

MCI Practice Guideline Influenza Tests and Treatment

Epidemics of influenza occur during the winter months nearly every year and are responsible for approximately 36,000 deaths per year in the United States. Influenza illness is characterized by the abrupt onset of fever, myalgia, headache, severe malaise, nonproductive cough, sore throat, and rhinitis. The incubation period for influenza is 1-4 days with an average of 2 days. Persons can be infectious starting the day before symptoms begin through approximately 5 days after illness onset. Influenza A has predominated since 1990 and is associated with more complications than influenza B.

1. Rapid Influenza testing does not need to be done on all patients with symptoms of influenza. Once influenza activity has been documented in the community or geographic area, a clinical diagnosis can be made for patients with signs and symptoms consistent with influenza, especially during periods of peak influenza activity in the community. In ambulatory care settings, tests are most useful when they are likely to help with diagnostic and treatment decisions, such as the use of influenza antiviral agents.
 - When using the tests to help with treatment decisions remember:
 - A negative test does not mean anti-viral treatment should not be given because sensitivity is low, false negatives occur 19% of the time for type A and 35% of the time for type B (according to the Inverness Medical, manufacturer of BinaxNOW Influenza A & B).
 - A positive test does not mean antibiotics should not be given because Influenza can be complicated by bacterial infections.
2. Influenza tests are useful for community surveillance. Once influenza is known to be in the community the diagnosis and treatment should be based primarily on clinical evaluation and perhaps laboratory tests.
3. Health-care providers should offer vaccine to unvaccinated persons even after influenza virus activity is documented in a community and should continue to offer vaccine throughout the influenza season. It takes about 1 to 2 weeks after vaccination for antibody against influenza to develop and provide protection.
4. Patient Education may be provided using the “MCI Flu and Cold” information handout
5. Antiviral drug use for the prevention or treatment of influenza should be based on a strong probability that a person will be exposed to or has an influenza virus infection. Treatment must begin within 2 days of the onset of symptoms for the drugs to be effective. Oseltamivir (Tamiflu) resistance has developed to Influenza A (H1N1) viruses and should not be used alone when they are the predominant virus in the community or the predominant virus is unknown. For current antiviral treatment recommendations please see the CDC website referenced below.

References:

Influenza tests:

http://www.invernessmedicalpd.com/poc/downloads/BX_FLUAB_PI_Waived.pdf ,

CDC general influenza info: <http://www.cdc.gov/flu/professionals/acip/background.htm>

CDC influenza antiviral treatment: <http://www.cdc.gov/flu/professionals/antivirals/index.htm>

Variation from this guideline is always acceptable, if in the opinion of the attending physician, individual circumstances require it.