

# 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