

PEDIATRIC PATIENT WITH INFLUENZA-LIKE ILLNESS

Indication for Testing:



During peak periods of influenza, signs and symptoms may be sufficient for an influenza diagnosis and treatment decisions. Consult TriCore Infectious Disease Report (www.tricore.org/infectious_disease_report)

Will diagnostic test results influence clinical management of this patient? (i.e., treatment, isolation precautions, hospitalization)

No

Respiratory virus testing probably not indicated. Symptomatic therapy recommended.

Yes

Do any of the following conditions apply?

- Patient with fever (>37.8°C or 100°F) and with or without respiratory symptoms (rhinorrhea, cough and/or sore throat)
- Patient with underlying pulmonary disease, cardiovascular disease, febrile illness after travel or immunocompromised
- Patient <7 months of age
- Patient with exposure to persons with known influenza/influenza-like illness

No

Yes

Laboratory Testing:



*A negative rapid influenza test cannot rule out influenza virus infection. **Initiation of antiviral treatment, if clinically indicated, should not be delayed pending results of testing.**

Positive

1. Perform rapid influenza test (if available)
- OR
2. Flu A/B RSV PCR testing (FLURSV)

Negative

Will the addition of PCR diagnostic test results influence clinical management of this patient? (i.e., treatment, isolation precautions, hospitalization)

Yes

Order respiratory panel test (RESPAN) patients with chronic lung disease (including asthma), patients with heart disease, and immunocompromised patients.

No



Respiratory virus testing probably not indicated. Symptomatic therapy recommended.

Treatment Recommendations:



- Influenza virus infection likely.
- Initiate antiviral therapy if clinically indicated. **Antiviral treatments are only effective when administered within 48 hours of onset of symptoms** or potentially in hospitalized patients with severe influenza.
- Symptomatic therapy recommended otherwise.

Differential Diagnosis:

Symptoms may be characteristic of acute bacterial pharyngitis. For testing recommendations, review the following algorithm:

- Pediatric Patient with Suspected Bacterial Pharyngitis

If cough persists for >2 weeks, consider testing for pertussis (PPERT).