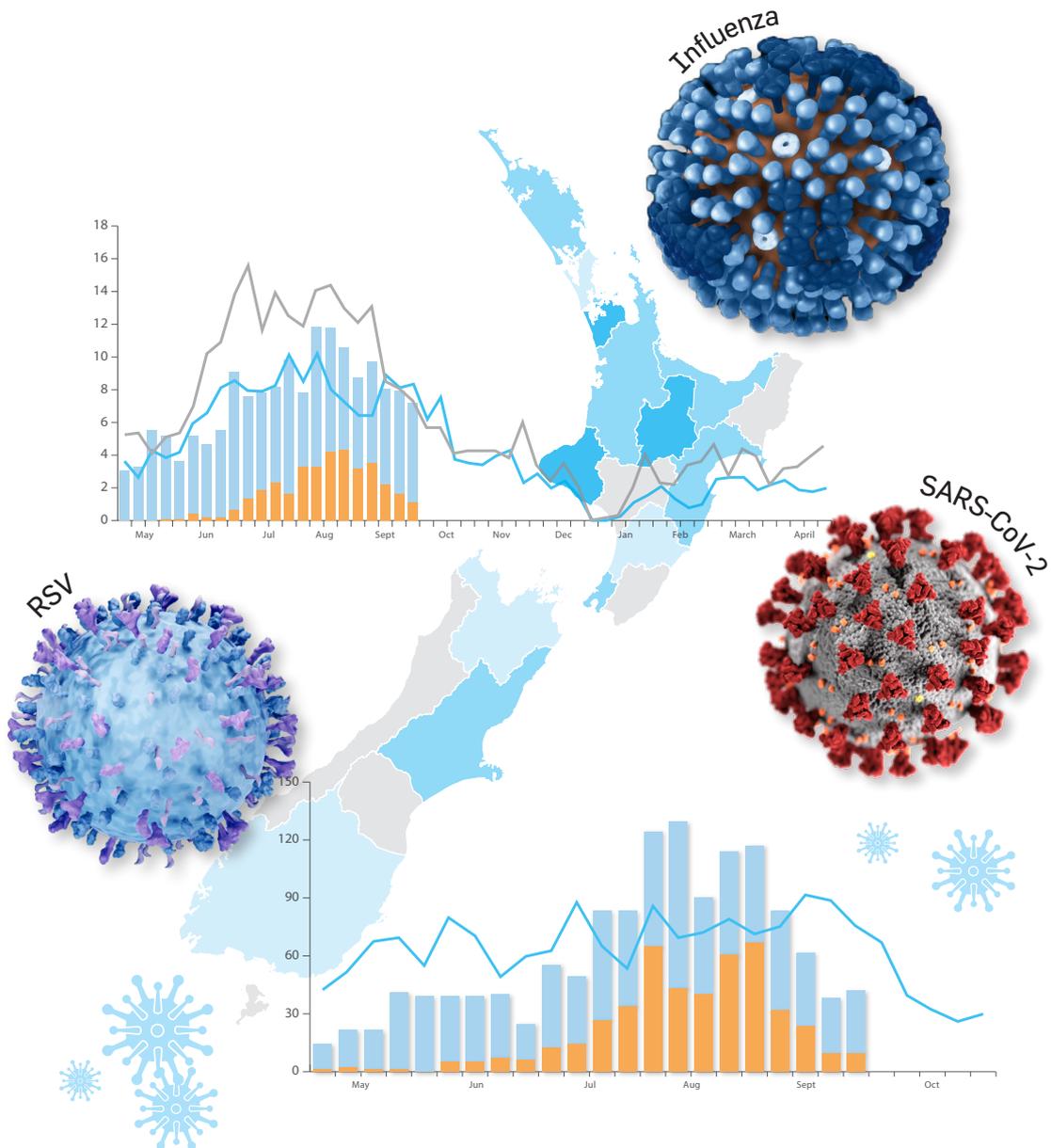


Sentinel General Practice Respiratory Virus Surveillance



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Influenza-like illness case definition

Only patients who meet the case definition for influenza-like illness (ILI) should have a swab taken for surveillance. The ILI case definition is:

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.**

Thank you for participating in sentinel GP respiratory virus surveillance.

