

Respiratory viruses surveillance

Recommendations – Multiplex screening of hospitalized patients with respiratory symptoms and signs - Nunavik

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RECIPIENTS:

For both Health Centers: Care unit nurses and managers, heads of mission, Physicians, Laboratories.

CONTEXT:

The epidemiological situation of recent years, the abundance of circulating viruses and the modifications to the Palivizumab program lead to a context where it is necessary to monitor the viruses in circulation.

DIRECTIVE:

For any patient hospitalized on a care unit (IHC and UTHC departments) with an acute respiratory infection*, regardless of age, it is recommended to proceed to the routine COVID nasopharyngeal swab and send it to the lab for a multiplex (3-plex) analysis.

The laboratories will subsequently send these samples to the LSPQ for a 16-plex for surveillance purposes. This analysis being done within a few weeks, in the rare clinical situations where an investigation larger than a 3-plex is indicated, it is recommended to proceed to a separate sample for an analysis at the MUCH (8 or 16-plex) in a clinically relevant delay. This INESSS tool may help decisions in this regard (available in French only):

https://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/MaladiesRespiratoires/INESSS_Outil_TAAN_Multiplex.pdf

Patient hospitalized <u>with</u> acute respiratory symptoms and signs	Multiplex analysis (Omnilab UTHC code = FLUVID) (Omnilab IHC code = BILRESPI)
Patient hospitalized <u>without</u> acute respiratory symptoms and signs	COVID Monoplex analysis at the discretion of PCI of each Health Center

*Acute respiratory symptoms and signs include but are not limited to: cough, dyspnea, sputum, nasal congestion, rhinorrhea, sore throat, findings on lung auscultation, findings on lung imaging