

Testing for Influenza – Like Illnesses

Guidance (2020-2021) for providers using UVMCC laboratory regarding viral testing for an “Influenza-like Illness” (ILI)

Goal: To maintain diagnostic testing capacity for respiratory viral infections amidst the COVID 19 pandemic.

This document focuses on testing of **symptomatic patients only**. Asymptomatic testing guidelines of SARS-CoV-2 are covered elsewhere. **Asymptomatic patients should not be tested for influenza or RSV.**

SARS-CoV-2:

Indication: All symptomatic patients with ILI, symptoms concerning for COVID-19 (fever, cough, shortness of breath, acute loss of taste and smell, myalgias, fatigue, diarrhea, runny nose, congestion); and asymptomatic patients with high risk exposure.

Specimen Collection:

1. Nasopharyngeal swab for sample of posterior nasopharynx, collected by health care worker (HCW). This specimen can also be tested for influenza, RSV (without a second collection) **if indicated** (see below).
2. **Anterior nares swab, collected by HCW. CANNOT be tested for influenza** (requires second collection).
3. Anterior nares swab, collected by patient, HCW observer. **CANNOT be tested for influenza** (requires second collection).

Influenza, RSV:

Indications: Testing for influenza and RSV in healthy outpatients without risk for severe disease **should not occur unless** there are compelling clinical reasons. All people for whom influenza testing is indicated should be tested for **both** influenza and SARS-CoV-2.

Specific testing for Influenza, RSV **should occur** for the following:

1. Symptomatic people at higher risk for serious complications from influenza:
 - a. Adults 65 and older
 - b. Children under the age of 5, especially those under the age of 2
 - c. Native Americans and Alaska Natives
 - d. People who are pregnant and up to 2 weeks postpartum
 - e. People with underlying medical conditions (chronic lung disease, heart disease, kidney disease, liver disease, neurologic disease, hematologic disease, DM, metabolic disorders, obesity, immunosuppression, under age of 19 receiving chronic aspirin therapy)
2. Symptomatic household contacts of people at higher risk of severe complications
3. Symptomatic ILI requiring hospitalization for any indication
4. Symptomatic residents of long term care facilities

Specimen Collection:

1. Nasopharyngeal swab for sample of posterior nasopharynx, collected by HCW.

Expanded Respiratory Viral Panel (metapneumovirus, parainfluenza, adenovirus, rhinovirus): **is not indicated unless** SARS-CoV-2, influenza, and RSV tests are negative and the patient has severe illness or a compromised immune status.

1. Nasopharyngeal swab for sample of posterior nasopharynx, collected by HCW.

Additional recommendations:

1. If the patient has severe disease, testing above can be performed on lower respiratory tract samples.
2. Empiric antiviral treatment is recommended for patients with suspected influenza who are hospitalized or at higher risk for severe disease **and should not be delayed while awaiting diagnostic testing**. See Green Book for therapeutic options and doses for adults, Purple book for children.