

Seasonal Influenza Diagnosis and Management

Diagnosis

- Respiratory virus testing should be considered in individuals presenting during influenza season with fever and influenza-like symptoms of myalgia, arthralgia, headache, and/or sore throat. **Influenza testing is not needed for all patients with signs and symptoms of influenza to make antiviral treatment decisions.**
- A clinical diagnosis of influenza can be made for outpatients with signs and symptoms consistent with influenza. For outpatients and emergency room patients, results of diagnostic testing are not available in a timely manner to inform clinical decision making.
- Testing is appropriate for hospitalized inpatients, especially if a positive test would result in a change in clinical management.
- Nasopharyngeal swab specimens are the preferred specimen for the purpose of respiratory virus testing. A new influenza A/B/RSV PCR (#7255) is the diagnostic test offered at UCLA.
- Please see the CDC's flu site for further details
<http://www.cdc.gov/flu/professionals/diagnosis/>

Treatment for inpatients

- Treatment can shorten the duration of symptoms and may reduce the risk of complications from influenza.
- Benefit is greatest when treatment is started early, especially within 48 hours of illness onset.
- Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who is hospitalized, has severe, complicated, or progressive illness, or who is at risk for complications.
- Decisions about starting treatment should not wait for laboratory confirmation of influenza
- Consideration can be given to treating immunocompromised patients who are outside the 48 hour window, although no data exist to show significant benefit.
- Antiviral recommendations for the 2013 influenza season are oseltamivir (Tamiflu) and zanamivir (Relenza)
- The recommended duration of antiviral treatment is 5 days.
- Please see the CDC's flu site for further details.

<http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

Antiviral Agents

Medication	Adult Dosing	Side Effects	Notes
Oseltamivir	Treatment: 75 mg PO BID x 5d Prophylaxis: 75 mg PO daily	Common: nausea, vomiting Severe: hypersensitivity, neuropsychiatric	Dose adjustment needed for GFR <30 ml/min
Zanamivir	Treatment: 10 mg (2 oral inhalations) BID x 5d Prophylaxis: 10 mg (2 oral inhalations) daily	Common: diarrhea, nausea, cough, headache, and dizziness Severe: bronchospasm, hypersensitivity	Should NOT be used in patients with chronic airway diseases

Infection Control

- All established Occupational Health Services and Hospital Epidemiology policies should be followed by all UCLA employees. Policy IC002 (<http://www.mednet.ucla.edu/Policies/pdf/enterprise/HSIC002.pdf>) and Policy IC005 (<http://www.mednet.ucla.edu/Policies/pdf/enterprise/HSIC005.pdf>)
- All individuals with suspected influenza infection should be placed on Droplet Precautions. When outside their room (e.g. during transport) patients should wear a mask.
- All healthcare workers should receive the influenza vaccine yearly.
- All healthcare workers, as well as family/visitors must wear a surgical mask while caring for patients with confirmed or suspected influenza. These precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires Droplet Precautions.
- Employees who are febrile or have flu-like symptoms during flu season should stay home. If they become sick while at work, they must go to Occupational Health Services. <http://ohs.uclahealth.org/>