Influenza

Diagnosis

- Influenza should be suspected during influenza season in patients with new fever, sore throat, cough, myalgias, or rhinorrhea.[1]
  - The current prevalence of influenza can be found on the Centers for Disease Control and Prevention and local health department websites.
- If there is a high prevalence of influenza and a high clinical suspicion for influenza, influenza testing is not necessary; patients who meet criteria for treatment can receive empiric antiviral therapy.[2,3]
- If there is not a high prevalence of influenza during flu season, test patients with flu symptoms who are—
  - At high risk of influenza complications, including: (https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm)[3,4]
    - Patients with severe or progressive disease
    - Children <2 years of age
    - Pregnant women or postpartum women within 2 weeks of delivery
    - Adults ≥65 years of age
    - Adults and children with obesity, chronic medical conditions, or immunocompromise
  - Not at high risk but with high-risk household contacts
  - Not at high risk but, if testing were positive, antivirals would likely be prescribed
- Rapid direct antigen tests generally provide results within 15 minutes, and when positive, strongly suggest influenza. They have a sensitivity of only 50–70 percent. A negative result does not exclude influenza.[2,5]
- Rapid molecular assays provide results in about 30 minutes and have a sensitivity and specificity of more than 90 percent.[2,5]

Treatment*

- Treat patients at risk for complications of influenza (as listed above) as soon as possible if influenza is suspected or confirmed, regardless of influenza vaccination status.
- Antivirals are most effective if initiated within 48 hours of symptoms. Beyond 48 hours from symptom onset, consider antivirals for patients with immunocompromise or severe illness.[3,4]
- Antivirals generally reduce the duration of influenza symptoms by 1 to 2 days and can reduce the likelihood of hospitalization and complication from influenza. Treatment options include the following:[4]
  - Oseltamivir for 5 days
  - Zanamivir for 5 days for patients ≥7 years of age
  - Baloxavir as a single dose for patients ≥12 years of age
- Antibiotics are not indicated for the treatment of influenza in the absence of pneumonia.
- For patients improving from influenza who develop new fevers or symptoms of illness, consider an evaluation for possible bacterial superinfection.

Prevention*

- The influenza vaccine is recommended annually for all patients 6 months of age and older.[6]
- The influenza vaccine may not prevent influenza, but it reduces risk of severe illness from influenza.[6]
- Remind patients they can avoid infection with influenza and other respiratory virus infections by washing their hands frequently, avoiding contact with people who are sick, and by avoiding touching their faces.
- For patients at high risk for complications, consider influenza prophylaxis within 48 hours of close exposure to someone with influenza. Antiviral prophylaxis options include:[3,4]
  - Oral oseltamivir for 7 days for patients ≥3 months of age
  - Inhaled zanamivir for 7 days for patients ≥5 years
  - Oral baloxavir as a single dose for patients ≥12 years

*For antiviral dosing information for both treatment and prevention, please access the Centers for Disease Control and Prevention's "Influenza Antiviral Medications: Summary for Clinicians"[3] document, available at https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm; or package inserts of individual antiviral agents.

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AHRQ Pub. No. 17(22)-0030
September 2022