

# Memorandum



**To:** All Healthcare Providers in Newfoundland and Labrador  
**From:** Public Health Microbiology Laboratory (PHML)  
**Date:** Feb 12, 2025  
**Re:** Respiratory Testing Memorandum- Winter 2025

## Recommended Respiratory Specimens

- Upper respiratory tract infection: A nasopharyngeal swab or nasal wash/aspirate is the preferred specimen. Anterior nasal swabs are also acceptable.
- Lower respiratory tract infection: Sputum, endotracheal aspirate or bronchoalveolar lavage, submitted in a sterile screw-capped container is recommended for patients with pneumonia. If these specimens are not available, throat swabs are also acceptable.

## Specimen Collection, Storage and Shipping

- Specimens should be collected using a non-expired flocked swab and submitted in non-expired transport media validated and provided by the PHML. UTM is the preferred transport media and is currently widely available throughout the province.
- Arrange for refrigerated transport to the PHML, which accepts specimens 24 hours a day, 7 days a week. If shipping transportation does not allow for specimen receipt by PHML within 72 hours of collection, frozen specimens are acceptable.

**Table 1: Molecular testing options for respiratory pathogens**

Target	SARS-CoV-2	SARS-CoV-2, FluA, FluB, RSV	Multiple respiratory pathogens*
<b>Name of Test</b>	ID Now	GeneXpert	Respiratory panel
<b>Test Type</b>	Point of care molecular test	Commercial molecular test	Lab-developed molecular test panel
<b>Availability</b>	Available to acute care and LTC	Most zone microbiology labs	PHML only
<b>Consideration</b>	Positive tests do not require confirmatory testing at PHML.	Positive and negative results of SARS-CoV-2, FluA, FluB and RSV do not require confirmatory testing at PHML (Refer specimens for Respiratory Panel testing only if meeting the criteria in Table 2).	Consult <b>table 2</b> for the testing algorithm used at the PHML.
<b>Testing Indications</b>	COVID rapid diagnosis	<ul style="list-style-type: none"> <li>• Mitigating delays in specimen transportation.</li> <li>• Patients with severe respiratory distress.</li> <li>• Initial investigation of suspected respiratory outbreaks to aid immediate inpatient management and Infection Prevention and control precautions, especially when significant delays are expected during the weekend.</li> </ul>	The patient's setting and symptoms must be clearly indicated in the Meditech order or requisition. <b>See Table 2.</b>

\*SARS-CoV-2, influenza A/B, RSV, *Mycoplasma pneumoniae*, human metapneumovirus (hMPV), parainfluenza virus 1-4, rhinovirus/enterovirus, parechovirus, bocavirus, adenovirus, seasonal coronaviruses, *Bordetella pertussis/parapertussis* and *Chlamydomphila pneumoniae*.

## How to Order Respiratory Testing:

Option 1: MEDITECH - Ordering mnemonic is **RESVIP**

Option 2: NLHS Outpatient Requisition (if unable to order in MEDITECH)

For patients suspected of whooping cough (*B. pertussis*), must order **RESVIP** and **BPERDP**.

**IMPORTANT:** Missing, incomplete or unclear information in MEDITECH order entry menus or requisition *Diagnosis/Relevant History* box may result in your test request being rejected.

### Table 2: Eligibility criteria for respiratory panel testing at PHML

Note: Only patients presenting with influenza-like illness **AND** are listed in the below “Patient Settings” **AND** with clinical information provided in the following way will be tested.

Patient Settings	MEDITECH Order Entry Instructions	Requisition Request Instructions
All admitted patients (inpatients including ER IN)	Choose <b>IN</b> (inpatient) in <i>Patient status</i> menu.	Include info in the <i>Diagnosis/Relevant History</i> box.
ER patients pending admission	Choose <b>ADM ACUTE</b> (Adm Acute Care) in the <i>Reason for testing</i> menu.	
Institutional/congregate living facility residents	Choose either <b>LTC</b> (Long term care), <b>PCH</b> (Personal care home) or <b>RES</b> (Residential care home) in <i>Patient status</i> menu.	
Outbreaks triggered by IPC and/or public health	Indicate <b>setting</b> as per above. Choose <b>SYM OUTBR</b> (Sym/Facility Outbreak) in <i>Reason for testing</i> menu.	Include “ <b>outbreak</b> ” (with the assigned <b>outbreak investigation number</b> if available) in the <i>Diagnosis/Relevant History</i> box.
Pediatric <2 years old and patients ≥75 years old in any setting	N/A	No comment required; lab will process based on age.
Outpatients with severe comorbidities	Must Include info in <b>COMMENT</b> . <ul style="list-style-type: none"> <li>Chronic pulmonary disease/asthma</li> <li>Pneumonia</li> <li>Critical respiratory failure</li> <li>Severe cardiac disease</li> <li>Chronic kidney disease on dialysis</li> <li>Severely immunocompromised (post-transplant patients, patients on chemotherapy or other significant immunosuppressive therapy)</li> <li>Pregnancy</li> <li>Pertussis testing</li> <li>Urgent perioperative assessment</li> </ul>	Must Include info in <i>Diagnosis/Relevant History</i> box. <ul style="list-style-type: none"> <li>Chronic pulmonary disease/asthma</li> <li>Pneumonia</li> <li>Critical respiratory failure</li> <li>Severe cardiac disease</li> <li>Chronic kidney disease on dialysis</li> <li>Severely immunocompromised (post-transplant patients, patients on chemotherapy or other significant immunosuppressive therapy)</li> <li>Pregnancy</li> <li>Pertussis testing</li> <li>Urgent perioperative assessment</li> </ul>