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**Lab Dept:** Microbiology & Molecular Diagnostics

**Test Name:** INFLUENZA A&B, RSV AND SARS-CoV-2 RNA  
DETECTION

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***General Information***

**Lab Order Codes:** FLRVD

**Synonyms:** Influenza A, B, and SARS-CoV-2 PCR; Respiratory viruses; Severe Acute Respiratory Syndrome coronavirus-2, COVID-19, 2019 novel coronavirus, 2019-nCoV, PCR for SARS-CoV-2, PCR for COVID-19

**CPT Codes:** 0241U – Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen

**Test Includes:** Rapid detection of Influenza A, B and SARS-CoV-2 in upper respiratory tract infections by Reverse Transcription Polymerase Chain Reaction (RT-PCR) paired with Real time PCR.

NOTE: The Xpert Xpress SARS-CoV-2/Flu/RSV Assay was issued an Emergency Use Authorization (EUA) by the FDA on September 24, 2020.

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***Logistics***

**Lab Testing Sections:** Microbiology & Molecular Diagnostics

**Phone Numbers:** MIN Lab: 612-813-6280

STP Lab: 651-220-6550

**Test Availability:** Daily, 24 hours

**Turnaround Time:** 1 hour from receipt in lab

**Special Instructions:** Requisition must state **specific date/time of collection**

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***Specimen***

**Specimen Type:** **Preferred Sample:**  
Flocked Minitip Nasopharyngeal (NP) swab in Universal Transport Media (UTM)

**Alternative Sample:**  
Flocked Regular Nasal swab in Universal Transport Media (UTM)

**Container:**

**Flocked Flexible Minitip NP Swab in 3 mL Universal Transport Media (UTM)**

**CHC # 32788, Kit, Mini Tip Flock Swab w/UTM**



**Alternative Sample:**

**Flocked Regular Nasal Swab in 3 mL Universal Transport Media (UTM)**

**CHC number: 32720, Kit, Regular Flock Swab w/UTM**



**Draw Volume:**

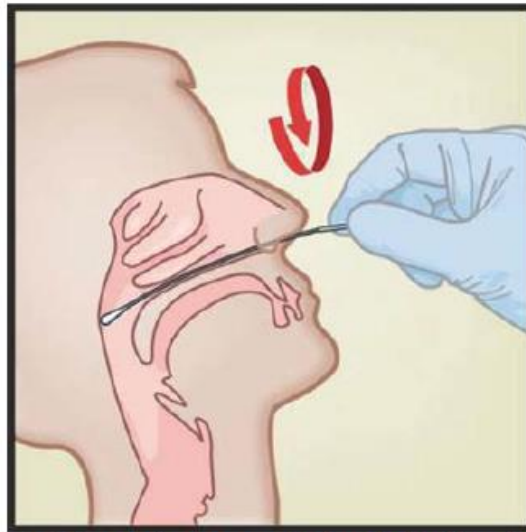
1 Flocked Flexible Minitip Nasopharyngeal (NP) swab in 3 mL UTM  
OR  
1 Flocked Regular Nasal swab in 3 mL UTM

**Collection:**

**Nasopharyngeal swab:**

1. Open the package that contains the swab and transport medium tube. Set the tube aside before collecting the specimen.
2. Open the swab wrapper and remove the swab, taking care not to touch the tip of the swab to any surface.
3. Hold the swab in your hand, pinching in the middle of the swab shaft on the scoreline.

4. Gently insert the swab into the nostril until you touch the posterior nasopharynx. Rotate the swab several times (**see Figure 1**).



**Figure 1. Nasopharyngeal Swab Collection**

5. Remove the cap from the tube. Insert the swab into the transport medium.

6. Break the swab shaft against the side of the tube at the scoreline. Avoid splashing contents on the skin. Wash with soap and water if exposed.

7. Replace the cap on the tube and close tightly for transport to the lab.

#### **Nasal swab:**

1. Open the package that contains the swab and transport medium tube. Set the tube aside before collecting the specimen.

2. Open the swab wrapper and remove the swab, taking care not to touch the tip of the swab to any surface.

3. Hold the swab in your hand, pinching in the middle of the swab shaft on the scoreline.

4. Insert a nasal swab 1 to 1.5 cm into a nostril. Rotate the swab against the inside of the nostril for 3 seconds while applying pressure with a finger to the outside of the nostril (**see Figure 2**).



**Figure 2. Nasal Swab Collection for First Nostril**

5. Repeat on the other nostril with the same swab, using external pressure on the outside of the other nostril (**see Figure 3**). To avoid specimen contamination do not touch the swab tip to anything other than the inside of the nostril.



**Figure 3. Nasal Swab Collection for Second Nostril**

6. Remove the cap from the tube. Insert the swab into the transport medium.
7. Break the swab shaft against the side of the tube at the scoreline. Avoid splashing contents on the skin. Wash with soap and water if exposed.
8. Replace the cap on the tube and close tightly for transport to the lab.

