Duquesne University Academic Center for Pharmacy Care		
	Policy Name	Molecular Influenza Testing
	Policy Number	
	Effective Date	October 2015
	Responsible for Content	All CPC Staff

I. Description
This policy will be used to outline the process related to molecular influenza testing.

II. Rationale
This policy will ensure the proper screening and management of influenza A and B at the Duquesne University Center for Pharmacy Care to include screening, provider recommendation, treatment protocol, and follow-up. This policy ensures proper patient care related to the assessment and treatment plan for individuals with influenza A or B identified via screening procedures.

III. Procedure
Screening patients:
When patients present to the clinic or related off-site clinic event that provides molecular influenza screening services:

1. Patient Restrictions: (See Appendix A)
    a. Patients must be symptomatic (5 of 8 symptoms must be present):
        i. Coughing
        ii. Elevated temperature (>100 degrees Fahrenheit)
        iii. Sore throat
        iv. Headache
        v. Myalgias/bodyaches
    b. Patients should be referred to the hospital or emergency department if they are tachycardic (> 100 beats per minute), hypotensive (systolic < 90 mmHg), or tachypneic (> 20 breaths per minute)
2. If patient qualifies for molecular influenza screening, the patient will be seated comfortably and the pharmacist will obtain a nasalopharyngeal swab sample from the patient
3. The pharmacist will enter a Patient ID (Last Name, First initial) when prompted on the Alere™ i
4. The pharmacist will follow the procedure and prompts on the Alere™ i
5. The test results will then be printed and recorded. A second copy will be provided to the patient.
6. For Positive Influenza Test Results:
    a. Diagnostician will perform all required notifications to state and federal agencies in the event of a positive test result
    b. Patient is symptomatic for > 48 hours:
        i. Treat symptoms only
        ii. Do not recommend aspirin or aspirin containing products in any patient < 21 years of age

c. Patient is symptomatic for < 48 hours:
    i. Offer treatment with oseltamivir
    ii. Upon patient or caregiver acceptance, dispense under the name of the protocol diagnostician
    iii. Oseltamivir dosing:
        1. Adults and children > 40 kg: 75 mg BID x 5 days
        2. 24-40 kg: 60 mg BID x 5 days
        3. 16-23 kg: 40 mg BID x 5 days
        4. ≤ 15 kg: 30 mg BID x 5 days

7. For Negative Influenza Test Results:
    a. Provide patient counseling on false negative rates
    b. If appropriate, refer patient
    c. Administer the influenza vaccine as appropriate for the patient
        i. For insurance payment requiring a prescription, dispense, and administer under the name of the protocol diagnostician
8. When to Consider Further Influenza Testing Recommendations
    a. Consider sending specimens for influenza testing by viral culture or RT-PCR to confirm results of a Rapid Influenza Test:
        i. Patient tests negative when community influenza activity is high
        ii. Patient test positive and community prevalence is low
        iii. Recent exposure to pigs or other animals where novel influenza A virus infection is possible

Recommendation Procedure:

1. Obtain the patient's primary care physicians contact information at office visit
2. Prepare a physician lab/recommendation communication form that includes the patient's molecular flu testing results
    a. Positive results – call physician's office **within same working day** to inform results and recommendation for anti viral therapy
    b. Negative results – fax or call physician's office within same working day
3. Fax the recommendation to the physician's office three consecutive days
4. File the patient's chart one week after the third unsuccessful fax attempt

Monitoring:

1. Patients identified as having positive influenza testing will be educated on proper hygiene to avoid spread of influenza. (i.e. washing hands, covering mouth, disinfecting hard surfaces, etc)
2. Patients will also be educated on non pharmacologic therapies
    a. Adequate fluid intake
    b. Anti-pyretic use (ibuprofen, acetaminophen, aspirin)
3. Assess need for further evaluation with PCP or ED.

Patient Exit and Scheduling

1. Once provider has completed appointment with patient, the patient shall be escorted to the Check Out window at the Front Office
4. The Provider shall inform the Front Office Staff of the follow up appointment time frame (6 weeks, 3 months, 6 months, etc.)
5. Follow-up appointment to be made as per Provider instructions

IV. Reviewed/ Approved by

Center Director

V. Original Policy Date Approval and Revisions:

Revision #	**Date**
Original	October 2015

Appendix A: Persons who should be tested for influenza:

1. During influenza season, testing should occur in the following persons if the result will influence clinical management:
    a. Outpatient immunocompetent persons of any age at high risk of developing complications of influenza (e.g., hospitalization or death) presenting with acute febrile respiratory symptoms, within 5 days after illness onset, when virus is usually being shed

    b. Outpatient immunocompromised persons of any age presenting with febrile respiratory symptoms, irrespective of time since illness onset, because immunocompromised persons can shed influenza viruses for weeks to months

    c. Hospitalized persons of any age (immunocompetent or immunocompromised) with fever and respiratory symptoms, including those with a diagnosis of community-acquired pneumonia, irrespective of time since illness onset

    d. Elderly persons and infants presenting with suspected sepsis or fever of unknown origin, irrespective of time since illness onset

    e. Children with fever and respiratory symptoms presenting for medical evaluation, irrespective of time since illness onset

    f. Persons of any age who develop fever and respiratory symptoms after hospital admission, irrespective of time since illness onset

    g. Immunocompetent persons with acute febrile respiratory symptoms who are not at high risk of developing complications secondary to influenza infection may be tested for purposes of obtaining local surveillance data