Why participate?

This surveillance system provides important information on respiratory viruses circulating in the community, the population groups most affected, and the effectiveness of vaccines and other preventative measures. This allows for better planning and support, including for vulnerable communities who are inequitably affected by respiratory diseases.



Detailed weekly reports on respiratory virus activity in New Zealand are available from <http://www.esr.cri.nz/digital-library/respiratory-illness-dashboard/>. In addition to

receiving laboratory results for individual patients, participating practices will also receive regular personalised reports providing summary information on the viruses circulating in their own community.

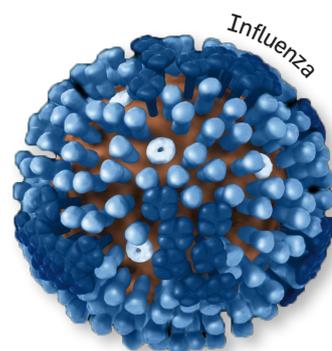
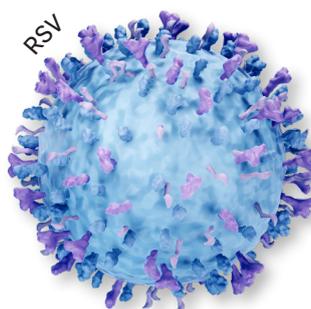
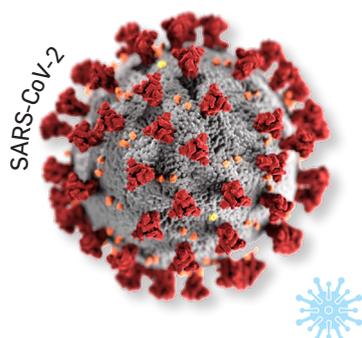
RNZCGP Maintenance of Professional Standards (MOPS) points can be claimed by GPs who participate in respiratory virus surveillance. Each sentinel practice that submits swabs during the winter and summer surveillance seasons will receive a \$500 payment as a token of appreciation for your time and effort. Additionally, high volume practices that submit more than 30 swabs during winter (1 May-30 September) will qualify for an extra \$500, making a total of \$1000 available for the winter season, and \$500 for the summer season. Payments will be made around October and April.

What is involved?

Your practice will swab a small number of patients each week (3–6) who meet the influenza-like-illness (ILI) case definition (acute fever and cough; see page 2) and send the swabs to ESR's National Influenza Centre for testing. Swabs will be tested for influenza, SARS-CoV-2, respiratory syncytial virus (RSV) and several other respiratory viruses.

As SARS-CoV-2 is not currently circulating in a seasonal pattern, **we are asking sentinel sites to continue sampling throughout the year** to help us monitor respiratory virus patterns more closely.

If you have any questions or concerns about the programme, you can contact influenza.surveillance@esr.cri.nz



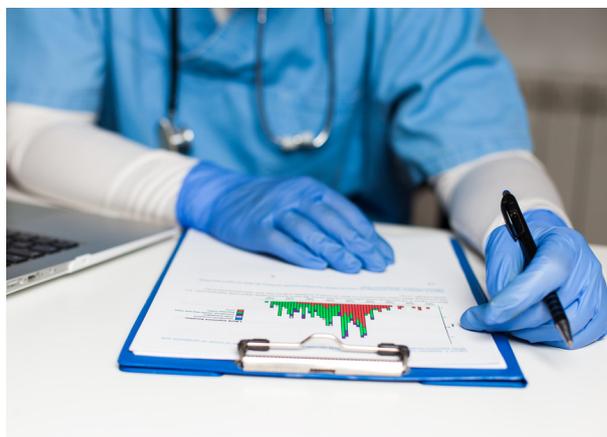
Patient sampling method

Each practice should aim to submit between **3-6 swabs to ESR per week** depending on the number of enrolled patients at the practice

Practices with **<10,000** enrolled patients should **take 3 swabs** and those with **>10,000** should **take 6 swabs** per week, every week

Patients who meet the ILI case definition should be selected for swabbing in a systematic way so that the results are representative of all the viruses circulating among your patient population. Note that taking swabs from multiple members of one household is not a systematic selection process for surveillance. ESR provides all supplies needed to collect swabs (page 9).