**Storage/Transport:**

Transport to the laboratory immediately to maintain specimen integrity. Specimens can be stored at refrigerated temperatures (2-8 °C) for 7 days

**Sample Rejection:**

Samples collected with any other swab or collection device other than listed above; improperly labeled samples, leaking containers. If an unacceptable specimen is received, the patient's caregiver will be notified and another specimen will be requested before the specimen is discarded.

**Interpretive**

**Reference Range:**

Negative

**Alert Value:**

Positive results will be phoned to the patient's Caregiver.

**Limitations:**

- Performance of the Xpert Xpress SARS-CoV-2/Flu test has only been established in nasopharyngeal swab specimens. Use of the Xpert Xpress SARS-CoV-2/Flu test with other specimen types has not been assessed and performance characteristics are unknown.
- Nasal swabs (self-collected under supervision of, or collected by, a healthcare provider) are considered acceptable specimen types for use with the Xpert Xpress SARS-CoV-2/Flu test but performance with these specimen types has not been established.
- As with any molecular test, mutations within the target regions of the Xpert Xpress SARS-CoV-2/Flu test could affect primer and/or probe binding resulting in failure to detect the presence of virus or the virus being detected

less predictably.

- This test cannot rule out diseases caused by other bacterial or viral pathogens.
- The performance of this test was validated using the procedures provided in this package insert only. Modifications to these procedures may alter the performance of the test.
- Erroneous test results might occur from improper specimen collection; failure to follow the recommended sample collection, handling, and storage procedures; technical error; or sample mix-up. Careful compliance with the instructions in this insert is necessary to avoid erroneous results.
- Performance of the Xpert Xpress SARS-CoV-2/Flu test has only been established in nasopharyngeal swab specimens. Use of the Xpert Xpress SARS-CoV-2/Flu test with other specimen types has not been assessed and performance characteristics are unknown.
- False negative results may occur if virus is present at levels below the analytical limit of detection.
- Negative results do not preclude SARS-CoV-2 or influenza infection and should not be used as the sole basis for treatment or other patient management decisions.
- Results from the Xpert Xpress SARS-CoV-2/Flu test should be correlated with the clinical history, epidemiological data, and other data available to the clinician evaluating the patient.
- Viral nucleic acid may persist in vivo, independent of virus viability. Detection of analyte target(s) does not imply that the corresponding virus(es) are infectious or are the causative agents for clinical symptoms.
- This test has been evaluated for use with human specimen material only.
- This test is a qualitative test and does not provide the quantitative value of detected organism present.
- This test has not been evaluated for monitoring treatment of infection.
- This test has not been evaluated for screening of blood or blood products for the presence of SARS-CoV-2 or influenza.
- The effect of interfering substances has only been evaluated for those listed within the labeling. Interference by substances other than those listed in the instructions for use can lead to erroneous results.
- Results from analytical studies with contrived co-infected samples showed potential for competitive interference when SARS-CoV-2, Flu or RSV was present at 1X LoD levels.
- Cross-reactivity with respiratory tract organisms other than those described herein can lead to erroneous results.
- Recent patient exposure to FluMist® or other live attenuated influenza vaccines may cause inaccurate positive results.
- As the Xpert Xpress SARS-CoV-2/Flu/RSV test does not differentiate between the N2 and E gene targets, the presence of other coronaviruses in the B lineage, *Betacoronavirus* genus, including SARS-CoV-1 may cause a false positive result. None of these other coronaviruses is known to currently circulate in the human population.
- This test is not intended to differentiate influenza A subtypes or influenza B lineages. If differentiation of specific influenza subtypes and strains is needed, additional testing, in consultation with state or local public health departments, is required.
- The performance of this device has not been assessed in a population vaccinated against COVID-19.
- This test has not been FDA cleared or approved.
- This test has been authorized by FDA under an EUA for use by authorized laboratories.
- This test has been authorized only for the simultaneous qualitative

detection and differentiation of nucleic acids from SARS-CoV-2, influenza A, and influenza B, and not for any other viruses or pathogens.

- This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostic tests for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

**Methodology:**

Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) and Real-time PCR.

**References:**

Xpert Xpress SARS-CoV-2/Flu/RSV Package Insert, 302-4421, Rev. B, October, 2020. Sunnyvale, CA: Cepheid.

Influenza (Flu) Atlanta, GA: Centers for Disease Control and Prevention; 2019 [Available from: <https://www.cdc.gov/flu/index.htm>]

Respiratory Syncytial Virus Infection (RSV) Atlanta, GA: Centers for Disease Control and Prevention; 2018 [Available from: <https://www.cdc.gov/rsv/index.html>]

Zou L, Ruan F, Huang M, et al. SARS-CoV-2 viral load in upper respiratory specimens of infected patients. 2020

Xu X-W, Wu X-X, Jiang X-G, et al. Clinical findings in a group of patients infected with the 2019 novel coronavirus (SARS-Cov-2) outside of Wuhan, China: retrospective case series. 2020;368

Lai C-C, Shih T-P, Ko W-C, Tang H-J, Hsueh P-R, et al. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and corona virus disease-2019 (COVID-19): the epidemic and the challenges. 2020:105924