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MEDIA RELEASE

RAPID FLU TESTS MEAN BETTER OUTCOMES FOR ED PATIENTS

EMBARGOED UNTIL 12:01am Monday 8 April 2019

THE 2017 introduction of faster testing for influenza and respiratory viruses in emergency department patients has seen a decrease in hospital admissions, faster test turnarounds and quicker feedback to patients, according to the authors of research published in the Medical Journal of Australia.

Rapid polymerase chain reaction (PCR) testing for influenza and respiratory syncytial viruses (RSV) was introduced in New South Wales in July 2017, but until now its impact on outcomes for emergency department (ED) patients had not been assessed.

Led by Dr Nasir Wabe, a Research Fellow at the Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University, a large group of researchers analysed the data from 1491 consecutive patients tested by standard multiplex PCR during July–December 2016, and 2250 tested by rapid PCR during July–December 2017, in four metropolitan emergency departments in NSW.

“Compared with those tested by standard PCR, fewer patients tested by rapid PCR were admitted to hospital (73.3% v 77.7%) and more received their test results before leaving the ED (67.4% v 1.3%); the median test turnaround time was also shorter (2.4 hours v 26.7 hours),” the authors found.

“The proportion of patients admitted to hospital was also lower in the rapid PCR group for both children under 18 (50.6% v 66.6%) and patients over 60 years of age (84.3% v 91.8%). Significantly fewer blood culture, blood gas, sputum culture, and respiratory bacterial and viral serology tests were ordered for patients tested by rapid PCR.”

There was no significant difference in hospital length of stay between the two groups.

“Rapid PCR testing for influenza virus and RSV infections in patients attending EDs was associated with significant improvements in a range of patient and laboratory outcomes, suggesting potential benefits for both the patients and the health care system,” Wabe and colleagues concluded.

“A cost–benefit analysis could examine the impact of rapid PCR testing on bed management and antimicrobial drug prescribing.”

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