

# Rapid Respiratory Pathogen Panel (RPP)

BioFire® Film Array Respiratory Panel rapidly (~2hours) identifies 20 target organisms via polymerase chain reaction (PCR). The table below lists all the organisms and provides interpretation guidance.

RPP Result	Definitive Therapy	Comments
Influenza A** Influenza A subtype H1** Influenza A subtype H3** Influenza A subtype H1-2009** Influenza B**	Reasonable to discontinue antibiotic therapy, and treat with: <b>First line:</b> Oseltamivir 75mg PO twice daily x5 days when CrCl ≥60mL/min <b>See comments for renal dose adjustment→</b>  <b>Alternatives:</b> Zanamivir 2puffs (5mg each) inhaled twice daily for 5 days  Peramivir 600 mg IV single dose  <b>Refer to influenza guideline in guidebook for further drug information</b>	<b>Oseltamivir Renal Dosing:</b> <ul style="list-style-type: none"> <li>• <b>CrCl 30-60mL/min:</b> 30mg PO twice daily x5 days</li> <li>• <b>CrCl 10-30mL/min:</b> 30mg PO once daily x5 days</li> <li>• <b>Hemodialysis (HD):</b> administer 30mg after each dialysis session for 5-day course.</li> </ul> <b>HD dosing examples:</b> If patient presents on an <b>HD day</b> , administer 30mg <u>after</u> dialysis session and repeat for 2 subsequent sessions (3 total doses).  If patient presents on a <b>non-HD day</b> , administer dose immediately and repeat after 3 subsequent HD sessions (4 total doses)
<i>Bordetella pertussis</i> **	<b>First line:</b> Azithromycin 500mg day 1, followed by 250mg days 2-5  <b>Alternative</b> if intolerance to macrolide: sulfamethoxazole-trimethoprim 1DS tab PO twice daily X14 days	<ul style="list-style-type: none"> <li>• Although may be susceptible to amoxicillin <i>in vitro</i>, use of amoxicillin is not recommended due to risk of ineffective eradication</li> <li>• If alternative treatment required, consider ID consult</li> </ul>
<i>Chlamydophila pneumoniae</i> *	Azithromycin 500mg day 1, followed by 250mg days 2-5; <b>or</b> azithromycin 500mg x3 days	<ul style="list-style-type: none"> <li>• Fluoroquinolones, tetracyclines (e.g. doxycycline 100mg twice daily) are reasonable alternatives</li> </ul>
<i>Mycoplasma pneumoniae</i> **	Azithromycin 500mg day 1, followed by 250mg days 2-5; <b>or</b> azithromycin 500mg x3 days	<ul style="list-style-type: none"> <li>• Fluoroquinolones, tetracyclines (e.g. doxycycline 100mg twice daily) are reasonable alternatives</li> </ul>
Adenovirus <sup>‡</sup> Coronavirus 229E* Coronavirus HKU1* Coronavirus NL63* Coronavirus OC43* Human metapneumovirus <sup>°</sup> Rhinovirus/enterovirus** Parainfluenza virus 1 <sup>°</sup> Parainfluenza virus 2 <sup>°</sup> Parainfluenza virus 3 <sup>°</sup> Parainfluenza virus 4 <sup>°</sup> Respiratory syncytial virus <sup>°</sup>	<b>No antimicrobials indicated</b>  <b>Consider checking procalcitonin (PCT) level to help rule out superimposed bacterial infection. Please see PCT criteria in Guidebook</b>	

**Type of isolation precautions:** \*Standard; \*\*Droplet; °Contact; †Droplet and contact

**Abbreviations:** HD, hemodialysis; ID, infectious diseases; IV, intravenous; PO, by mouth