
Testing for Influenza 2009-2010: Wisconsin Interim Guidance for Clinicians October 29, 2009

THIS GUIDANCE SUPERSEDES PREVIOUS GUIDANCE ON THIS TOPIC.

NOTE: In this document, “testing” refers to the use of an RT-PCR assay specific for the 2009 H1N1 influenza virus. As of this writing (October, 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 symptom onset, 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 under 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
- Patients who died of an acute illness in which influenza was suspected
- Pregnant women who have signs and symptoms of influenza, regardless of severity
- Patients for whom a diagnosis of influenza will inform decisions regarding clinical care, infection control, or management of close contacts. This category should be uncommon, but may apply to immunosuppressed patients, health care workers (HCWs), or clusters of influenza-like illness in congregate living facilities (e.g., nursing homes, jails, etc.).

Testing is **not** recommended for persons with mild illness or for family members of a person with known H1N1 influenza (unless they fall into one of the categories for whom testing is recommended).

Use of rapid influenza tests to detect 2009 H1N1 virus infection:

The sensitivity of the rapid tests for 2009 H1N1 influenza ranges from 10%-70%. Given the likelihood of false-negative results, it is inappropriate to use rapid testing to “rule out” 2009 H1N1 influenza. When influenza is circulating, the specificity of rapid tests for influenza is generally high, therefore a positive rapid influenza test result indicates that influenza virus infection is likely. Current rapid influenza tests cannot distinguish between 2009 H1N1 virus infection and other influenza A subtypes.

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. Treatment and testing guidance can be found at www.cdc.gov/h1n1flu/recommendations.htm and <http://pandemic.wisconsin.gov/category.asp?linkcatid=3124&linkid=903&locid=106>. Note that guidance on treatment regimens will change when seasonal influenza strains become more common. Current surveillance data on influenza viruses circulating in Wisconsin and their antiviral resistance characteristics can be found at <http://pandemic.wisconsin.gov/category.asp?linkcatid=3191&linkid=1567&locid=106>. General guidance for clinicians, as well recommendations for specific patient populations, can be found at <http://www.cdc.gov/h1n1flu/clinicians/> and www.pandemic.wi.gov.