



## Influenza: Rapid Test versus Antiviral Treatment

### 2013-2014 Season vs. Previous Seasons

Based on the most recent data and the historical reports published by Washoe County Health District (WCHD), the overall morbidity in terms of the percentage of persons seen with of influenza influenza-like-illness (ILI) appears to be no different in this season than in the past seasons. During the week ending January 11, 2014 (week 2), the reported percentage ILI by the 11 sentinel providers in Washoe County was 3.9% (186/4823) in comparison with the national level at 4.4% in week 1. However, the total number of reported lab-confirmed influenza cases as of week 2 is significantly elevated compared to the previous three seasons (Table 1). It is important to note that the illness appeared to be more virulent in this season than in the past seasons because of significantly elevated percentages of hospitalized cases, cases admitted to Intensive Care Unit (ICU), and deaths (Table 1). Of 558 reported lab-confirmed influenza cases, nearly 94% (131/140) were confirmed as influenza A (2009 H1N1) by PCR, also known as pH1N1. So far, while CDC has not detected any significant changes in pH1N1 viruses that would suggest increased virulence or transmissibility, the agency is continuing to monitor for antigenic and genetic changes in circulating viruses, as well as watching morbidity and mortality surveillance systems that might indicate increased severity from pH1N1 virus infection.

**Table 1. Overview of influenza morbidity, severity, and mortality, Washoe County, 2009-2014 Season**

Characteristics		13-14	12-13	11-12	10-11	09-10*
# Lab Confirmed	Cumulative to Week 2	558	131	26	143	NA
	Full Season	NA	814	567	752	2246
% ILI	Week 2	3.9	2.2	1.1	3.9	2.0
	Peak in season (wk 52)	4.5	5.4	2.5	4.0	7.2
% Hospitalized	Cumulative to Week 2	9.9	3.1	3.8	8.4	NA
	Full Season	NA	3.3	4.9	4.5	3.9
% Admitted to ICU	Cumulative to Week 2	2.5	0.0	0.0	0.7	NA
	Full Season	NA	0.2	1.4	0.9	0.9
% Death	Cumulative to Week 2	1.1	0.0	0.0	0.0	NA
	Full Season	NA	0.0	0.0	0.0	0.2

\*Pandemic season for influenza A (2009 H1N1)

### Recommendations for Healthcare Providers

Because indicators of illness severity (hospitalizations and deaths) appear significantly elevated this season in Washoe County, WCHD is recommending that all healthcare providers follow CDC recommendations for influenza antiviral medications as outlined below:

- ◆ Decisions about starting antiviral treatment **should not wait for laboratory confirmation of influenza.**
- ◆ Rapid influenza diagnostic tests (RIDTs) have **limited sensitivities and predictive values; negative results of RIDTs do not exclude influenza virus** infection in patients with signs and symptoms suggestive of influenza. Therefore, antiviral treatment should not be withheld from patients with suspected influenza, even if they test negative.
- ◆ Antiviral treatment can also be considered for suspected or confirmed influenza in previously healthy, symptomatic outpatients not at high risk on the basis of clinical judgment, especially if treatment can be initiated within 48 hours of illness onset.
  - Clinical judgment, on the basis of the patient's disease severity and progression, age, underlying medical conditions, likelihood of influenza, and time since onset of symptoms, is important when making antiviral treatment decisions for outpatients.
- ◆ CDC guidelines for influenza antiviral use during 2013-14 season are the same as during prior seasons. 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 is at higher risk for influenza complications.
- ◆ While influenza vaccination is the best way to prevent influenza, a history of influenza vaccination does not rule out influenza virus infection in an ill patient with clinical signs and symptoms compatible with influenza.

For detailed CDC recommendation, check this link.

<http://emergency.cdc.gov/HAN/han00359.asp>

**Please share this document with all physicians & staff in your facility/office.**