

Quick Reference for Testing During a Respiratory Outbreak

The content below is subject to change. Please consult with Halton Region Public Health each time you suspect a respiratory outbreak to confirm testing recommendations and obtain direction on specimen pick up/transport.

Quick Facts

- Residents who are exhibiting signs or symptoms consistent with acute respiratory illness are recommended to self-isolate, be placed on Additional Precautions, be medically assessed, and be molecular tested for COVID-19 and other respiratory pathogens as soon as possible.
- Testing for respiratory pathogens is completed using Multiplex Respiratory Virus PCR (MRVP) or FLUIDID.
 - MRVP detects: influenza A, influenza A H3 subtype, influenza A H1 (pdm09) subtype, influenza B, respiratory syncytial virus (RSV A/B), parainfluenza (1 - 4), adenovirus, enterovirus, seasonal human coronavirus (OC43, 229E, NL63, HKU1), rhinovirus and human metapneumovirus.
 - FLUIDID detects: influenza A, influenza B, respiratory syncytial virus (RSV A/B), and SARS-CoV-2 (COVID-19).
- The Public Health Ontario Laboratory accepts requests for respiratory virus testing for FLUIDID for symptomatic residents and healthcare workers/staff in an outbreak setting beyond the first four that have been tested for COVID-19 and MRVP.

Specimen Collection Kits

- Molecular transport media (media containing guanidine) is unsuitable for influenza rapid testing. If you are not using the Virus-Respiratory Collection Kit: order #390082, refer to the Specimen Requirements table [here](#) for acceptable alternative kits.
- Label the specimen container with the patient's first **AND** last name, **AND** date of collection, **AND** one other unique identifier such as the patient's date of birth or Health Card Number.
- Collection kits are ordered through the [PPE Supply Portal](#).

Completing the COVID-19 and Respiratory Virus Test Requisition

- Access the [test requisition](#) and print outbreak specimen requisitions on green paper or another paper colour other than white. **Do not use white paper for outbreak specimens.**
- Complete the mandatory sections including:
 - Section 1 - Ordering Clinician**
 - Section 2 - Patient Information:**
 - Patient's full name, address, date of birth, and Health Card Number (must match the specimen label).
 - Investigation or outbreak number.
 - Section 5 - Test(s) Requested:**
 - Only check one of the three boxes.**
 - To request COVID-19 AND respiratory virus testing, check the **"COVID-19 Virus AND Respiratory Virus"** box.
 - Section 6 - Specimen Type:** indicate specimen collection date
 - Section 7 - Patient Setting/Type:** select '*Institution/all group living settings*' and input facility name
 - Requisitions lacking patient setting will not be tested for respiratory viruses.
 - Section 9 - Clinical Information:** include symptoms and onset
 - Asymptomatic individuals (or requisitions with no symptoms checked off) will not be tested for respiratory viruses.

[See a highlighted example of the test requisition below](#)

An extensive overview of respiratory virus testing along with acceptance/rejection criteria can be found on [Public Health Ontario's Test Information Index for Respiratory Viruses \(including influenza\)](#).

COVID-19 and Respiratory Virus Test Requisition

1 - Submitter Lab Number (if applicable):

Ordering Clinician (required)

Surname, First Name:

OHIP/CPSP/Prof. License No.:

Name of clinic/
facility/health unit:

Address:

Postal code:

Phone:

Fax:

cc Hospital Lab (for entry into LIS)

Hospital Name:

Address (if different
from ordering clinician):

Postal Code:

Phone:

Fax:

cc Other Authorized Health Care Provider:

Surname, First name:

OHIP/CPSP/Prof. License No.:

Name of clinic/
facility/health unit:

Address:

Postal code:

Phone:

Fax:

6 - Specimen Type (check all that apply)

Specimen Collection Date (yyyy-mm-dd): (required)

- | | | |
|---|---|--|
| <input type="checkbox"/> NPS | <input type="checkbox"/> Throat Swab | <input type="checkbox"/> Saliva (Swish & Gargle) |
| <input type="checkbox"/> Deep or Mid-turbinate Nasal Swab | <input type="checkbox"/> Throat + Nasal | <input type="checkbox"/> Saliva (Neat) |
| <input type="checkbox"/> Oral (Buccal) + Deep Nasal | <input type="checkbox"/> BAL | <input type="checkbox"/> Anterior Nasal (Nose) |
| <input type="checkbox"/> Other (Specify): | | |

8 - COVID-19 Vaccination Status

- ☐ Received all required doses >14 days ago
 ☐ Unimmunized / partial series / ≤14 days after final dose
 ☐ Unknown

9 - Clinical Information

- | | | |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Asymptomatic | <input type="checkbox"/> Fever | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Symptomatic | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Other (Specify): |
| Date of symptom onset (yyyy-mm-dd): | <input type="checkbox"/> Cough | |
| | <input type="checkbox"/> Sore Throat | |

For laboratory use only

Date received (yyyy-mm-dd):

PHOL No.:

ALL Sections of this form must be completed at every visit

2 - Patient Information

Health Card No.:

Medical Record No.:

Last Name:

First Name:

Date of Birth (yyyy-mm-dd):

Sex:

☐ M

☐ F

Address:

Postal Code:

Patient Phone No.:

Investigation or Outbreak No.:

3 - Travel History

Travel to:

Date of Travel (yyyy-mm-dd):

Date of Return (yyyy-mm-dd):

4 - Exposure History

Exposure to probable, or confirmed case?

☐ Yes

☐ No

Exposure details:

Date of symptom onset of contact (yyyy-mm-dd):

5 - Test(s) Requested

☐ COVID-19 Virus

☐ Respiratory Viruses

☐ COVID-19 Virus AND Respiratory Viruses

7 - Patient Setting / Type

☐ Assessment Centre
 ☐ Family doctor / clinic
 ☐ Outpatient / ER not admitted

Only if applicable, indicate the group:

- | | |
|---|--|
| <input type="checkbox"/> ER - to be hospitalized | <input type="checkbox"/> Deceased / Autopsy |
| <input type="checkbox"/> Healthcare worker | <input type="checkbox"/> Institution / all group living settings |
| <input type="checkbox"/> Inpatient (Hospitalized) | <input type="checkbox"/> Facility Name: |
| <input type="checkbox"/> Inpatient (ICU / CCU) | <input type="checkbox"/> Confirmation (for use ONLY by a COVID testing lab). Enter your result (NEG / POS / or IND): |
| <input type="checkbox"/> Remote Community | |
| <input type="checkbox"/> Unhoused / Shelter | |
| <input type="checkbox"/> Other (Specify): | |

CONFIDENTIAL WHEN COMPLETED

The personal health information is collected under the authority of the Personal Health Information Protection Act, 2004, s.36 (1)(c)(iii) for the purposes specified in the Ontario Agency for Health Protection and Promotion Act, 2007, s.1 including clinical laboratory testing and public health purposes. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-4000 version 006.1 (August 2024).