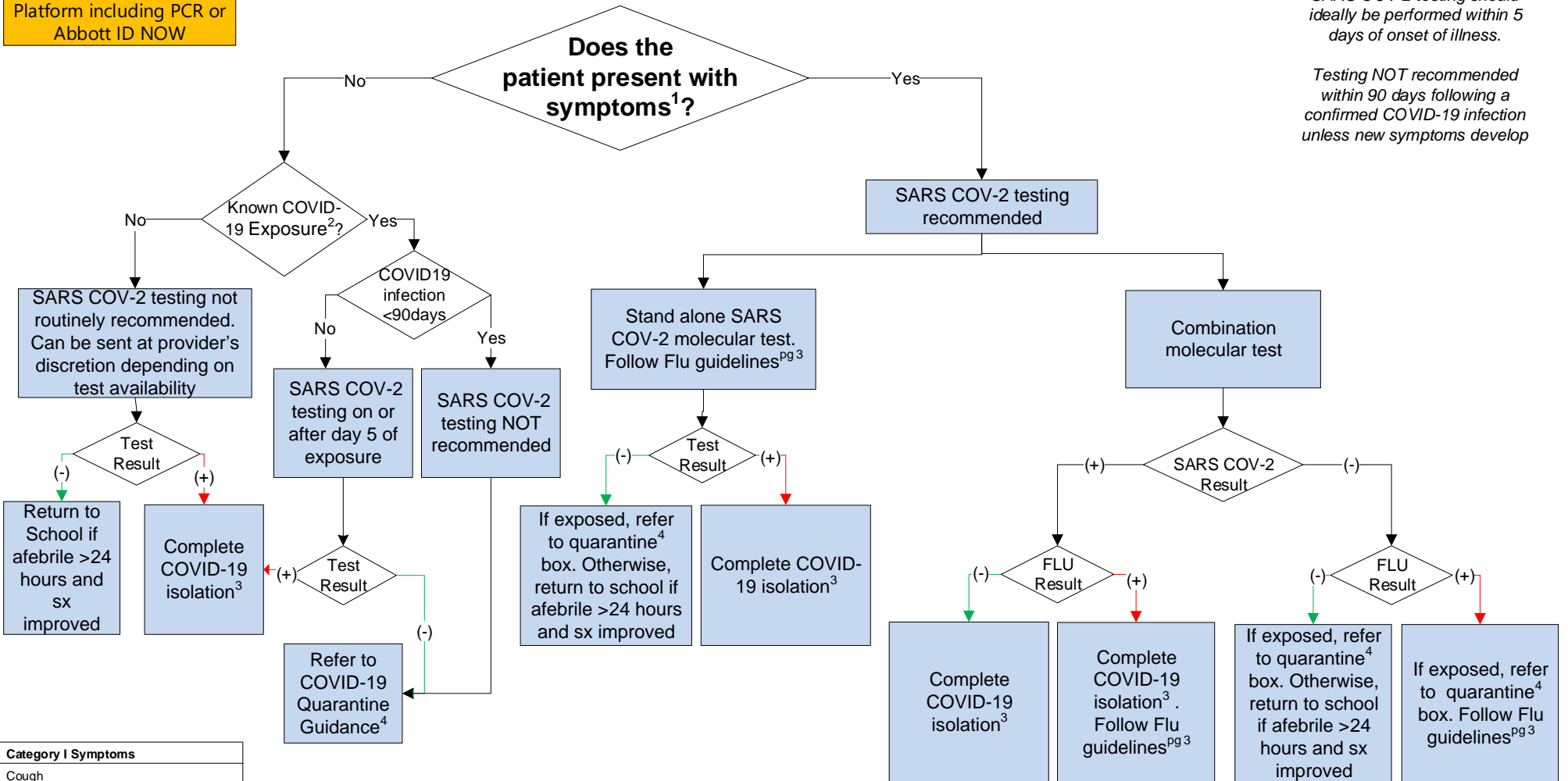


COVID-19/Influenza Testing Algorithm

Any Nucleic Acid Amplification Testing Platform including PCR or Abbott ID NOW

SARS COV-2 testing should ideally be performed within 5 days of onset of illness.

