

INFLUENZA TESTING GUIDELINES

Outpatient Testing

Once influenza activity and sustained spread has been documented in a community or geographic area, most ambulatory patients with an uncomplicated illness consistent with influenza can be diagnosed clinically using established definitions of influenza-like illness and do not require influenza testing for clinical management, including antiviral treatment decisions.

In certain situations, influenza diagnostic testing of patients who are not severely ill may help inform decisions regarding clinical care, infection control, or management of close contacts.

Influenza testing of patients who are not severely ill should be a clinical decision. When interpreting the test results, clinicians should consider the following factors:

- The patient's period of illness (influenza diagnostic tests more likely to be positive when the specimen is obtained during the first three days of illness when virus levels are highest)
- State and local influenza surveillance information regarding circulating influenza and other respiratory viruses that can cause influenza-like illness
- The positive and negative predicted value of the influenza diagnostic test used during periods of high influenza activity. During periods of high influenza activity:
 - A negative test result does not rule out influenza virus infection. The rapid influenza diagnostic tests (RIDT) have a lower negative predictive value relative to rRT-PCR,.
 - A positive RIDT result, however, is informative because the positive predictive value is high.
 - RIDTs do not provide information on the influenza A subtype (e.g., 2009 H1N1 vs. seasonal H3N2), but if most circulating influenza A viruses have similar antiviral susceptibilities, influenza A subtype information may not be needed to inform clinical care.
 - A positive RIDT test result for influenza A virus can be assumed to be A/H3N2 influenza under conditions where the majority of circulating influenza viruses are seasonal A/H3N2.

If identification of the influenza virus type is recommended or requested, testing with an rRT-PCR assay or viral culture should be performed

Requested Influenza Surveillance Specimens

Because of the current high prevalence of influenza in Wisconsin, the positive predictive value of the rapid influenza detection tests is good; thus, there is no longer a need to submit your first two positive specimens for confirmatory testing. However, please continue to submit the following:

- Influenza positive specimens from hospitalized patients, please indicate that the

specimen is from a hospitalized patient on the accompanying requisition form.

- Autopsy specimens regarding any influenza-related deaths that have been approved for testing by the local health department or Division of Public Health
- Any unsubtypeable specimens if your laboratory subtypes influenza A positive specimens.
- Any positive or negative influenza specimens from patients with any unusual factors or history, such as foreign travel or exposure to swine.
- Surveillance specimens that we have requested if you are an enrolled surveillance laboratory.

Because we are currently receiving so many specimens and we have limited influenza test reagents, we may not test every specimen that we receive. A random sampling of specimens will be tested immediately, others may be forwarded to CDC, and some will be stored in the WSLH repository. Please be aware that you may receive an acknowledgement of receipt of your sample with the following comment:

“Thank you for submitting this specimen. At this time, because of reagent shortages and the submission of a large number of specimens, specimens are being triaged. This specimen will be stored in the WSLH repository and/or submitted to CDC for additional study. You will not receive additional reports for this specimen.”