

# Respiratory Virus Testing and Management Approach: Community Provider Guidance

Given that multiple respiratory viruses are co-circulating, AHS is providing this guidance outlining an approach to testing beyond the initial COVID-19 rapid antigen test (RAT), considering risk of severe disease, and eligibility for COVID-19 or influenza antiviral use.

The major decision points for the community clinician to make are:

- A. Is influenza circulating in my community?
- B. Is my patient at risk of severe outcomes?

Please refer to the [Viral Respiratory Illness Guidance for Community Providers](#), [Viral Respiratory Testing Advice- Expanded details](#), and [Provincial Primary Care COVID-19 Adult Pathway \(albertahealthservices.ca\)](#) for more in-depth information.

| Patient Management Tips  |  |
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| <b>Assessment</b>        | <p>Review your patient panel(s):</p> <ul style="list-style-type: none"><li>• To encourage influenza (and COVID-19) vaccination</li><li>• To support early testing to help identify those at risk for poor outcomes and risk of hospitalization (see below)</li></ul>   |
| <b>Prevention</b>        | <ul style="list-style-type: none"><li>• Vaccination – the most effective way to prevent severe infection. <a href="#">Tips for dealing with vaccine-hesitant patients.</a></li><li>• Encourage <a href="#">meticulous hand hygiene</a>. Alcohol hand rub is preferred and has been shown to prevent influenza.</li><li>• Masking in crowded indoor settings—especially settings with poor ventilation</li><li>• Stay home when ill, and stay away from others who are ill</li></ul>  |
| <b>Patient Education</b> | <p>People with respiratory infection symptoms should be advised to stay home and self-isolate until symptoms are improving, and they are without fever for 48 hours. Masking in shared spaces while symptomatic may reduce transmission risk.</p> <p>Symptom management resources:</p> <ul style="list-style-type: none"><li>• <a href="#">AHS HEAL resource for patients and families</a></li><li>• <a href="#">COVID-19 self-care guide</a></li><li>• <a href="#">Family Doctor Tips on Caring for Children with Respiratory Symptoms</a></li><li>• Refer to <a href="#">RAG (Red, Amber, Green)</a> for key warning signs to educate patient.</li></ul> |

| Respiratory Virus Testing and Anti-viral Treatment Assessment for Symptomatic Individuals  |  |  |
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| <b>Testing Recommendations</b><br><br>(NOTE: PCR testing is focused on those individuals where results will inform need for treatment) | <b>FIRST:</b><br><b>For all patients with symptoms: Do COVID-19 RAT at home or in clinic.</b> Example of instructions for proper collection of swab sample <a href="#">here</a> .<br><br><b>If positive:</b> assess treatment eligibility (see below)<br><b>If negative:</b> consider repeat in 24h-48h<br><br><b>SECOND:</b><br><b>For patients with a negative COVID-19 RAT AND who are at risk for severe illness<sup>1</sup>:</b> <ol style="list-style-type: none"> <li>1. PCR testing for COVID-19 AND influenza if circulating in your community (see “In office collection” below)</li> </ol> <b>OR</b> <ol style="list-style-type: none"> <li>2. Repeat COVID-19 RAT 48 hours after initial negative RAT</li> </ol> |  |
|  | <b>Swab Collection In-Office</b><br><br><b>Step 1:</b> Collect <a href="#">Nasopharyngeal swab</a> in clinic<br><b>Step 2:</b> Submit the specimen with the <a href="#">COVID-19 and Other Respiratory Viruses Requisition</a> to lab.<br><br>*Ensure the requisition form is filled out in detail<br><br><b>NOTE:</b> AHS swabbing sites are only able to test for COVID-19. Any additional testing including influenza and RPP needs to be completed in-office. If needed, contact the AHS Outpatient Treatment team for further consultation: <b>1-844-343-0971</b> .   |  |
| <b>Patient Management</b>  | <b>COVID-19 RAT negative and no PCR testing, or pending further results</b>  | <ul style="list-style-type: none"> <li>Consider empiric oseltamivir treatment if within 48h of symptom onset (particular focus on <b>those at risk for severe illness<sup>1</sup> or household contacts at risk for severe illness</b>). Stop if influenza PCR is negative.</li> <li>Symptom management—see <a href="#">Patient Management Tips</a></li> </ul> |
|  | <b>COVID-19 POSITIVE</b>   | <ul style="list-style-type: none"> <li>Consider <a href="#">prescribing Paxlovid™</a> where <a href="#">clinically appropriate</a> if <a href="#">patient is eligible</a>. (or, call <b>1-844-343-0971</b>). Discontinue Oseltamivir if it was started.</li> </ul> *COVID-19 treatment should be started within 3-5 days of symptom onset.                     |

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|  | <b>INFLUENZA POSTIVE</b>                       | <ul style="list-style-type: none"> <li>Continue oseltamivir if started.</li> <li>If oseltamivir not started and especially within 2 days of symptom onset: Start oseltamivir. Canadian guideline dosing advice is <a href="#">here</a>.</li> </ul> <p>*Influenza treatment should be started within 2 days from symptom onset.</p> |
|  | <b>PCR NEGATIVE for COVID-19 AND INFLUENZA</b> | <ul style="list-style-type: none"> <li>Discontinue oseltamivir if it was started.</li> <li>Base further assessment and management on clinical findings.</li> <li>Patient education</li> </ul>  |

## Patients at risk for severe illness <sup>1</sup>

| Risks for COVID-19 AND influenza  | Influenza-specific risks   |
|---|--|
| <ul style="list-style-type: none"> <li>Chronic cardiac disease (such as coronary artery disease, congenital heart disease, congestive heart failure)</li> <li>Asthma and chronic pulmonary disease (such as chronic obstructive pulmonary disease [COPD], cystic fibrosis)</li> <li>Chronic renal disease</li> <li>Metabolic disorders; endocrine disorders (such as diabetes)</li> <li>Neurologic and neurodevelopmental disorders (that compromise handling of respiratory secretions)</li> <li>Liver disease</li> <li>Haematologic diseases (such as sickle cell disease)</li> <li>Individuals with immunosuppressive conditions (such as HIV/AIDS, receiving chemotherapy or systemic corticosteroids or malignancy)</li> </ul> <p><b>Other persons at greater risk for severe disease</b> include:</p> <ul style="list-style-type: none"> <li>Pregnant women and women up to 2 weeks postpartum</li> <li>Persons 65 years and older</li> <li>People with a body mass index (BMI) of 40 or higher</li> <li>People of any age who are residents of nursing homes or other chronic care facilities</li> </ul> | <ul style="list-style-type: none"> <li>Young children: <a href="#">Canadian Pediatric Society</a> suggests considering antivirals if within 48h of symptom onset in children aged 1-4y but therapy is not routinely required unless child has additional risks for severe disease.</li> <li>People younger than 19 years of age on long-term aspirin- or salicylate-containing medications (potential increasing Reye's syndrome)</li> <li>Indigenous peoples</li> </ul> |

<sup>1</sup> Adapted from [10 Mar. 2021 WHO influenza clinical guidelines](#) and [Use of antiviral drugs for seasonal influenza: Foundation document for practitioners—Update 2019 | Official Journal of the Association of Medical Microbiology and Infectious Disease Canada \(utpjournals.press\)](#)