testing for each patient requiring testing (Appendix 1).

# Influenza-like Illness Outbreak Reporting

This 2021/22 season we will **suspend** the use of the **Influenza-Like Illness (ILI) Outbreak Laboratory form (ILI form)**. You may test as many patients as needed using the routine process for respiratory viral testing by submitting a **completed** Virology Requisition for **each** patient testing request.

**DO NOT SUBMIT**

Please continue to complete and submit the **Influenza-Like Illness (ILI) Outbreak Summary Report Form (ILI Summary form)** to notify BCCDC:

- 1) of suspected outbreaks
- 2) when the outbreak is over and in Section D capture the causative organism and subtype.

**1. First notification**

**2. Final notification**

## Other Resources

Weekly respiratory virus testing and positive counts for BC are reported to PHAC via FluWatch and can be found here: <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/weekly-influenza-reports.html>.

BC-specific influenza surveillance bulletins are routinely produced by the BCCDC and can be found here: <http://www.bccdc.ca/health-professionals/data-reports/communicable-diseases/influenza-surveillance-reports>

ILI Outbreak summary report form: [http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Epid/Influenza%20and%20Respiratory/OutbreakReportForm\\_2018.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Epid/Influenza%20and%20Respiratory/OutbreakReportForm_2018.pdf)



For other testing details, please refer to the BCCDC Public Health Laboratory test menu on eLab: <http://www.elabhandbook.info/phsa/>.

Sincerely,

Mel Krajden, MD, FRCPC  
Public Health Laboratory Director  
BC Centre for Disease Control

Agatha Jassem, PhD (D)ABMM FCCM  
Head Virology/Molecular Diagnostics  
BCCDC Public Health Laboratory

Appendix 1. Virology Requisition form.

		<b>Public Health Laboratory</b> 655 West 12th Avenue, Vancouver, BC V5Z 4R4 www.bccdc.ca/publichealthlab		<b>Virology Requisition</b>			
PHN is <b>REQUIRED</b> for labs to display in UCI/CareConnect		FULL name and FULL DOB or PHN <b>MUST</b> be written on each sample (even if also written on this lab requisition) or <b>testing will NOT be performed</b>					
<b>Section 1 - Patient/Provider Information</b> (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#		DATE RECEIVED			
<b>PATIENT SURNAME</b>		Address of report delivery		Always include full name, billing info, and practice address for lab reports distribution to appropriate EMRs			
<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> <small><sup>1</sup>If Locum, include name of Practitioner you are covering for</small>		<b>LABORATORY USE ONLY</b>			
<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)		OUTBREAK ID			
<b>PATIENT ADDRESS</b>		<b>ADDITIONAL COPIES TO PRACTITIONER / CLINIC:</b> (Name, Address / MSC#/PHSA Client#) (Limit of 3 copies available)		SAMPLE REF. NO.			
<b>CITY</b>		1. Include facility name and address info (including phone/fax and PHSA lab client code) if a copy is required		DATE COLLECTED (DD/MMM/YYYY)			
<b>PROVINCE</b>		2.		TIME COLLECTED (HH:MM)			
<b>POSTAL CODE</b>		3.		Date and time must be written and match what is on samples			
<b>Section 2 - Test(s) Requested</b>							
<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 type="checkbox"/> Other, specify: _____ Indicate sample site: <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: _____ Indicate container type: <input type="checkbox"/> Swab with transport media <input type="checkbox"/> Saline gargle <input type="checkbox"/> Wash: _____ <input type="checkbox"/> Others: _____		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>PATIENT STATUS / TRAVEL HISTORY* / EXPOSURE</b> (Please provide travel history where indicated*)		<b>OUTBREAK LOCATION / INFORMATION</b> Indicate outbreak location and facility type	
<b>VIRUS SUBTYPING</b> <input type="checkbox"/> Influenza A <input type="checkbox"/> Adenovirus (Surveillance/outbreak investigations only) Ct value: _____ or viral signal: weak / strong		<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> Feces** for: <input type="checkbox"/> Gastrointestinal Panel (Norovirus, Adenovirus, Astrovirus, Rotavirus, Sapovirus) <input type="checkbox"/> Enterovirus <input type="checkbox"/> Other, specify: _____ **Guideline for Ordering Stool Specimens <a href="http://www.bccguidelines.ca/gpac/guideline_diarhea.html">www.bccguidelines.ca/gpac/guideline_diarhea.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: _____	
<b>HEPATITIS VIRUSES</b> Please see the <a href="#">Serology Screening Requisition</a> to order HCV RNA and/or HCV genotyping testing.		<b>ENCEPHALITIS VIRUSES</b> Cerebrospinal Fluid for: <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: _____ (Note: Send CSF from <6 months old directly to BC Children's & Women's Hospital Laboratory for testing that includes parechovirus)		<b>MEASLES</b> <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Throat swab <input type="checkbox"/> Urine <input type="checkbox"/> Other, specify: _____		<b>MUMPS</b> <input type="checkbox"/> Buccal/Oral swab <input type="checkbox"/> Urine <input type="checkbox"/> Other, specify: _____	
				<input type="checkbox"/> Recent MMR vaccination <input type="checkbox"/> Recent travel (Provide travel history if available*)		<b>RUBELLA</b> <input type="checkbox"/> Nasopharyngeal washing/swab <input type="checkbox"/> Throat swab <input type="checkbox"/> Urine <input type="checkbox"/> Other, specify: _____	
The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.							
VI						Form DCVI-100-0001f Version 3.1 07/2020	
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