

Empirical CLI & ILI Testing and Treatment Recommendations

Population	Meets ILI ^a and/or CLIB Case Definition	Risk Factors for Complications ^c Yes/No	Pediatric Patient	Flu vaccine Yes/No	Test(s) Yes/No	Treatments	Comments
Inpatient or ED Admission	No	N/A	N/A	N/A	COVID testing on admission	N/A	Maintain COVID screening for asymptomatic patients on admission
	Yes	No	N/A	Document	Respiratory Pathogen Panel (RPP) + COVID; Consider d-dimer, CRP, ferritin, CXR	--Empiric Tamiflu* --See COVID-19 treatment pathway --Consider CAP/VAP treatment as indicated --Reassess when test results available	
	Yes	Yes	N/A	Document	RPP + COVID; Consider d-dimer, CRP, ferritin, CXR	--Empiric Tamiflu* --See COVID-19 treatment pathway --Consider CAP/VAP treatment as indicated --Reassess when test results available	
Ambulatory, ICC or ED Discharge	No	No	No	Document	None	NA	Consider COVID-19 testing in asymptomatic patients who have had a recent exposure (i.e., those that meet the Persons Under Investigation (PUI) definition)
	Yes	No	No	Document	(1) Flu + COVID (Rapid tests acceptable) (2) COVID testing only within 2-7 days from symptom onset	Empiric Tamiflu* if w/in 48 hours of symptom onset	(Influenza) Testing after 48 hr from symptom onset is at the discretion of the treating clinician *Strep not necessary for adults; unless classic symptoms for strep throat are present
	Yes	Yes	Yes	Document	Influenza A/B, RSV A/B plus COVID	--Empiric Tamiflu* if w/in 48 hours of symptom onset or severe, complicated or progressive illness	
Drive-Thru Locations	Yes	Either	No	Document	Influenza A/B, COVID (PCR)	Empiric Tamiflu* if w/in 48 hours of symptom onset	
Pre-op or Pre-procedure	No	No	N/A	Document	COVID testing only	NA	

*In one RCT, baloxavir had greater efficacy than oseltamivir in adolescents and adults with influenza B infection

^aILI Case definition: fever 100°F or greater (oral or equivalent), and cough and/or sore throat is used by CDC U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)

^bCLI Case Definitions: Fever and cough or shortness of breath or difficulty breathing; for more detailed education, refer to Appendix A

^cRisk factors for ILI or CLI complications: See Appendix B and C, respectively

Key Takeaways:

- **Asymptomatic patients do not need a Flu test**
- **Symptomatic patients are recommended to have both COVID and Flu tests in the appropriate clinical scenario**
- **Respiratory Panels are recommended for symptomatic patients who are being admitted, have worsening symptoms, or are immunocompromised**
- **Consider C diff PCR testing ON ADMISSION for pts presenting with ILI/CLI and diarrhea, rather than waiting until later in the hospital stay**

Appendix A: Coronavirus Disease 2019 (COVID-19) 2020 Interim Case Definition, Approved April 5, 2020

<https://www.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/>

Clinical Criteria

At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s)

OR

At least one of the following symptoms: cough, shortness of breath, or difficulty breathing

OR

Severe respiratory illness with at least one of the following:

- Clinical or radiographic evidence of pneumonia, **OR**
- Acute respiratory distress syndrome (ARDS).

AND

No alternative more likely diagnosis

Laboratory Criteria

Laboratory evidence using a method approved or authorized by the U.S. Food and Drug Administration (FDA) or designated authority:

Confirmatory laboratory evidence:

- Detection of severe acute respiratory syndrome coronavirus 2 ribonucleic acid (SARS-CoV-2 RNA) in a clinical specimen using a molecular amplification detection test

Presumptive laboratory evidence:

- Detection of specific antigen in a clinical specimen
- Detection of specific antibody in serum, plasma, or whole blood indicative of a new or recent infection*

**Serologic methods for diagnosis are currently being defined.*

Epidemiologic Linkage

One or more of the following exposures in the 14 days before onset of symptoms:

- Close contact** with a confirmed or probable case of COVID-19 disease; **OR**
- Close contact** with a person with:
 - clinically compatible illness **AND**
 - linkage to a confirmed case of COVID-19 disease.
- Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2.
- Member of a risk cohort as defined by public health authorities during an outbreak.

***Close contact is defined as being within 6 feet for at least a period of 10 minutes to 30 minutes or more depending upon the exposure. In healthcare settings, this may be defined as exposures of greater than a few minutes or more. Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact.*

Appendix B: Risk Factors for Complications of Influenza

<https://www.cdc.gov/flu/highrisk/index.htm>

Following is a list of all the health and age factors that are known to increase a person's risk of getting serious complications from the flu:

- Asthma
- Neurologic and neurodevelopment conditions
- Blood disorders (such as sickle cell disease)
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- Endocrine disorders (such as diabetes mellitus)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Kidney diseases
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- People who are obese with a body mass index [BMI] of 40 or higher
- People younger than 19 years of age on long-term aspirin- or salicylate-containing medications.
- People with a weakened immune system due to disease (such as people with HIV or AIDS, transplant, or some cancers such as leukemia) or medications (such as those receiving chemotherapy or radiation treatment for cancer, or persons with chronic conditions requiring chronic corticosteroids or other drugs that suppress the immune system)

Other people at high risk from the flu:

- Adults 65 years and older
- Children younger than 2 years old¹
- Pregnant women and women up to 2 weeks after the end of pregnancy
- American Indians and Alaska Natives
- People who live in nursing homes and other long-term care facilities
- ¹ Although all children younger than 5 years old are considered at high risk for serious flu complications, the highest risk is for those younger than 2 years old, with the highest hospitalization and death rates among infants younger than 6 months old.

Appendix C: Risk Factors for Complications of COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

People of any age with **certain underlying medical conditions** are at increased risk for severe illness from COVID-19:

People of any age with the following conditions **are at increased risk** of severe illness from COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

COVID-19 is a new disease. Currently there are limited data and information about the impact of underlying medical conditions and whether they increase the risk for severe illness from COVID-19. Based on what we know at this time, people with the following conditions **might be at an increased risk** for severe illness from COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Smoking
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

