As the pandemic meets flu season, labs turn to rapid molecular testing



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	antigens, were conventional laboratory tests. A. far less accurate than B. far more accurate than C. as accurate as D. slightly less accurate than A broad range of molecular test options, from flu-only tests to broad panels of respiratory pathogens, has been helpful for the laboratory but can be for physicians to navigate. A. simple B. confusing C. intuitive D. challenging As of July, the U.S. Food and Drug Administration (FDA) had already granted emergency use authorization for combination tests for flu and SARS-CoV-2. A. one B. two C. three D. five With the major push to slow the spread of antimicrobial resistance by reducing the unnecessary use of antibiotics, physicians can no longer wait a few days to get test results for possible flu cases. A. true B. false But numerous studies have shown that rapid antigen tests tend to have, leading to a high number of results. A. high sensitivity; false positive B. low sensitivity; false negative C. low sensitivity; false negative C. low sensitivity; false negative New guidelines for influenza testing issued by the Infectious Diseases Society of America (IDSA) last year recommend against the use of tests. A. rapid antigen B. serology C. RT-PCR D. viral culture The IDSA now recommends the use of A. rapid molecular tests B. direct and indirect immunofluorescence	8.	and were the most common viruses seen in COVID-19 patients with co-infections.		C. add staffing resources; reagents D. scale capacity; staffing resources			
		10. 11. 12.	A. influenza A; Influenza B B. influenza B; RSV C. parainfluenzae; influenza B D. influenza A; RSV	15.	as little as minutes to report results, and many others take just a few hours. A. 10 B. 20 C. 30 D. 40 is always a testing concern, and the addition of COVID-19 in flu season could increase the complexity of managing costs for labs and patients. A. sourcing supplies B. reimbursement C. staffing D. reducing complexity With the urgency of the COVID-19 pandemic, it is reasonable to hope that insurers will consider a panel covering at least flu and SARS-CoV-2 and RSV as the most responsible approach and reimburse accordingly. A. true			
			Currently there is insufficient data to determine the effect of such co-infections on clinical outcomes, but it is possible that the severity of a SARS-CoV-2 infection is altered by the					
			mresence of A. other pathogens B. co-morbidities C. environmental allergies D. the common cold Molecular tests have higher sensitivity than rapid antigen tests or even the previous gold standard, A. conventional direct or indirect fluorescent antibody (DFA or IFA) assays B. serology tests C. viral cultures D. rapid influenza diagnostic tests	16.				
						An immunocompromised patient admitted to the hospital could be tested with a broad panel of respiratory pathogens, as the IDSA flu guidelines recommend. A. true B. false		B. false In addition to the usual unknowns related to how effective the new flu vaccine will be (it typically falls betweenpercent andpercent), there is the additional complexity of estimating how many people will get the vaccine.
			D. 20; 50 The pooled-testing strategy only works, though, if COVID-19 prevalence in a community remains					
			A. high B. static C. low D. moderate tests and flexible platforms that allow for multiplexing several pathogens in a single assay will be an essential tool for dealing with the potential crisis that lies ahead of us and					
				In addition to easing the burden on medical technologists, these kinds of platforms also make it easier for labs to to meet surges		should help to ease thestress associated with dramatically higher testing rates. A. rapid molecular; reimbursement B. rapid molecular; supply chain		
				assays C. rapid cell culture D. molecular assays		in demand, without requiring extra A. scale capacity; test kits B. add staffing resources; test kits		C. antigen; staffing D. antigen; supply chain
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