

Memorandum

TO: Health Service Managers, Nursing Units, Clinics, Provincial Laboratories and Public Health

FROM: Dr. Todd Hatchette / Dr. Jason LeBlanc
Directors, Virology and Immunology Section
Pathology and Laboratory Medicine, Central Zone

DATE: November, 23 2015

RE: **Changes to Testing for Respiratory Viruses**

Currently, the Microbiology laboratory at the QEII utilizes an algorithm-based approach for the detection of respiratory viruses. Tests included are influenza A, influenza B, and respiratory syncytial virus (RSV), and in some cases, expanded testing for additional respiratory viruses. With increasing budgetary pressures our laboratory has re-examined how these tests will be used.

- Influenza season (October to March): specimens from outbreaks and inpatients will continue to be tested for influenza A, B, and RSV.
- As of December 1, 2015 expanded respiratory virus testing will be limited to immunosuppressed patients or those in the intensive care unit (ICU) whose primary influenza A/B/RSV test result was negative.
- Community specimens will not be processed for either test.
- Outside the influenza season (June to October), testing will not be performed routinely for outbreaks or inpatients and will be limited to immunosuppressed patients or those in the ICU. All other requests will require approval by a microbiologist.

This change to the testing algorithm has been discussed with Public Health and Infectious Disease divisions at NSHA and IWK. While there may be some value in knowing what viruses are circulating from an epidemiological perspective, the expanded respiratory virus testing is prohibitively expensive to use routinely. This change has the potential to save over \$30,000 each year.

If you have any questions, please do not hesitate to contact the laboratory at (473-6881) or Drs Hatchette (473-6885) or LeBlanc (473-7971).