Contactgegevens:
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RSV - B

Beschrijving van de test

Naam:	RSV - B
Aanvraag code:	55092
Loinc:	101426-5
Frequentie:	Minimaal 2x/week; in het respiratoir seizoen dagelijks
Uitvoerend labo:	AZ Sint Jan
TAT:	24 uur tot 5 dagen
TAT Dringend:	24 uur
24u/24u:	nee
Verantwoordelijke bioloog:	dr. Marijke Reynders

Afname van het materiaal

Toegelaten materiaal:	BAL, sinusaspiraat, nasal wash, neusaspiraat, opgehoest sputum
Volume:	1 mL

Criteria voor aanvaarding of bijaanvraag

Acceptatie:	Correct en onbeschadigd recipiënt met duidelijke identificatiegegevens.
Bijaanvraag:	Indien het monster een correcte pre-analytische fase doorliep en veilig bewaard zit (zie bewaarcondities), is dit toegelaten.

Analyse

Analysemethode:	De test is gebaseerd op 3 processen: (i) DNA/RNA bereiding via de geautomatiseerde QS extractie (Qiagen). Tijdens iedere extractie wordt PDV toegevoegd aan het te extraheren monster en dit fungeert als extractie- en amplificatie controle. (ii) Mengen van het extract met de Mastermix en laden van de

arraykaart
(iii) Simultane PCR amplificatie en detectie van het doelwit DNA en het interne controle DNA gebruik makend van specifieke primers en probes. De doelwitsequenties wordt opgespoord in 48 verschillende uniplex real-time PCR reacties, en aparte reactie is voorzien om PDV als interne controle op te sporen, 18S rRNA en RNAseP als controle op de aanwezigheid van humane cellen.

Deelname EKE:	Ja
Interpretatie:	Respiratory syncytial virus (RSV) is also significant cause of pneumonia in adults. Dowell et al., in a study of patients admitted to the hospital for community-acquired pneumonia, reported that RSV was the third most common cause of community-acquired pneumonia in hospitalized patients, behind Streptococcus pneumonia and influenza virus. Johnstone et al. reported that RSV was responsible for 2.6% of community acquired-pneumonia cases in adults. Thompson et al. estimated that, between the 1990-1991 and 1998-1999 pneumonia seasons, RSV was associated with 2707 deaths annually; 78% of deaths related to respiratory/circulatory problems occurred in people aged >65 years. The clinical features of RSV infection in hospitalized patients included nasal congestion, dyspnea, and wheezing. Cough was nearly universal. Twenty percent of these patients had pneumonia. Dowell et al. also noted that wheezing was more frequent in RSV pneumonia patients than in patients with pneumonia due to other causes, as was the presence of rhonchi and nonelevated white cell counts. Radiographically, the infiltrates associated with RSV pneumonia were often small, focal, and unilateral, although Dowell et al. had patients with pneumonia with infiltrates reported to be lobar in distribution. Falsey et al. reported that the death rate for elderly hospitalized patients with RSV infection was 10%; mortality specifically associated with pneumonia was not noted. Risk factors for severe infection included underlying chronic pulmonary disease and low serum neutralizing antibody levels and, for respiratory failure, included concurrent cardiopulmonary disease and high nasal viral loads. Outbreaks of RSV infection have occurred in long-term care facilities, with high attack rates and high death rates. RSV infection is a significant risk for bone marrow transplant recipients and patients with leukemia, among whom mortality rates have approximated 50%.

Laatst gewijzigd op

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