ALLINA HEALTH LABORATORY

Test update

Test name: Influenza antigen

Test #: 6696/87804.0

Notification date: September 23, 2020

Effective date: October 1, 2020

This flu season will be unique as we are still in the first wave of COVID-19. The urgent ramp-up of COVID testing has limited the manufacturing capacity for all flu tests and the supply is constrained. As a result, the CDC has issued updated guidance for influenza treatment and testing during the pandemic. CDC guidelines are unequivocal that empiric antiviral treatment for influenza should be initiated based on clinical judgment, rather than influenza test results and should not be delayed to wait for SARS-CoV-2 results. Influenza testing is not routinely indicated and should be restricted to selected patients at high risk for influenza complications when clarification of the clinical diagnosis is needed.

Guidelines from the CDC and the Infectious Disease Society of America (IDSA) (look under what tests to be done for influenza) are also unequivocal that influenza testing, when needed, should be performed by PCR. ***Rapid influenza antigen testing is no longer recommended*** due to an unacceptably high rate of false negatives. Internal data confirms the poor performance of rapid antigen testing vs. PCR.

What is the impact to patient care?

Key Points:

- The decision to test and treat for influenza are uncoupled
- ***Rapid influenza antigen testing has been discontinued*** and antiviral treatment should be given empirically based on clinical judgment, including without an office visit
- In accordance with CDC and limited testing supplies, ***Influenza PCR testing should be restricted to selected ambulatory patients at high risk for complications***. Turnaround time is up to 24 hours and antiviral treatment should be given empirically without waiting for results.

Antiviral treatment of influenza:

Empiric antiviral treatment is recommended in Flu for patients at high risk for complications, patients presenting with symptoms < 48 h even if not high risk, patients with severe or progressive symptoms, or symptomatic individuals who will be in close contact with high risk individuals e.g. healthcare workers etc.

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Influenza PCR testing:

Influenza A/B PCR (8810/LAB89810)

Recommended for hospitalized patients or ***those at high risk to develop complications*** or if the testing will truly change management. The TAT for influenza is up to 24 hours from receipt in the Central laboratory. Utilization will be audited to preserve the limited test supply.

High risk indications:

- Hospitalized patient
- Severe symptoms
- Underlying chronic illness
- Symptomatic close contact of high risk patient
- Age <2yr or >65 yrs
- Pregnant, or within 2 weeks post-partum
- Age <18 yrs on ASA or salicylate containing medication
- Immunosuppressed
- BMI >40
- Resident of long-term care
- American Indian or Alaska native

If both COVID and flu PCR are ordered, separate NP swabs and tubes are required.

Influenza PCR collection kit

Item Name: **Influenza PCR collection kit**

Collection kit for Influenza A/B PCR (8810/LAB8810)

Limit 5

COVID-19/Coronavirus sample collection kit

Item Name: **COVID-19/Coronavirus sample collection kit**

Kit will contain an OP or NP swab and viral transport media.