**Guidance for COVID-19 and influenza testing – Winter 2020/21**

**V1.0 07/09/2020**

One of the challenges we face in the coming Winter is when a patient presents with respiratory symptoms, should they be tested for COVID-19, for influenza or for both?

A subgroup of the National COVID-19 Testing Strategy Group convened to consider the options for SARS-CoV-2 testing / influenza testing for this coming Winter, in settings to include Nursing Homes, Residential Care Facilities, work places, hospital settings and Primary Care. The group were asked to consider the options for an appropriate testing approach in each of these sites.

The group have made the following recommendations:

- If a patient presents in the community or to hospital with respiratory symptoms they should be tested for COVID-19, irrespective of circulating COVID-19 levels in the community. When circulating influenza levels remain below the ECDC specified threshold, as evidenced by the results from the sentinel GP practices, a test for influenza in these patients is not required.

- When the circulating influenza levels have risen above the ECDC specified threshold, as evidenced by the results from the sentinel GP practices, the following applies:

  1. In Nursing Homes, Residential Care Facilities and other work places where the workers work in close proximity, patients or workers who present with respiratory symptoms compatible with COVID-19 or influenza should be tested for both COVID-19 and influenza at the same time.

  2. In the context of the hospital setting the following guidance applies:

     A. If a patient presents with respiratory symptoms they should be tested for COVID-19, irrespective of circulating levels either in the hospital or the community.

B. Ambulatory patients to the Emergency Department/Acute Medical Assessment Unit, i.e. those who do not require admission, with respiratory symptoms should be referred to the Community hub for COVID-19 testing via the GP/OOHs and do not require influenza testing. They are diagnosed with an influenza-like illness (ILI) and given self-care and isolation advice - this would be usual practice.

C. All patients with respiratory symptoms who require hospital admission should have a full respiratory panel test to facilitate safe cohorting, given the limited isolation facilities available. This will include tests for COVID-19 and for influenza.

D. If a patient requires ICU admission, a full respiratory virus panel test should be performed, to include a test for COVID-19 and for influenza.

E. Where rapid testing capability is available, this would facilitate patient flow in the Emergency Department.

3. In the context of Primary Care, a GP will make a clinical diagnosis of respiratory illness. All these patients with a diagnosis compatible with COVID-19 symptoms should have a test for COVID-19 performed. The turnaround time for these tests is critical. If SARS-CoV-2 is not detected, and the patient remains unwell after several days, the laboratory should be asked to repeat the test on the sample and to test for COVID-19 and influenza. Repeat sampling may also be considered based on the clinical assessment.

4. In the context of an outbreak of respiratory illness in any setting, where there is any doubt as to what the testing approach should be, an appropriate public health risk assessment will be undertaken, which will inform whether or not COVID-19 testing alone, influenza testing alone or dual testing for COVID-19 and influenza should be undertaken.

===ENDS===