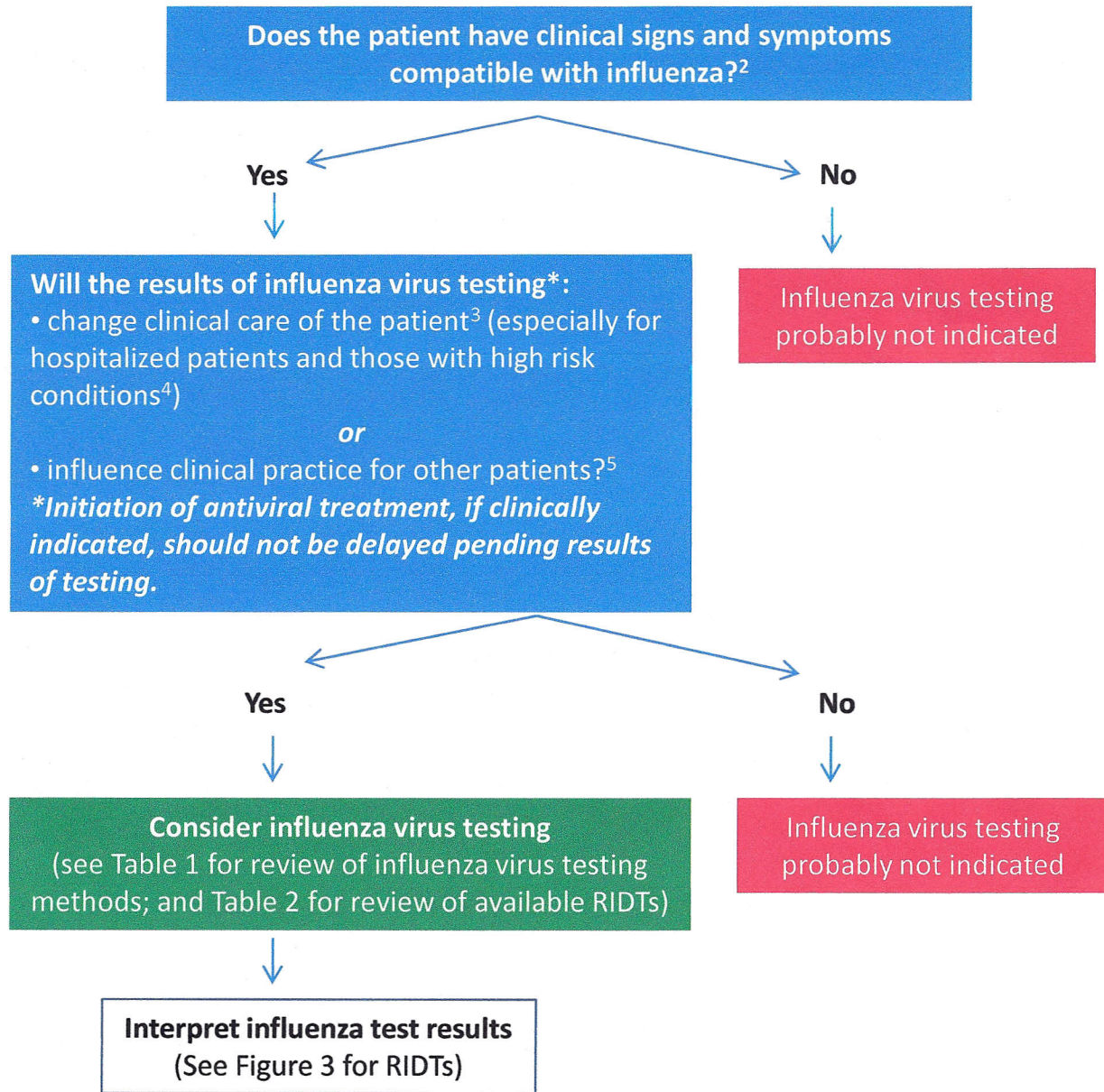


**Figure 1. Guide for considering influenza virus diagnostic tests for individual patients when influenza viruses are circulating in the community<sup>1</sup>**



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. (place link to CDC website guidance). **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.**
2. 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.
3. e.g. Decisions on use of antibiotics or antiviral medications, on conducting further diagnostic tests, on recommendations for home care, or on recommendations for ill persons living with persons with high-risk conditions. Consult IDSA, ATS, AAP, ACIP for antibiotic guidance.
4. Persons  $\geq 65$  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. e.g. Decisions on changing infection control practices (such as in hospitalized patients); if a positive influenza test result is used for confirming influenza virus circulation in the community which might inform clinical practices related to home care guidance, hospital infection control practices, future testing practices, etc