Country specific issues
Epi/clinical issues - WHO RSV Pilot study

• Single hospital
• Focus on children < 5-years
• Main issue
  – Not all SARI have a diagnostic nasal swab
    • Multiplex PCR (Influenza; paraflu; HMN; RSV & pertussis)
• Overcome:
  – Employing staff to take samples/ pay testing costs
  – Additional 15% cases
  – Impact on sustainability; ability to include more sites
Laboratory issues with WHO RSV Pilot study

• In house real time PCR test performed by diagnostic laboratory for hRSV A or B as part of a respiratory multiplex assay
  – May have a different detection rate compared to other assays eg. CDC
  – The diagnostic lab’s Respiratory Multiplex assay does not subtype influenza A viruses or determine the lineage of the influenza B viruses
  – The lab uses an extraction control but not a sample control (eg RNAse P) so adequacy of sample unknown if test is negative (for all pathogens)
  – Some delay in full reporting of results

• Overcome:
  – Working closely with the diagnostic lab
  – Paying for additional sampling @ the hospital
  – To address the assay performance- a small QAP dilution panel was run to assess relative sensitivity/specificity of the in house test vs CDC test
    • very similar results