Testing NOT recommended within 90 days following a confirmed COVID-19 infection unless new symptoms develop



Category I Symptoms
Cough
Shortness of breath or difficulty breathing
New loss of taste and smell
Category II Symptoms
Fever
Headache
Myalgias
Sore throat
Runny nose/congestion
Nausea/Vomiting/Diarrhea

¹Symptoms COVID Like Illness (any of the following):

- Single Category I symptom
- 2 or more category II symptoms
- Exposure² AND at least one category II symptom

²Exposure

- Community exposure: <6 ft and >15 minutes cumulative over a 24hr period with someone known or suspected to have COVID-19 (irrespective of whether the person with COVID-19 or contact is wearing a mask)
- Any household exposure to someone known or suspected to have COVID-19

³Covid-19 Isolation

- Isolation for 10 days from symptom onset or positive test result if no symptoms
- Isolation can be shortened to 5 days if:
 - Sx have improved
 - At least 24 hrs afebrile without fever reducing medication
 - Mask can be worn consistently when around others for 5 additional days (through day 10 of sx or positive test result if no symptoms)
- If antigen test is performed on day 5 and is found to be positive, continue isolation for 10 days

⁴COVID-19 Quarantine

NOT up to date on COVID-19 vaccinations:

- Quarantine period can be shortened to 5 days if asymptomatic and mask can be worn consistently when around others for 10 days

Up-to-date on COVID-19 vaccinations or confirmed COVID-19 infection <90days:

- No quarantine necessary if asymptomatic and able to wear a mask consistently when around others for 10 days

COVID-19/Influenza Testing Algorithm

INCLUSION CRITERIA
 Patients presenting with influenza-like illness (ILI) when epidemiologic surveillance data indicate influenza activity

TARGETS

- Only treat patients meeting criteria for treatment with oseltamivir
- Eliminate RVP testing for dx of influenza (ED)

¹High Risk for Complications

- <2 yo
- Underlying chronic conditions:
 - Pulmonary
 - Metabolic
 - Endocrine
 - Cardiovascular
 - Renal
 - Hepatic
 - Hematologic
 - Neurologic
 - Neurodevelopmental
- Pregnant or post partum
- Chronic aspirin therapy
- Immunocompromised
 - Including HIV
- BMI > 40
- Resident of long-term facility

²Rapid Influenza Point of Care Antigen Testing
 Antigen testing has low sensitivity and cannot rule out influenza infection. CDC 2018

³Postexposure Prophylaxis
 Chemoprophylaxis should be considered within 48 hrs of exposure for:

- Children at high risk of influenza complications during the 1st two wks following vaccination or who cannot receive influenza vaccine
- Children with severe immune deficiencies or children receiving immunosuppression
- Unvaccinated household contacts of children at high risk

