

# Respiratory Virus Testing and Management Approach: Community Provider Guidance

For scenarios where 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. It is important to note that RATs are sufficient for the diagnosis of COVID-19; PCR swabbing in office can be used if critical to supporting further treatment and clinical decisions.

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](#), and the [Provincial Primary Care COVID-19 Pathway \(albertahealthservices.ca\)](#) for more in-depth information.

Patient Management Tips	
<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 24 hours. If patients are in contact with vulnerable persons, masking is recommended for 10 days from symptom onset. 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>Patient gets free rapid tests through participating pharmacies: <a href="#">Pharmacies offering rapid test kits</a></li><li>Patients can access results in MyHealth Alberta or by contacting their Primary Care Provider.</li></ul>
<b>Results</b>	<p>Providers can access results for PCR testing for their patients via Netcare or MyHealth Alberta.</p>

Respiratory Virus Testing and Anti-viral Treatment Assessment for Symptomatic Individuals		
Testing Recommendations	<p><b>FIRST:</b> For all patients with symptoms: Do COVID-19 RAT at home or in clinic.</p> <ul style="list-style-type: none"> <li>If the patient is virtual, providers can view instructions for the <a href="#">proper collection of an at home swab sample</a> to help guide patients through swab sample collection.</li> <li>RAT test kits used for clinical diagnosis of COVID-19 and treatment of patients can be ordered through standard clinic operations.</li> </ul> <p><b>If positive:</b> assess treatment eligibility (see below) <b>If negative:</b> consider repeat in 24h</p> <p><b>SECOND:</b> For symptomatic patients with a negative COVID-19 RAT AND who are at risk for severe illness<sup>1</sup>:</p> <ol style="list-style-type: none"> <li>Consider early treatment based on symptom presentation and clinical discretion. Repeat COVID-19 RAT 24 hours after initial negative RAT.</li> </ol> <p><b>OR</b></p> <ol style="list-style-type: none"> <li>If absolutely necessary, conduct PCR testing for COVID-19 AND influenza if circulating in your community (see “In office collection” below)</li> </ol>	
Swab Collection In-Office	<p><b>Step 1:</b> Collect <a href="#">Nasopharyngeal swab</a> in clinic. View <a href="#">video</a> for proper in-office collection of RAT.</p> <p><b>Step 2:</b> Submit the specimen with the <a href="#">COVID-19 and Other Respiratory Viruses Requisition</a> to lab.</p> <p>*Ensure the requisition form is filled out in detail</p> <p><b>NOTE:</b> Any additional testing including influenza and RPP needs to be completed in-office. If further support is needed, contact the AHS Outpatient Treatment team for consultation: <b>1-844-343-0971.</b></p>	
Patient Management	<p><b>COVID-19 RAT negative and no PCR testing, or pending further results</b></p>	<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 if PCR is negative.</li> <li>Symptom management—see Patient Management Tips</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> <li>*COVID-19 treatment should be started within 3-5 days of symptom onset.</li> </ul>
	<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. View <a href="#">Canadian guideline dosing advice</a>.</li> <li>*Influenza treatment should be started within 2 days from symptom onset.</li> </ul>
	<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 \(utpjournals.press\)](#)