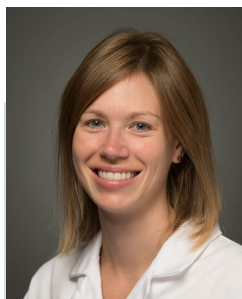


Respiratory Virus Testing



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It has been brought to our attention that there is some confusion on which respiratory virus test(s) should be ordered in different situations. Below are the tests offered and when/where they should be ordered. Please contact the microbiology lab with further questions (847-5121).

Test Name: ED, Urgent Care Influenza, RSV PCR

Test Codes: Lab Code EDFLUR - Epic Code: LAB3756

Includes tests for influenza A, influenza B, and RSV. Performed on nasopharyngeal swabs in M6 media only from **ED and Urgent Care patients**.

Test Name: Inpatient/Outpatient Influenza, RSV PCR

Test Codes: Lab Code IOFLUR - Epic Code: LAB3757

Includes tests for influenza A, influenza B, and RSV. Performed on nasopharyngeal swabs in M6 media and respiratory fluids from **inpatients and non-urgent care outpatients**.

Test Name: Respiratory Viral Panel Expanded, PCR

Test Codes: Lab Code RESEXP- Epic Code: LAB3758

Includes only tests for parainfluenza types 1- 4, adenovirus, human metapneumovirus, and rhinovirus. Performed on nasopharyngeal swabs in M6 and respiratory fluids from **immunocompromised patients or extremely ill inpatients in whom influenza and RSV testing was negative**. This test can be ordered as an add on test up to four days after sample collection.

PATHOLOGY & LABORATORY MEDICINE

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***Flu Testing on Outpatients:** Per CDC guidance, testing for influenza does not need to be performed on all patients with sign and symptoms of influenza to make antiviral treatment decisions. A clinical diagnosis can be made for outpatients with suspected influenza, especially during times of peak activity in the community (usually late December – March in the Northeast). If treatment is clinically indicated, antiviral treatment should **NOT** be withheld from a patient with suspected influenza waiting test results as antiviral treatment is most efficacious if given as soon as possible. Patients who should be treated empirically in an outpatient setting include patient >65 years or <2 years of age, pregnant women, people with comorbidities that place them at high risk (chronic lung disease, heart disease, renal disease, metabolic disease, hematologic disease, and neurologic disease), immunosuppression, morbid obesity, American Indians or Alaskan Natives, and residents of chronic care facilities. Molecular testing is the most appropriate for hospitalized patients for isolation and treatment purposes. Some rapid antigen tests have been reclassified by the FDA as of February 2017, so current testing may not meet regulations. Based on CDC guidelines the Pathology and Laboratory Medicine group does not support point of care influenza testing.

REFERENCE

<https://www.cdc.gov/flu/professionals/diagnosis/consider-influenza-testing.htm>

FOR MORE INFORMATION

Contact Laboratory Customer Service or email the Lab Ambassadors for clinical questions.

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