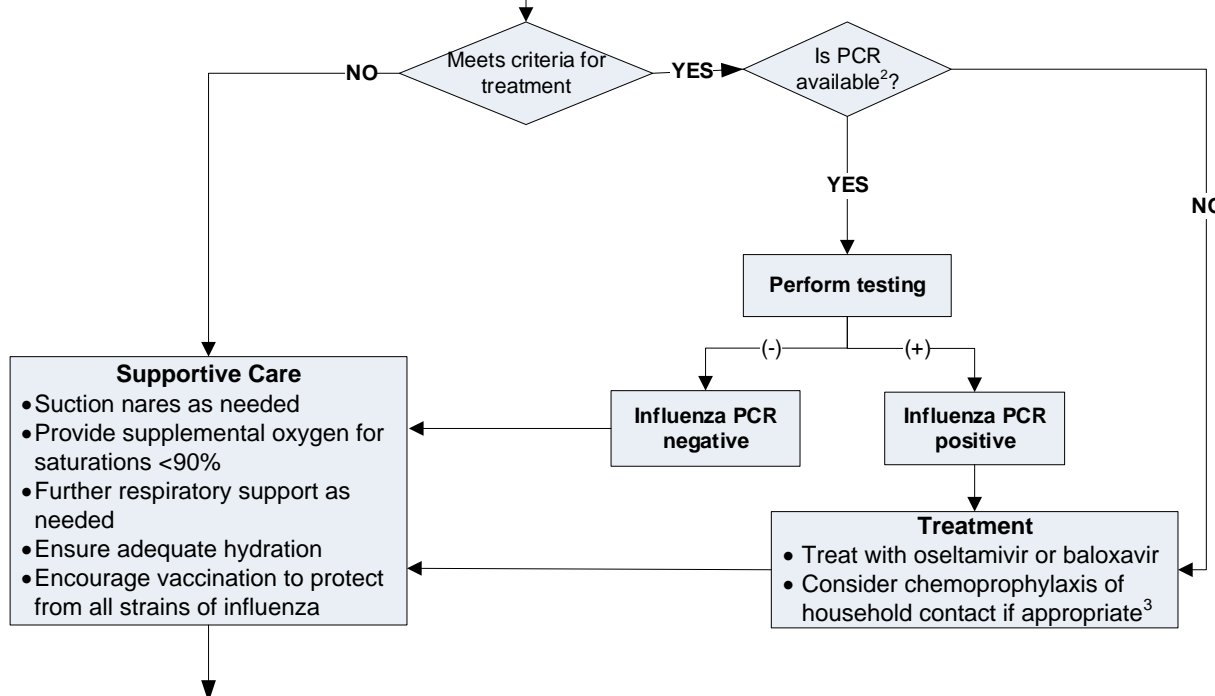
Determine if Patient Meets Criteria For Influenza Treatment

- Severe, complicated, or progressive symptoms
- High risk for complications¹
- Hospitalized children
- Child with immunocompromised household contact

ILI
 Fever >38°C, rhinorrhea, cough, sore throat, myalgia, vomiting, diarrhea, or headache

Treatment Timing
 Oseltamivir is most likely to be effective within 48 hrs of symptom onset. However, treatment may have benefit in patients with severe, complicated or progressive illness and in hospitalized patients beyond that time frame.

Testing Considerations
 Testing may be indicated for patients not at high risk if it will influence clinical management decisions to help reduce use of unnecessary antivirals, antibiotics, or additional diagnostic testing.



Supportive Care

- Suction nares as needed
- Provide supplemental oxygen for saturations <90%
- Further respiratory support as needed
- Ensure adequate hydration
- Encourage vaccination to protect from all strains of influenza

Drug	Age Group	Treatment Dose	Chemoprophylaxis Dose	
Oseltamivir (enteral) Treatment =5 days Chemoprophylaxis =7 days	Adolescents	75mg BID	75mg once daily	
	Children ≥ 12 mo by weight	≤15kg	30mg BID	30mg once daily
		>15-23 kg	45mg BID	45mg once daily
		>23-40kg	60mg BID	60mg once daily
		>40kg	75mg BID	75mg once daily
	Infants 9-11 mo	3.5mg/kg/dose BID	3.5mg/kg/dose once daily	
	Term Infants 0-8 mo	3mg/kg/dose BID	3mg/kg/dose once daily for infants 3-8 mo Not recommended for infants <3 mo old due to limited safety and efficacy data, consult ID	
Baloxavir Marboxil (enteral) (NOT on hospital or Medicaid formulary)	≥ 12 yrs	40 Kg to <80 kg	40mg, PO single dose	
		≥80 kg	80mg, PO single dose	

Disposition Decision

Discharge Criteria

- Normal vital signs as expected for degree of fever
- No respiratory distress
- Pulse ox ≥ 92%
- Tolerating PO

Home Care

- Nasal suction
- Antipyretics and analgesia prn
- Push fluids
- F/u PCP 2-3 days if not improved
- Cough/cold remedies are not recommended

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Questions about creation of a new (location such as ED or inpatient) pathway should be directed to (email Site and location specific lead here).

Legal Disclaimer: These clinical practice guidelines are based upon the opinions of staff members of Nemours Children's Health System. Treatment should be individualized and based upon the clinical conditions of each patient.