There are multiple sampling options that will allow your practice to regularly obtain surveillance swabs in a systematic way. Some options are presented below. Please choose a method which works for your practice.



1.

Swab the **first 3–6 patients** meeting the ILI case definition on **one day** of the week. Refrigerate and send swabs to ESR Monday – Wednesday.

or

2.

Swab the **first patient** meeting the ILI case definition each day until your **weekly quota** has been met. While swabs can only be sent to ESR on Monday – Wednesday, swabs can be taken any day of the week provided they are kept refrigerated

or

3.

Swab the **first 1 or 2 patients** meeting the ILI case definition on each of Monday, Tuesday, and Wednesday.

Alternative sampling options are also possible. Please discuss with our team at influenza.surveillance@esr.cri.nz to find an approach that best suits your practice.

Please note, this surveillance system aims to monitor all respiratory viruses, including SARS-CoV-2. Wherever possible, patients with suspected or confirmed COVID-19, that meet the ILI case definition should be eligible to be selected for surveillance swabbing.

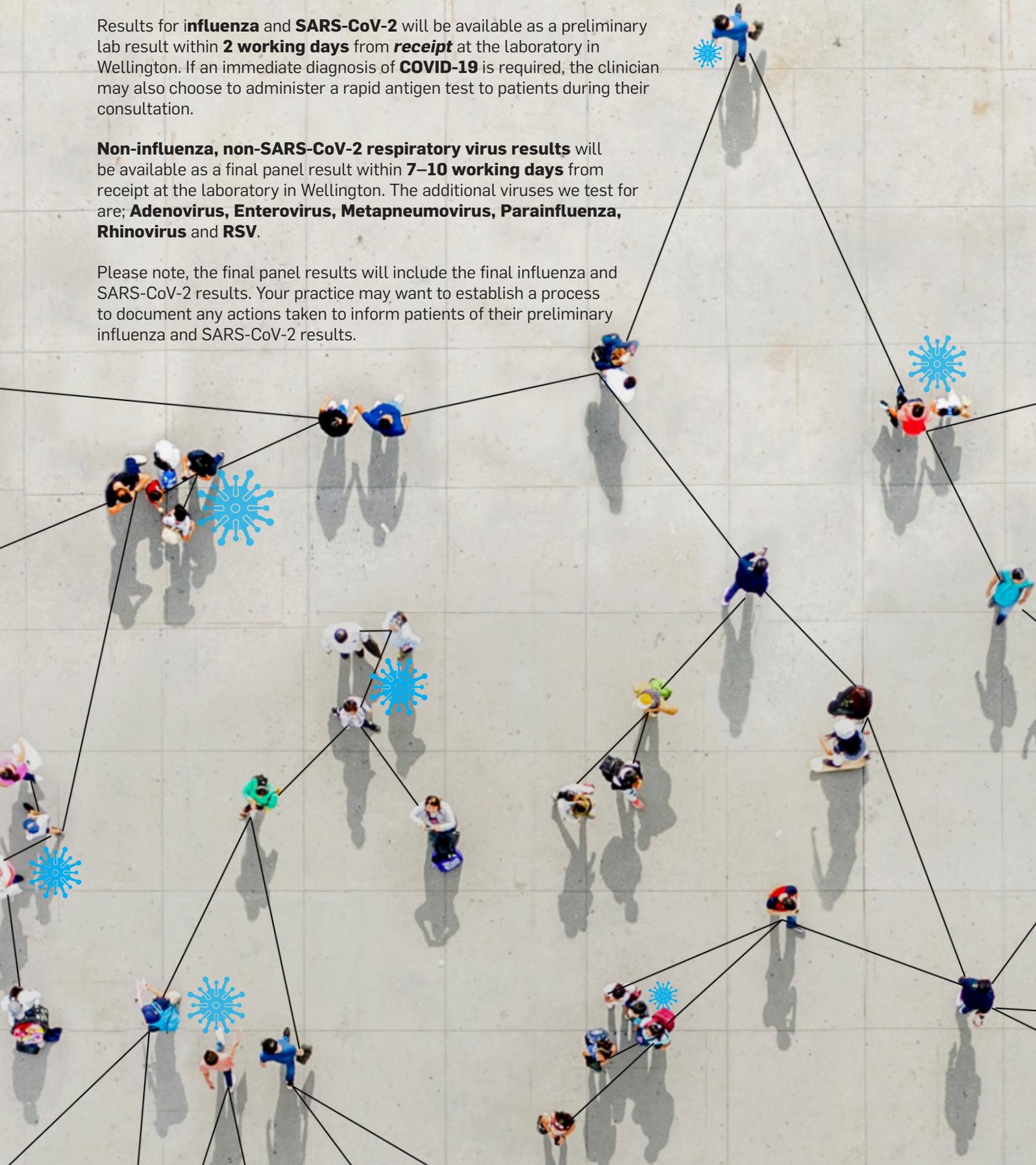
Results

Please note that these are surveillance swabs not diagnostic swabs, samples are batched and turn-around times are noted below. Please consider transport times from your practice to the Wellington ESR laboratory when estimating result timings.

Results for **influenza** and **SARS-CoV-2** will be available as a preliminary lab result within **2 working days** from **receipt** at the laboratory in Wellington. If an immediate diagnosis of **COVID-19** is required, the clinician may also choose to administer a rapid antigen test to patients during their consultation.

Non-influenza, non-SARS-CoV-2 respiratory virus results will be available as a final panel result within **7–10 working days** from receipt at the laboratory in Wellington. The additional viruses we test for are; **Adenovirus, Enterovirus, Metapneumovirus, Parainfluenza, Rhinovirus** and **RSV**.

Please note, the final panel results will include the final influenza and SARS-CoV-2 results. Your practice may want to establish a process to document any actions taken to inform patients of their preliminary influenza and SARS-CoV-2 results.



Setting up sentinel surveillance at your practice

