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**Diagnostic Laboratories**

**CHANGES TO RESPIRATORY VIRUS TESTING PANELS**

**Release Date: December 11th, 2023**

**Frequently Asked Questions**

**Q:    What will happen to the Red Dot process that was started to prioritize specimen testing during the surges of COVID-19? How should a provider order a test needed urgently?**

A: With the new process, specimens no longer need a red dot designation to note priority. Urgently needed indications are folded into the testing algorithm to provide results as necessary. Of note, indicating "STAT" on the test does NOT increase priority to COVID-19 testing; the testing algorithm in eSTAR determines it.

**Q:    Will this remove the questions we've had to answer when ordering respiratory virus testing in the past few years?**

A: Yes. These new changes will streamline the ordering process for respiratory virus testing and eliminate many of the previously required order questions (and have, as a result, fewer clicks when placing the order).

**Q:     Will this change any isolation practices required for patients?**

A: Yes. For admitted patients who present with an acute respiratory viral syndrome and test negative for SARS-CoV-2, Influenza, and RSV, patients will be placed on Droplet and Contact Precautions for "Empiric Respiratory Viral Infection." Precautions will stay in place until resolution of clinical symptoms.

**Q:    Isn't it important to know if a patient is infected with a specific respiratory virus that is not SARS-CoV-2, Influenza, or RSV?**

A: Because there is no specific treatment for these other viruses, the management of such patients is not dictated by knowledge of the specific respiratory virus causing the infection. For patients with severe immunocompromise, knowledge of the specific virus may be useful for prognostic and treatment purposes.

**Q:** **Are there other concerns around RPP testing in outpatients?**

A: Yes, for many patients, insurance will not cover the cost of an RPP (while they usually will cover costs of the SARS-CoV-2/Influenza/RSV testing), so patients may be **directly billed** upwards of $1,500 for a test that often does not change clinical management.

**Q:    Does this panel change alter any guidance around asymptomatic testing for SARS-CoV-2?**

A: No. Testing for asymptomatic SARS-CoV-2 infection is still only allowed for a few very limited indications (Admission testing for patients admitted to 10CCT, 11N, and MCE7 in VUH and 6A/B in Monroe Carell; Immediate [within 12 hours] pre-transplant pre-procedure testing; Prior to receipt of severely immunosuppressive medication *at the discretion of the attending physician;* Pre-placement for post-acute care facility (if required); Occupational Health approved employee testing). See <https://www.vumc.org/infection-prevention/sites/default/files/public_files/Updated%20Asx%20Testing%20Guidance%20Dec%202023.pdf> for more information on asymptomatic testing.

**Q:    I only want to test for one virus (e.g., only Influenza or only RSV). How can I do this?**

A: The available tests include Influenza AND COVID-19 or Influenza, RSV and COVID-19. Influenza and RSV are unavailable as stand-alone lab tests as the symptoms overlap.

**Q: What can I expect from a turn-around time for respiratory virus testing?**

**A:** Turn-around time (TAT) depends on the patient's location, symptoms, and immune status. The target TAT for symptomatic immunocompromised inpatients is less than 6 hours, whereas the target TAT for outpatients is 24-48 hours.

**Q: Whom do I contact if I need help with respiratory virus tests?**

**A:** Please get in touch with Dr. David Gaston, the Medical Director of the VUMC Molecular Infectious Disease Laboratory, with any questions or concerns at [david.c.gaston@vumc.org](mailto:david.c.gaston@vumc.org) or by calling 5-LABS.