

## Anti-Viral Fight!

### Recommendations – Multiplex screening of hospitalized patients with respiratory symptoms and signs

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**RECIPIENTS:**

For both HC: Care unit nurses and managers, COVID heads of mission, Physicians, Laboratories

**CONTEXT:**

The epidemiological situation of recent years, the abundance of circulating viruses and the modifications to the Palivizumab program lead to a context where it is necessary to monitor the viruses in circulation.

**DIRECTIVE:**

For any patient hospitalized on a care unit (IHC and UTHC departments) with an acute respiratory infection, regardless of age, it is recommended to proceed to the routine COVID nasopharyngeal swab and send it to the lab for a multiplex analysis. It is also recommended to subsequently send these samples to the LSPQ for a 16-plex.

It is still recommended to do a COVID monoplex analysis for any patient hospitalized on a care unit (IHC and UTHC departments) without an acute respiratory infection and for all family escorts.

Patient hospitalized <u>with</u> acute respiratory symptoms and signs	Multiplex analysis (Omnilab UTHC code = FLUIDID) (Omnilab IHC code = BILRESPI)
Patient hospitalized <u>without</u> acute respiratory symptoms and signs	COVID Monoplex analysis
Family escorts	COVID Monoplex analysis

\*Acute respiratory symptoms and signs include but are not limited to: cough, dyspnea, sputum, nasal congestion, rhinorrhea, sore throat, findings on lung auscultation, findings on lung imaging