While surveillance swabs must be collected in a systematic manner (as described in sampling methods on page 4), every practice works in a different way and practices should integrate surveillance into their patient workflow in the way that suits them best. In your starter pack you will find a template to help you document how surveillance will work in your facility.

Here are some ideas from practices who have taken part in surveillance swabbing in previous years:

Surveillance 'champions': It may be easiest to have a small number of team members involved in surveillance. This means that all staff do not have to learn the process and it is easier to track when swabs have been collected.

Nurse-led swabbing: It may be more efficient in your practice to have nurses lead the surveillance and swabbing systems. This could mean patients see an urgent care nurse immediately after their GP consultation for the swab and e-form completion, or that the whole consultation is led by a nurse/nurse practitioner with GP oversight.

Using a surveillance trolley or dedicated consultation room: Set up a trolley or container of surveillance supplies and use it as a visual cue to clinicians that they are responsible for taking a surveillance swab that day. Alternatively, one room could be assigned as the place where surveillance swabs are taken. Both methods reduce confusion around how many swabs are taken and who is responsible for surveillance swabbing.

Clinic posters: Put a poster on the clinic room wall with surveillance instructions to help with the process and to remind clinical staff to take swabs. We have included a poster in your starter pack.

Tracking swabs: Recording the surveillance swabs taken on a central clipboard or laminated sheet can help identify when a swab has already been taken for the day or week, or if it still needs to be done. This clipboard could also be attached to the surveillance trolley system above if this is used.

Respiratory clinics: Some practices may choose to reactivate respiratory streaming and clinics outside their main facility or via drive-through systems. In this instance the clinic should reassess their surveillance system and define which patients are swabbed systematically each week, and who performs each task. Remember that respiratory surveillance is designed to pick up several viruses, including SARS-CoV-2 and influenza, and patients with suspected or confirmed COVID-19, that meet the ILI case definition should be eligible to be selected for surveillance swabbing. Note that swabbing an entire family is not a systematic selection process for surveillance.

