SARS-CoV-2 remains in circulation in Tennessee and the United States. Testing for SARS-CoV-2 is indicated for all patients with respiratory symptoms. In addition to SARS-CoV-2, RSV and rhinovirus have been detected at high rates among symptomatic tested VUMC patients this season. Influenza activity in the United States has recently increased, but activity remains low in Tennessee.

Current data on respiratory virus rates at VUMC are available on the VPLS website.

The following guidance is provided when evaluating patients with respiratory symptoms suggestive of viral infection:

- **For patients who are likely to be admitted to a VUMC hospital**, testing for SARS-CoV-2, RSV, and Influenza A/B via a triplex panel (LAB6330) will help guide appropriate isolation placement and clinical treatment plans.

- **If the patient is significantly immunocompromised (regardless of admission status)**, a multiplex PCR respiratory pathogen panel (RPP, LAB6339) should be ordered. This test includes evaluation for SARS-CoV-2 and 21 other respiratory pathogens and will help guide appropriate isolation placement and clinical treatment plans.

- **If the patient is immunocompetent and unlikely to be admitted**, the clinical scenario should guide whether additional testing beyond SARS-CoV-2 is indicated:
  - Patients with isolated loss of taste or smell may be tested for SARS-CoV-2 alone.
  - Patients with undifferentiated respiratory symptoms should be evaluated for SARS-CoV-2, and Influenza A/B testing should be considered.
  - When the presence of RSV may change patient management (e.g., deciding to admit a high-risk patient, concern for RSV outbreak, etc.), testing for SARS-CoV-2, Influenza A/ B & RSV may be considered (LAB6331). At present, stand-alone RSV PCR is not available.

All respiratory pathogen molecular testing should be ordered entirely upfront. **“Add-on” test orders will require a sample recollection.**