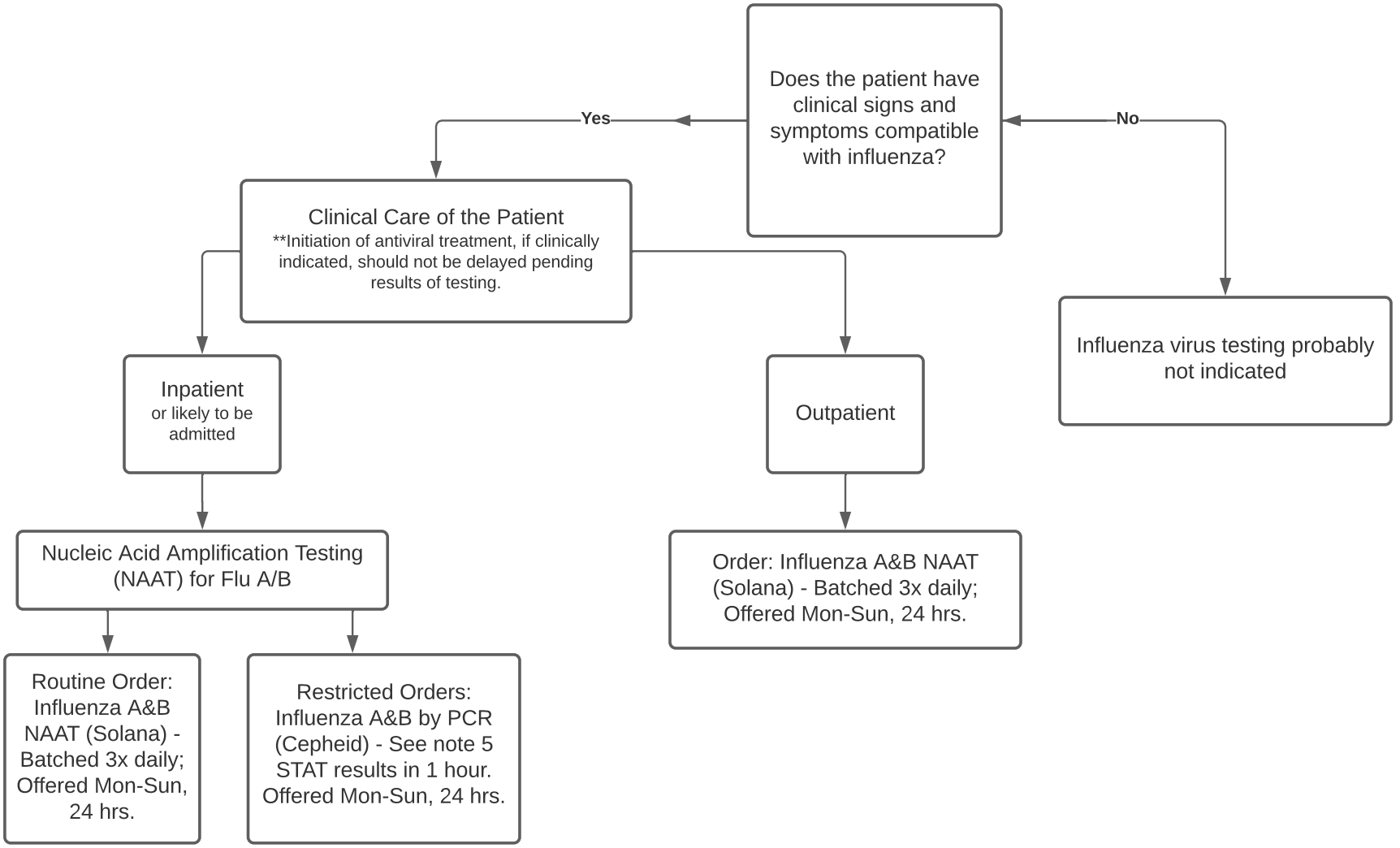
Guide for considering influenza virus diagnostic tests for individual patients **when influenza viruses are circulating in the community**



NOTES:

1. Confirmation of influenza virus infection by diagnostic testing is not required for clinical decisions to prescribe antiviral medications. Decisions to administer antiviral medications for influenza treatment or chemoprophylaxis, if indicated, should be based upon clinical illness and epidemiologic factors, and start of therapy should not be delayed pending testing results.
2. **Respiratory specimens should be collected from an ill patient as early as possible after onset of symptoms (ideally <48-72 hours after onset) to help maximize influenza testing sensitivity.**
3. Influenza like-illness (history of feverishness or documented fever with either cough or sore throat), fever with other respiratory symptoms, etc. Note that some persons may have atypical presentations (e.g. elderly, very young infants, immunosuppressed, and patients with certain chronic medical conditions). Fever is not always present (e.g. premature infants, young infants, elderly, immunosuppressed). Other symptoms associated with influenza include myalgias, headache, fatigue. Complications include exacerbation of underlying chronic disease, (e.g. congestive cardiac failure, asthma), pneumonia, bacterial co-infection, bronchiolitis, croup, encephalopathy, seizures, myositis, and others.
4. High risk patients include (but not limited to) >65 years or <2 years; pregnant women; persons with chronic lung disease (including asthma), heart disease, renal, metabolic, hematologic and neurologic disease; immunosuppression; and morbid obesity.
5. Ordering of Influenza A&B PCR by Cepheid is restricted to the following senarios: emergent surgery, L&D, pysch pre-admit, neutropenic fever.