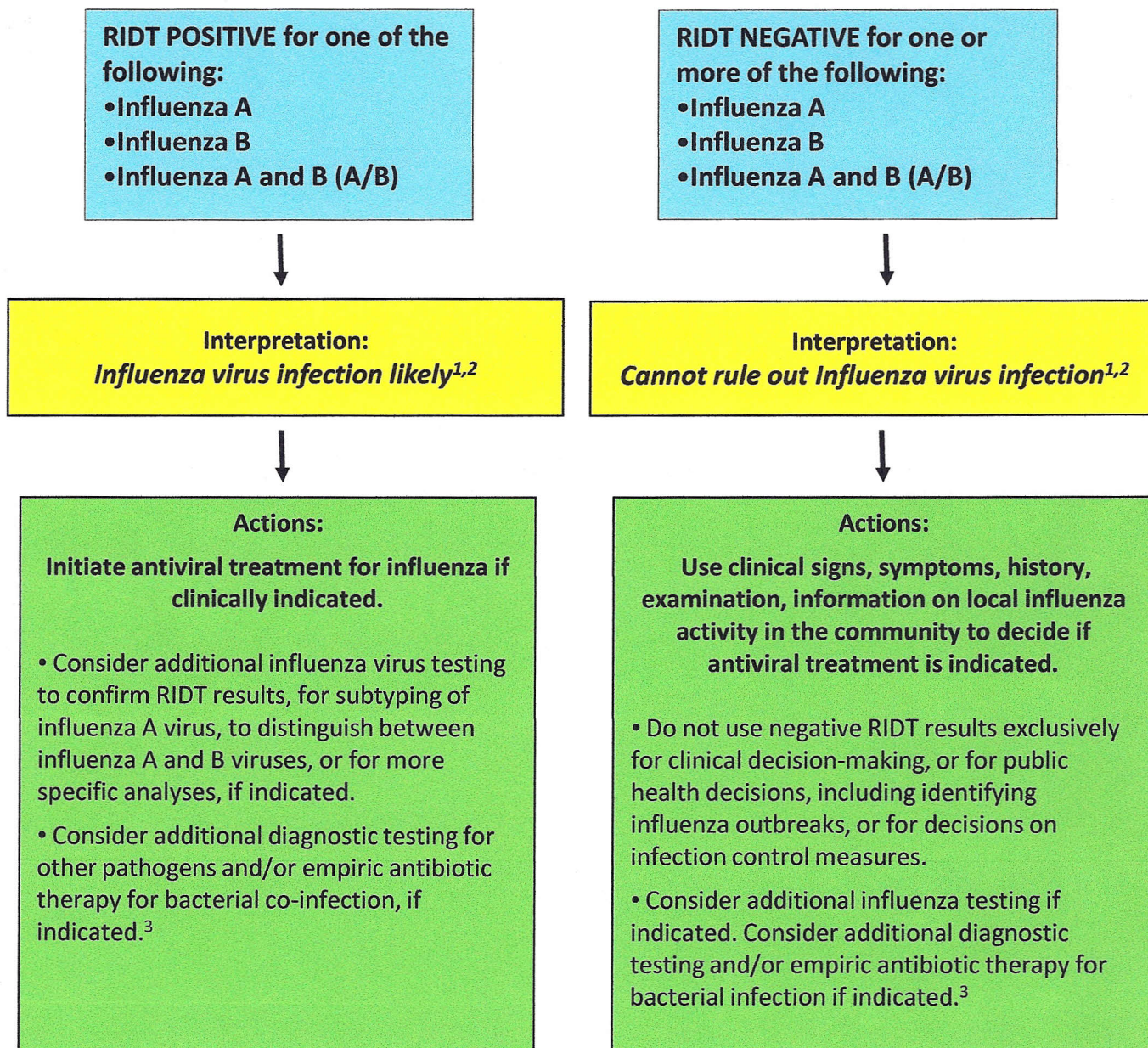


**Figure 3. Algorithm to assist in the interpretation of RIDT results and clinical decision-making during periods when influenza viruses are circulating in the community<sup>1</sup>**



1. During periods when influenza activity is high and influenza viruses are circulating among persons in the community (see 3. below), the positive predictive value of a test result is high (that is, the chance that a positive result indicates that the patient has influenza is high), and the negative predictive value of a test result is low (the chance that a negative result is a true negative is low) due to low sensitivity of RIDTs to detect influenza virus in respiratory specimens compared to RT-PCR or viral culture: **false negative results are common.**
2. Influenza virus infection may include seasonal influenza A (H3N2), 2009 H1N1, influenza B, or rarely, a novel influenza A virus infection. The interpretation of RIDTs will, in part, depend on the test used - some will detect influenza A, some will detect influenza B and some will detect both A and B viruses. If tests for both influenza A and influenza B are positive, refer specimen to a public health laboratory for resolution, as dual infections are uncommon.
3. Consult local or state health departments or other sources (e.g. virology testing at a local hospital) for local activity on other respiratory pathogens associated with acute respiratory illness. Empiric antibiotic coverage should include coverage for *Streptococcus pneumoniae*, *Staphylococcus aureus* (including MRSA), Group A *Streptococcus*, and others, especially for hospitalized adult patients per IDSA/ATS CAP guidelines.