

Sentinel General Practice Respiratory Virus Surveillance Programme

QUICK GUIDE

Number of swabs

<10,000 patients: 3 swabs per week

>10,000 patients: 6 swabs per week

Sampling strategy options

First 3–6 patients in one day per week

First patient each day Mon – Fri per week

First 1 or 2 patients Mon, Tues, Wed each week

- 1. Patient attends the general practice with an acute respiratory illness.**
- 2. Patient is selected for surveillance testing** according to the sampling method your practice uses
- 3. Clinician checks to see if the patient meets the ILI case definition:**
An acute respiratory illness with:
 - a history of **fever** (subjective or measured) or measured **fever** of $\geq 38^{\circ}\text{C}$, AND
 - **cough**, AND
 - acute onset in the past **10 days**Please note, to meet the case definition, patients do not need to present in your practice with a measured fever. **A history of fever, or feeling feverish, is sufficient.**
- 4. Consent is sought** through a verbal conversation with the patient and whānau, clearly explaining the purpose of surveillance participation and the use of their swab results.
- 5. Electronic form is opened by clinician and completed.**
Please see instructions on completing the HealthLink form.
- 6. Print form** save and close.
- 7. Take nasopharyngeal or throat swab** and label specimen. *Nasopharyngeal swabs are preferable, though throat swabs can be performed if patients prefer.*
- 8. Continue consultation as usual.** If an immediate diagnosis of COVID-19 is required, the clinician may also administer a rapid antigen test to patients at this time.
- 9. Specimens should be sent to ESR-WHO National Influenza Centre.** These can be sent individually each day or samples for the week can be sent together. **Swabs MUST BE KEPT REFRIGERATED (4 to 8°C)** from the time of collection until dispatch to ESR. **Call courier** and arrange pick-up of swabs on **Mondays-Wednesdays only** (due to laboratory opening hours and transport delays)