



Influenza and RSV Testing: Winter 2014

Below are the Tauranga and Whakatane hospitals testing protocol with regards to these two viruses, which will be implemented from **9th June 2014**.

- RSV/Influenza multiplex PCR (This is a high sensitivity molecular assay and is the recommended test); Performed in a daily batch Monday-Friday. Both Respiratory Syncytial Virus (RSV) and Influenza will be tested automatically from the one sample using this assay.
- On Saturday and Sunday during the day, where an urgent result is required, the Influenza and RSV Rapid Antigen tests (lower sensitivity but faster turnaround) will be available individually by telephoning the microbiology laboratory directly. (Tauranga (07) 577 4516, Whakatane Ext. 4823 or (07) 306 0823).
- Overnight, from 7pm-8am Monday to Friday, and 5pm-8am Saturday & Sunday, any urgent testing can be requested by phoning the on-call clinical microbiologist, (available by contacting switchboard).

Required samples:

- 1) **1 x Nasopharyngeal swab placed in Viral Transport Medium.** (Nasopharyngeal swab should be cut or broken off into Viral Transport Medium.)

Note: The use of Viral Transport Medium (VTM) is a change from last season. The current molecular assay for Influenza/RSV is designed and validated for swabs transported in VTM.



Example of a thin shaft, flocked end, nasopharyngeal swab.



Example of Viral Transport Medium (VTM). (Note that the swabs that come with the viral transport medium are too thick to perform a proper nasopharyngeal swab.)

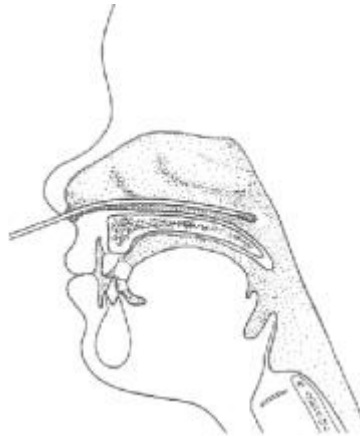
- 2) **1 x Nasopharyngeal Aspirate (NPA)**

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Procedure for taking a per-nasal/ nasopharyngeal swab:

- The patient can either lie flat on a bed or sit up with his/her head back against a wall.
- **The nasopharyngeal swab is slowly inserted into the nasal passage. It should pass along the floor of the nasal passage (parallel to the palate) in order to minimise the risk of damage to the nasopharyngeal roof. (see diagram)**
- If any resistance is felt, try the other side. Some patients have a deviated septum on one side.
- In small children just over half the swab will be inserted, in adults well over two-thirds of the swab shaft will be inserted.
- Once the swab is in position it is preferable to leave it in place for 20 – 30 seconds.



If there are any queries with regards to the above testing protocol please contact the microbiology department on (07) 577 4514.

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