



October 2nd, 2024

24-62

To: IH Long-term care staff, IPAC, CD Unit, IH Medical Health Officers
From: Microbiology Working Group, Dr. Amanda Wilmer, Medical Director, Microbiology, Melinda Carrier, Health Services Director

Re: Respiratory Viral Testing 2024-2025 Season

Beginning October 7th, 2024, Interior Health microbiology laboratories will begin seasonal testing for Influenza A, B, RSV and COVID-19 (SARS-CoV-2) on specimens from long-term care/assisted living. If testing is negative, specimens will automatically be tested on the “Magpix” assay, an expanded respiratory pathogen panel at KGH.

The “Magpix” assay will include testing for the following pathogens:

- Adenovirus
- Bocavirus
- Coronaviruses 229E, NL63, OC43
- Metapneumovirus
- Parainfluenza viruses 1, 2, 3 and 4
- Rhinovirus/Enterovirus

Important Information

- Only one specimen is needed to perform Influenza A, B, RSV, SARS-CoV-2 and “Magpix” testing.
- Acceptable specimen types include nasopharyngeal (NP) swabs, bronchial washes, sputum, endotracheal aspirates and throat swabs.

Note: Throat swabs are the least preferred as they are not an optimal specimen type and should only be used if the patient cannot tolerate an NP swab.

- “Magpix” testing will be performed automatically if Influenza A, B, RSV and SARS-CoV-2 is negative.

Action Required

IH facilities

- All IH facilities are asked to enter orders in Meditech (see ordering guide on page 2)

Note: this chart can also be found on the IH public website at

<https://www.interiorhealth.ca/sites/default/files/PDFS/respiratory-viral-testing-ordering-chart-om-flu-season-long-term-care.pdf>

- For specimens associated with an outbreak, also submit a PHSA Virology requisition, including outbreak location/information (see example on page 3)
- Submit specimens to your local laboratory

Private facilities

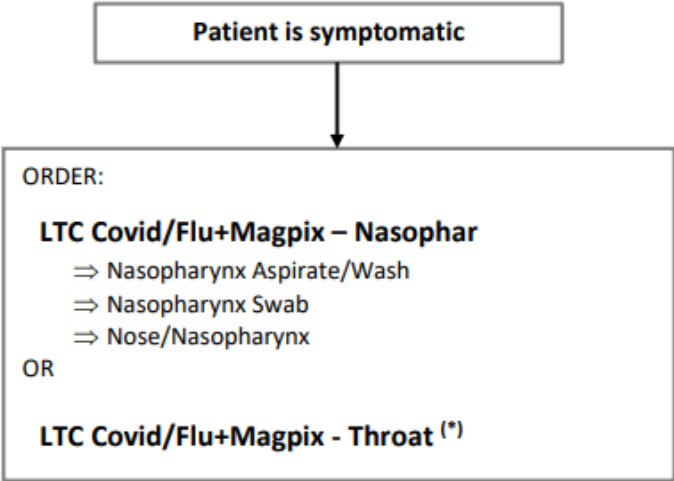
- All private facilities are asked to submit a PHSA Virology requisition, including outbreak location/information if applicable (see example on page 3)
- Submit specimens to your local laboratory



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**MEDITECH Long Term Care Ordering Guide
Respiratory Pathogen Testing - Influenza A & B/RSV/Covid-19/Magpix**



**Note: Throat swabs are the least preferred as they are a suboptimal specimen type, and should only be used if the patient cannot tolerate a nasopharyngeal swab. Throat swabs must be collected with the "blue-top" Copan Universal Transport Medium kit.*

October to April (during Flu season): Influenza A & B/RSV and COVID-19 PCR testing will be done at an IH site for all specimens. "Magpix" testing will be performed at Kelowna General Hospital if specimen is PCR negative for COVID-19, Influenza A/B & RSV.

