

# Sentinel General Practice Respiratory Virus Surveillance Programme

## CONSULTATION WORKFLOW

### 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. 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. If a patient is selected for surveillance testing** according to the sampling method above, participation is briefly discussed with the patient and verbal consent is sought.
- 4. Electronic form is opened by clinician and completed.**  
*Please see instructions on completing the HealthLink form **OR** Eclair form (depending on the form your practice uses).*
- 5. Print form** (HealthLink only), save and close.
- 6. Take nasopharyngeal or throat swab** and label specimen. *Nasopharyngeal swabs are preferable, though throat swabs can be performed if patients prefer.*
- 7. 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.
- 8. 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.