



Recommendations on the use of rapid influenza diagnostic tests are available to help guide clinical decisions and to determine if outbreaks of respiratory illness in closed settings are due to influenza virus infection. The guidance also provides information for interpreting rapid diagnostic test results. Highlights include recommendations for the following:

- 1) use of rapid influenza diagnostic tests when a positive result will change the clinical management of patients or change outbreak control strategies in a population, especially if the setting includes hospitalized patients or persons at high risk for influenza-associated complications;
- 2) endorsement of rapid influenza diagnostic tests that differentiate influenza A or B;
- 3) caution in over-reliance on negative rapid test results in deciding whether to treat patients with influenza antiviral medications, due to the suboptimal sensitivity of rapid tests;
- 4) evaluation of rapid diagnostic test results in the context of other available clinical and epidemiological information.

At this time we are making confirmatory PCR influenza testing at the NPHL available for patients meeting these criteria:

- a. when a patient is admitted to the hospital with ILI;
- b. when a patient is pregnant with ILI;
- c. when a patient is a healthcare worker;
- d. when a patient has had recent close exposure to pigs, poultry, or other animals and novel influenza A virus infection is possible.

For all specimens submitted for testing at NPHL, complete and submit a NPHL requisition (<http://www.dhhs.ne.gov/puh/epi/flu/docs/flunphltestrequisition.pdf>) with the specimen.

**IF THE REQUISITION DOES NOT STATE IF THE PATIENT IS HOSPITALIZED, PREGNANT, A HEALTHCARE WORKER, OR THERE ARE SPECIAL CIRCUMSTANCES THAT PUT THE PATIENT AT RISK FOR A NOVEL INFLUENZA INFECTION, THE SPECIMEN WILL NOT BE TESTED UNLESS PRIOR APPROVAL FROM NDHHS OR YOUR LOCAL HEALTH DEPARTMENT HAS BEEN DOCUMENTED ON THE REQUISITION.**

For specific clinical laboratory questions please contact NPHL client services at 1-866-290-1406 or visit the NPHL website at <http://www.nphl.org/>.

### **Antiviral Prescribing Guidance**

Recommendations on the use of antiviral drugs for the 2010-2011 flu season are available at the following link: (<http://www.cdc.gov/flu/professionals/antivirals/index.htm>).

Early antiviral treatment can reduce the risk of complications from influenza (e.g., pneumonia, respiratory failure, and death). Antiviral treatment is recommended as early as possible for any patient with confirmed or suspected influenza who:

- o is hospitalized;
- o has severe, complicated, or progressive illness; or
- o is at higher risk for influenza complications.

Recommended antiviral medications include oseltamivir and zanamivir on the basis of recent viral surveillance and resistance data indicating that >99% of currently circulating influenza virus strains are sensitive to these medications

([http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6001a1.htm?s\\_cid=rr6001a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6001a1.htm?s_cid=rr6001a1_e)).

### **Recommendations for Vaccination**

The 2010-11 trivalent vaccine contains A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens. Recommendations on the use of vaccinations for the prevention of influenza for the 2010-2011 flu season are located here:

(<http://www.cdc.gov/flu/professionals/vaccination/>)

Highlights of the 2010 recommendations include:

- Annual vaccination should be administered to all persons aged  $\geq 6$  months for the 2010--11 influenza season;
- Children aged 6 months--8 years should receive 2 doses of a 2010--11 seasonal influenza vaccine (minimum interval: 4 weeks) during the 2010--11 season if:
  - 1) vaccination status is unknown; or 2) they have never received seasonal influenza vaccine before; or 3) they received seasonal flu vaccine for the first time in 2009--10 but received only 1 dose in their first year of vaccination; or 4) they have never received a 2009 influenza A (H1N1) vaccine;
- Vaccination efforts should continue throughout the 2010--11 influenza season.

### **Recommendations for Infection Prevention and Control**

Please visit the following website for updated guidelines related to influenza prevention and control (<http://www.cdc.gov/flu/professionals/infectioncontrol/>).

There have been an increased number of influenza outbreaks in long-term care facilities. There are guidelines related to control of influenza in this particular setting. Strategies for the prevention and control of influenza in long-term care facilities include the following:

- Annual influenza vaccination of all residents and health care personnel,
- Implementation of Standard and Droplet Precautions when a person is suspected or confirmed to have influenza,
- Active surveillance and influenza testing for new illness cases,
- Restriction of ill visitors and personnel from entering the facility,
- Administration of influenza antiviral medications for prophylaxis and treatment when influenza is detected in the facility, and
- Other prevention strategies, such as respiratory hygiene/cough etiquette programs.

Please contact your local health department

(<http://www.dhhs.ne.gov/puh/oph/docs/contacts.pdf>) or the Division of Public Health, 402-471-2937, for further questions about 2010-11 influenza.