Telephone consults: If respiratory patients are screened out of the clinic and undergo mostly telephone consults it may be difficult to swab sufficient ILI cases per week. Clinics can suggest patients come in for a drive-through surveillance swab at their practice, and swabs can be transported to the ESR laboratory as usual. Please ensure patients are still selected in a systematic manner if you use this process.

Consultation workflow

1. Patient attends the general practice with an acute respiratory illness.

2. 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.**

3. Patient is selected for surveillance testing according to the sampling method your practice uses.

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 (see Appendix 2, page 11).*

6. Print form, save and close.

7. Take nasopharyngeal or throat swab and label specimen. *Nasopharyngeal swabs are preferable, although 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. Instructions on how to send samples to ESR are detailed on page 8.

Transporting samples to ESR

Swabs can only be sent to ESR on a **Monday, Tuesday or Wednesday** due to laboratory opening hours. All swabs collected in a week can be sent together OR sent individually. If swabs are collected Thursday-Sunday, these should be refrigerated and sent the following week. Swabs **must** be sent in the provided biobottle and packaging supplied to the ESR laboratory in Wallaceville. If surveillance swabs are sent to your local diagnostic lab, results will not be available for the surveillance programme and packaging may be lost.

Steps for packaging and sending swabs to ESR laboratory:

1.

Place swabs in the **sealable section** of the specimen bag.

Place the printed specimen request form into the **outer pocket** of the bag.



2.

Place the specimen bag and **2 absorbent pads** into the bubble wrap bag and roll it closed (*please do not tape closed*).



3.

Place the bubble wrap bag into the bio bottle, add **frozen ice packs** (wrapped in separate plastic bag) on top and then close the lid tightly.



4.

Place the biobottle into the cardboard box and close the lid (please do not tape closed unless the box is damaged).

Check that the address cards are the correct way around.



5.

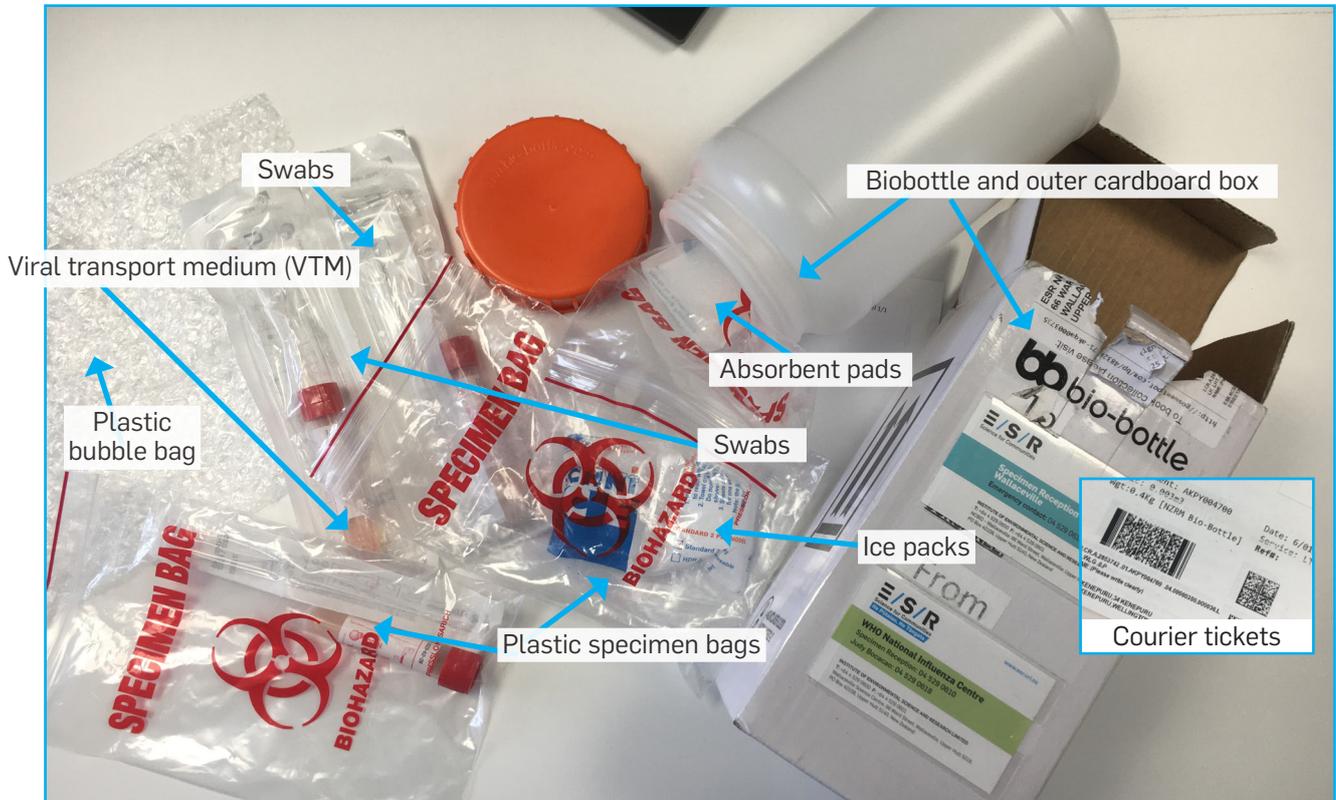
Attach the courier ticket to the lid of the box. **Contact NZ Couriers on 0800 692 722** or dedicated.helpdesk@nzcouriers.co.nz to arrange for a pickup.



