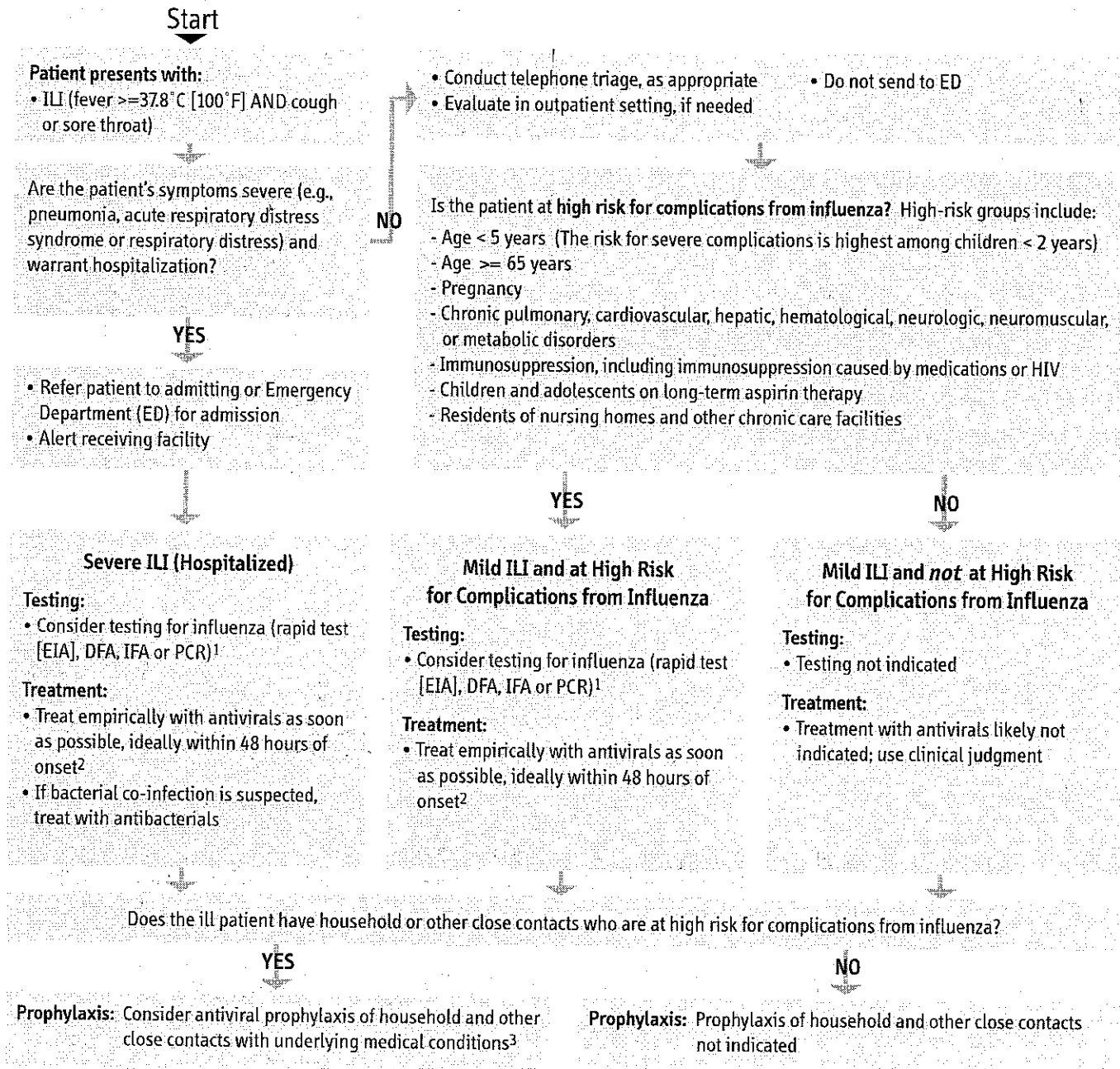


## Testing, Treatment and Prophylaxis Decision Algorithm for Patients with Influenza-Like Illness (ILI) in New York State



<sup>1</sup> Rapid tests have low to moderate sensitivity for both seasonal and novel influenza. Thus, a negative rapid test result does not rule out influenza virus infection. If clinical suspicion of influenza is high in a patient who tests negative by a rapid test (or testing is not offered), empiric antiviral therapy should be administered.

<sup>2</sup> Healthcare providers need to review regional and state influenza virus surveillance data weekly during the influenza season to determine which types (influenza A or B) and subtypes of influenza A virus (novel H1N1, seasonal H1N1 or seasonal H3N2) are currently circulating in the area. Influenza strains have differing antiviral resistance patterns. Thus, surveillance information will help guide clinical management decisions, including the choice of antiviral medication(s) for empiric therapy.

<sup>3</sup> An emphasis on early treatment is an alternative to chemoprophylaxis after a suspected exposure for some persons. Persons with risk factors for influenza complications who are household or close contacts of confirmed or suspected influenza cases can be counseled about the early signs and symptoms of influenza, and advised to immediately contact their healthcare provider for evaluation and possible early treatment if clinical signs or symptoms develop.