May to October (outside of Flu Season): Specimens will be tested for Covid-19. Influenza and RSV testing is not routinely available. "Magpix" testing will be performed at Kelowna General Hospital if specimen is PCR negative for COVID-19.

Note: If testing for Legionella is required, submit a lower respiratory specimen (sputum, endotracheal aspirate or bronchial wash) with a "Magpix" order. Legionella is not performed on nasopharyngeal samples or throat swabs.

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Example of PHSA Virology Requisition

- 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
- Include Outbreak Location/Information if an outbreak has been declared.



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

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)

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>PERSONAL HEALTH NUMBER (or out-of province Health Number and province)</p> <p>PATIENT SURNAME</p> <p>PATIENT FIRST AND MIDDLE NAME</p> <p>DOB (DD/MMM/YYYY)</p> <p>SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/> U (Unk)</p> <p>PATIENT ADDRESS</p> <p>CITY</p> <p>PROVINCE POSTAL CODE</p> | <p>ORDERING PRACTITIONER Name and MSC#</p> <p>Address of report delivery</p> <p><input type="checkbox"/> I do not require a copy of the report <input type="checkbox"/> I am a Locum* *If Locum, include name of Practitioner you are covering for</p> <p>ADDITIONAL COPIES TO PRACTITIONER / CLINIC: (Name, Address / MSC# / PHSA Client#) (Limit of 3 copies available)</p> <p>1.</p> <p>2.</p> <p>3.</p> | <p>DATE RECEIVED</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">LABORATORY USE ONLY</p> <p>OUTBREAK ID</p> <p>SAMPLE REF. NO.</p> <p>DATE COLLECTED (DD/MMM/YYYY)</p> <p>TIME COLLECTED (HH:MM)</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Section 2 - Test(s) Requested

| | | | |
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| <p>RESPIRATORY PATHOGENS</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: Magpix</p> <p>Indicate sample site:</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>Indicate container type:</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>VIRUS SUBTYPING</p> <p><input type="checkbox"/> Influenza A</p> <p><input type="checkbox"/> Adenovirus (Surveillance/outbreak investigations only)</p> <p>Ct value: _____ or viral signal: weak / strong</p> <p>HEPATITIS VIRUSES</p> | <p>For other available tests and sample collection information, consult the Public Health Laboratory's eLab Handbook: www.elabhandbook.info/PHSA/Default.aspx</p> | | |
| <p>PATIENT STATUS / TRAVEL HISTORY* / EXPOSURE (Please provide travel history where indicated*)</p> <p>_____</p> <p>_____</p> | <p>OUTBREAK LOCATION / INFORMATION</p> <p>LTCF Outbreak</p> <p>Swan Valley Lodge</p> | | <p>GASTROINTESTINAL VIRUSES</p> <p>Feces** for:</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>**Guideline for Ordering Stool Specimens www.bcguidelines.ca/gpac/guideline_diarrhea.html</p> <p>BIOPSY / AUTOPSY / OTHER TESTS</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> |
| <p>HERPES SIMPLEX 1,2 / VARICELLA ZOSTER VIRUSES</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>ENCEPHALITIS VIRUSES</p> <p>Cerebrospinal Fluid for:</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 <6 months old directly to BC Children's & Women's Hospital Laboratory for testing that includes parechovirus)</small></p> | <p>MEASLES</p> <p><input type="checkbox"/> Nasopharyngeal swab</p> <p><input type="checkbox"/> Throat swab</p> <p><input type="checkbox"/> Urine</p> <p><input type="checkbox"/> Other, specify: _____</p> | <p>MUMPS</p> <p><input type="checkbox"/> Buccal/Oral swab</p> <p><input type="checkbox"/> Urine</p> <p><input type="checkbox"/> Other, specify: _____</p> | <p>RUBELLA</p> <p><input type="checkbox"/> Nasopharyngeal washing/swab</p> <p><input type="checkbox"/> Throat swab</p> <p><input type="checkbox"/> Urine</p> <p><input type="checkbox"/> Other, specify: _____</p> |