Biobottles will be returned to you with replacement viral transport media (VTM) and swabs for the number of samples received. If you need more supplies, please contact ESR, Wallaceville specimen reception on **04 529 0610** or email us at: specimen.reception@esr.cri.nz or wsc.specimenreception@esr.cri.nz

Respiratory virus surveillance starter pack

The ESR-WHO National Influenza Centre will provide the following supplies:



All of the supplies should be kept refrigerated, and icepacks in the freezer prior to packing up the bottle for collection. Note that our icepacks are absorbent pads which have been filled with water and these need to be contained within a biohazard bag to prevent health and safety issues. Please also include some of the provided empty absorbent pads loose in the biobottle to secure any leaks that may occur during transit. If you need more of either of these items please notify our team.

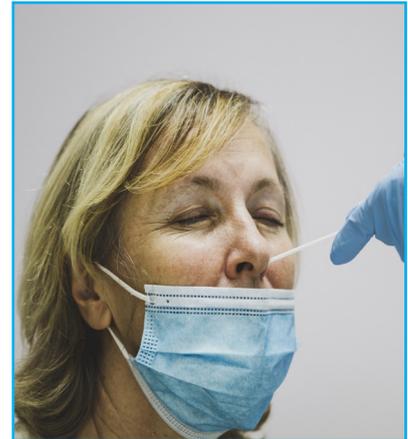
To order new supplies, please contact: Specimen Reception ESR – Wallaceville (04) 529 0600 or email at: specimen.reception@esr.cri.nz, or wsc.specimenreception@esr.cri.nz. If you are in a rural location and biobottles or ice-packs are too slow to return for your next shipment, please get in touch and we can discuss options to resolve this.



Appendix 1: Swab collection

Instructions on taking nasopharyngeal swab (NPS)¹

1. Label specimen collection vial with patient name, NHI number (if known), date of birth, and date of collection.
2. Insert swab into one nostril, parallel to the palate, rotate gently and advance until resistance is felt (one eye often waters when swab is in correct position).
3. Press swab tip on the mucosal surface of the mid-inferior portion of the inferior turbinate, leave in place for a few seconds, then slowly withdraw with a rotating motion.
4. Place tip of swab back into swab collection vial containing viral transport medium (VTM) and carefully break or cut the shaft of the swab.
5. Close the lid tightly.



