



November 24, 2020

## Clinical Considerations for Influenza Testing during the SARS-CoV-2 Pandemic

### Background

Influenza and COVID-19 generally cause similar symptoms, including fever and cough, and they cannot be distinguished without testing. Public health interventions to slow the spread of COVID-19 led to an abrupt end to the 2019–2020 influenza season. Inter-seasonal influenza activity has been historically low, and almost no influenza is circulating in the United States as of the writing of this document.

The supply chain for COVID-19 testing has been intermittently insufficient, and many of the same testing supplies and platforms used for COVID-19 testing are also used for influenza testing.

### Purpose

The Oregon Health Authority (OHA) has received many questions regarding when co-testing for influenza should be initiated given record low circulation. OHA offers the following clinical considerations for providers evaluating patients with influenza-like illness.

### Influenza surveillance

Every year, OHA conducts influenza surveillance in collaboration with the Centers for Disease Control and Prevention (CDC) from October 1 through April 30. OHA publishes a weekly influenza surveillance report called [Flu Bites](#) ([www.healthoregon.org/fludata](http://www.healthoregon.org/fludata)) during this time. Providers may subscribe to Flu Bites [here](#). CDC publishes a weekly influenza surveillance report called [FluView](#).

Key influenza surveillance metrics include the following:

- Percentage of all influenza tests performed that are positive
- Absolute number of all influenza tests performed that are positive
- Percentage of emergency department visits that are for influenza-like illness (ILI)

For surveillance purposes, influenza-like illness is defined as a measured fever  $\geq 100^{\circ}\text{F}$  with cough or sore throat. Circulating COVID-19 increases the percentage of emergency department visits for ILI such that it is a less useful indicator of influenza

activity during the pandemic. The **percentage of positive influenza tests** as well as the **absolute number of positive influenza tests** should be used as the primary determinants of influenza circulation in the community during the pandemic.

## Clinical considerations

OHA's [COVID-19 testing recommendations for healthcare providers](#) recommend that all persons with symptoms of COVID-19 be tested for COVID-19 regardless of symptom severity. This is because of the importance in identifying cases for isolation and quarantine.

Testing for influenza should always be considered in patients presenting with signs and symptoms consistent with influenza, regardless of vaccination history, when influenza is circulating in the community. CDC has excellent guidance on considering influenza testing available [here](#). "Circulation in the community" is, of course, a matter of degree; but for testing decisions, influenza might be considered to be "circulating" in Oregon when the percentage of positive influenza tests exceeds 3% over two consecutive weeks or the absolute number of positive influenza tests exceeds 30 per week over two consecutive weeks. Regional data may also be considered in evaluating whether influenza is circulating. Influenza data can be viewed in [Flu Bites](#).

During the pandemic, given compatible symptoms when influenza is circulating, the following groups should always be tested for both influenza and COVID-19 to inform treatment and infection prevention:

- Patients with severe illness or being admitted to hospital
- Patients living in congregate settings such as long-term care facilities, prisons, shelters or group homes

For outpatients with mild to moderate ILI, the decision to test for influenza in addition to COVID-19 should be informed by:

- Whether influenza testing would inform clinical management
- The availability of influenza testing and the sensitivity of the available tests; low-sensitivity assays can be negative even when influenza virus is present.

Coinfection with influenza and COVID-19 has been documented; a diagnosis of either does not exclude the other.

## Confirmation of antigen testing

The CDC recommends confirmation of positive antigen test results early in the influenza season due to the risk of false positives. Once influenza is circulating in a community according to the parameters stated above, this confirmatory testing is not necessary.

**Document accessibility:** For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or [COVID19.LanguageAccess@dhs.oha.state.or.us](mailto:COVID19.LanguageAccess@dhs.oha.state.or.us)