UHS Influenza Clinical Update                      Monday, September 21, 2009

From DPH: Testing for Influenza 2009-2010 – Wisconsin Interim Guidance for Clinicians

[Note — UHS will continue to collect two surveillance specimens weekly. This guidance applies to all other testing, in any clinical setting]

This guidance supersedes previous guidance on this topic.
NOTE: In this document, “testing” refers to all influenza testing during the entire 2009-2010 influenza season, and pertains to all influenza types, not only to the novel 2009 H1N1 influenza virus. As of this writing (September, 2009), virtually the only influenza virus circulating in Wisconsin and nationwide is the novel 2009 H1N1 strain, with almost no seasonal H3, H1 or B viruses being detected.

Need for empirical treatment: The use of test results as a basis for treatment decisions is generally not recommended because of the 48 to 72 hour period required for test results to be available. Antiviral therapy for influenza is most effective if begun within 48 hours of the onset of symptoms, although some benefit has been shown when treatment is begun up to five days after symptom onset for those with severe illness. Thus, empirical treatment with antivirals is encouraged for persons with suspected influenza who are at higher risk for complications, children younger than 5 years old, adults older than 64 years old, pregnant women, persons with certain chronic medical or immunosuppressive conditions, and persons younger than 19 years of age who are receiving long-term aspirin therapy. Additionally, any suspected influenza patient presenting with symptoms or signs of lower respiratory tract illness (e.g., difficulty breathing or shortness of breath) should receive empiric antiviral therapy. A decision to treat does not require a decision to test.

Influenza testing is recommended for:
• Patients who are or will be hospitalized with severe respiratory illness
• Pregnant women who have signs and symptoms of influenza
• Healthcare personnel with signs and symptoms of influenza (for a definition of health-care personnel see page 5 of the following document: www.cdc.gov/mmwr/PDF/tr/tr5810.pdf)
• Residents or staff of residential facilities (e.g., long term care, prisons, CBRFs) who have signs and symptoms of influenza. However, once the presence of influenza has been established within a particular facility, testing additional ill patients is not necessary.

Testing can be considered for persons with severe febrile respiratory illness. However, in an aggregate setting (e.g., school or child day care), once the presence of influenza has been established within that setting, testing additional ill patients should not be necessary.

Testing is not recommended for:
• Persons with mild illness
• Family members of a person with known or suspect H1N1 influenza

These are recommendations only and do not replace clinicians’ judgment. This guidance is based on current epidemiologic features of illnesses caused by the novel 2009 influenza A(H1N1) virus in Wisconsin.

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