Instructions on taking throat swab

6. Label specimen vial with patient name, NHI number (if known), date of birth and date of collection.
7. Get patient to say "ahhh" and vigorously swab both tonsillar areas and posterior nasopharynx. Use tongue depressor to depress tongue to prevent contamination of swab with saliva.
8. Place swab back into swab collection vial containing viral transport media and carefully break or cut the shaft of the swab.
9. Close the lid tightly.

¹ Follow infection prevention control (IPC) procedures to ensure staff are safe during swab collection.
<https://www.tewhatauora.govt.nz/whats-happening/work-underway/infection-prevention-and-control#infection-prevention-and-control-measures>

Appendix 2: Completing the HealthLink e-ILI form

1. Open the patient record in PMS and create a new consultation as normal.
2. Click on the HealthLink icon.
3. Select 'Influenza Like Illness NZ' under 'Referred Services' to open the form. Patient information will autopopulate in this form.
4. If you have any trouble with the form functioning in your system, please contact HealthLink on helpdesk@healthlink.net

Influenza Like Illness NZ [Submit] [Preview]

Form has been auto-saved.

Influenza Like Illness (ILI) Review

Date of encounter* 16/01/2023 ← 1. Check date of encounter is correct

Clinical Review

Cough?* Yes No ← 2. Select 'Yes' or 'No' for patients symptoms

Measured Fever >= 38C or history of fever* Yes No

Total days since start of symptoms* Please select ← 3. Select days since symptom onset

Patient has consented and specimen has been taken?* Yes No ← 4. Confirm patient consent and sample collection

Medications

Has the patient had antiviral medication?* Yes No ← 5. Indicate if patient has had antiviral medication prescribed. If 'Yes' list of medications will drop down. Select appropriate medication.

Medications* [Browse for More Medications]

Date	Details	Dose	Units	Instructions
No records found.				

Influenza Vaccination Review

Influenza vaccination status this year (Jan onwards)* Please select ← 6. Select influenza vaccination status and enter date of vaccination

Specimen Collection

Specimen date* 17/01/2023 ← 7. Enter date of specimen collection and specimen type

Specimen type* Please Select

8. Submit form

9. Package specimen, including HealthLink form

MedTech-32 HealthLink - Training/Testing [Terminal]

MOUSE Mousey (130292.1) A 3 - C LDX1196 DU
 4 Patterson St, Sandringham, 627 234 5467, 09 654 3333, 021622627 11 Dec 1378 37 yrs Female Pacific not defined (10.0)

New HealthLink Forms (HEALTHLINK)

Influenza Like Illness NZ **E/S/R**

Patient: TODAY TEST, 54yrs, NHI ZZZ1101, M, DOB 09/08/1968, PH: Wlk 021333334
 Residential address: 100 WEXO ROAD R D 9, Kerikeri, Far North 0179
 Postal address: same as residential address
 Referred by: Ashleigh Baker, National Indici PMS Practice, NZMC 11111, PH 123456
 Referral date: 17/01/2023 08:49 NZDT

Clinical Referral Information

Influenza Like Illness (ILI) Review

Date of Encounter: 16/01/2023

Clinical Review

Cough?: Yes

Measured Fever >= 38C or history of fever: Yes

Total days since start of symptoms: 2

Patient has consented and specimen has been taken?: Yes

Medications

Has the patient had antiviral medication?: No

Influenza Vaccination Review

Influenza vaccination status this year (Jan onwards): Not given

Specimen Collection

Specimen date: 17/01/2023

Specimen type: Nasopharyngeal swab

Patient Information

Residential DHB: Northland District Health Board
 Email: test@myemail.com
 Ethnicities: 54 (Other)

Recipient / Referrer

Referral number: ESR-23001
 Practice Address: North Shore Hospital Shakespeare Road, 124, Takapuna, Auckland 0622
 Practice ID: F1Y042 Referrer EDI: uatncovd

8. Print form

9. Package specimen, including HealthLink form

[Print] [OK] [Cancel]



GENERAL PRACTICE INFORMATION PACK