

NWT Clinical Practice Information Notice

Upon receipt, please file this notice in
Section C, Clinical Practice Information Binder for future reference.

The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

<input checked="" type="checkbox"/>	Hospitals	<input checked="" type="checkbox"/>	Community Health Centers	<input checked="" type="checkbox"/>	Homecare	<input checked="" type="checkbox"/>	LTCF	<input checked="" type="checkbox"/>	Lab Directors
<input checked="" type="checkbox"/>	Doctors' Offices		Social Services Offices	<input checked="" type="checkbox"/>	Public Health Units		Other		

The information contained in this document is a Departmental:

<input type="checkbox"/>	Policy	<input type="checkbox"/>	Standard	<input type="checkbox"/>	Protocol	<input type="checkbox"/>	Procedure	<input checked="" type="checkbox"/>	Guideline
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Title: Screening for Respiratory Viruses

Effective Date: October 2007

Statement of approved Clinical Practice:

The NWT Laboratory Advisory Committee (LAC) has provided the following advice regarding requests for viral testing in the context of respiratory illness:

1. Screening for respiratory viruses can be an aid to clinical management and help identify outbreaks. Therefore, it is important to differentiate the purpose for viral respiratory testing. At this time, the Alberta Provincial Lab only offers viral respiratory screening using a testing algorithm that includes DFA and PCR testing. Total cost for the test algorithm is \$363.
2. Clinical testing can be prioritized based on age groups and likelihood of complications that may arise from the acute respiratory illness, where knowledge of the causative virus can help in clinical decision making. Individuals most at risk would normally include those <2 years old and over 65 years. Factors such as smoking, immunosuppression or chronic disease should also be taken into consideration.
3. For example, children under 2 years of age presenting with respiratory symptoms are most at risk from complications of RSV. In this context, RSV becomes the primary viral test that needs to be done. In-patient clinical testing for RSV is available on-site at Stanton Territorial Hospital, Inuvik Regional Hospital, and H.H. Williams Memorial Hospital Hay River.
4. Other individuals with no risk factors for serious illness should be screened for the virus that is most highly suspected at any given time. Examples would be epidemiological link to seasonal viral illness such as Influenza A and B.
5. Epidemiological screening can therefore be limited to designated sentinel sites or to confirm the arrival of a particular virus in the community. Two positive results for a particular viral illness in a community can be considered sufficient to confirm activity throughout the community for up to six weeks. If new viral activity occurs after this, then additional nasopharyngeal swabs need to be done to define the viral cause for each new outbreak as per the above recommended guidelines.

This clinical practice is approved.



5/10/07

(signature)

Assistant Deputy Minister ☐

Chief Medical Health Officer ☐

☒ Director, Child & Family Services ☐

Director, Adoptions ☐