
Testing for Novel Influenza A (H1N1)/2009: Wisconsin Guidance for Clinicians June 5, 2009

Note: This guidance supersedes previous guidance on this topic.

Testing for this novel influenza helps define the spread and severity of the outbreak. Use of test results for treatment decisions is not recommended, due to the 48 to 72 hour period required for test results to be available. Antiviral therapy for influenza is most effective if begun within 48 hours of the onset of symptoms, although some benefit has been shown when treatment is begun up to five (5) days after symptom onset for those with severe illness.

Testing refers to rRT-PCR Swine Influenza panel testing, done on nasopharyngeal and oropharyngeal swabs. Please see <http://www.slh.wisc.edu/comdis/swineflu.dot> for guidance on specimens, specimen submission, and testing.

Clinicians should notify the local health department when they are testing

- a healthcare worker
- a patient who is or will be hospitalized
- a resident or staff of a long term care or other residential facility.

Testing Recommended For:

- Persons with severe febrile illness
- Persons with sepsis syndrome
- Patients who are hospitalized with severe respiratory illness
- Healthcare workers with symptoms of influenza-like illness (fever $\geq 100^{\circ}$ F and cough or sore throat)
- Residents of residential facilities (long term care, prisons) who have symptoms

Testing May be Considered For:

- Moderately ill persons (fever $\geq 101.5^{\circ}$ F **AND** cough or sore throat **AND** headache or body aches)

Testing Not Recommended For:

- Persons with mild illness
- Family members of a person with known H1N1 influenza

This guidance is based upon the current epidemiology of the Novel Influenza A(H1N1)/2009 in Wisconsin. These are recommendations only and do not replace clinicians' judgement.

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- Influenza rapid kits should NOT be used to diagnose Novel Influenza A(H1N1)/2009. Their sensitivity and specificity for this novel virus are unknown, but are likely to be quite poor.
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