

City of Milwaukee Health Department (MHD)
Recommendations for Clinicians – Updated May 28, 2009

TESTING FOR NOVEL INFLUENZA TYPE A (H1N1) VIRUS

A. Who To Test: In response to the current public health emergency involving novel H1N1 influenza, and in light of laboratory and epidemiologic case follow-up capacity as well as documented widespread disease in our community, the MHD recommends that testing for novel H1N1 influenza virus in Milwaukee should be limited to only:

1. **Individuals with “moderate to severe” symptoms** (see description below), **or**
2. **Health care workers (HCWs) with influenza-like illness regardless of severity, or**
3. **Clusters of ILI in congregate living facilities** (e.g., nursing homes, jails, etc.)

For influenza-like illness (ILI), “moderate to severe symptoms” is determined by clinical judgment, but for purposes of this guidance generally includes:

- temperature ≥ 101.5 °F (38.6 °C), **AND**
- *significant* symptoms consistent with respiratory illness (e.g., *prominent* cough, sore throat, rhinorrhea), **AND**
- *significant* constitutional symptoms (e.g., headache, myalgias, chills, lethargy)

NOTE: Individuals with only mild symptoms should not be tested (other than HCWs). If a household member has already tested positive for novel H1N1 influenza, there is generally no need for additional testing on other symptomatic household members, *unless they become quite severely ill or require hospitalization.*

B. Rapid Tests: Rapid flu kits should **NOT** be used to diagnose novel H1N1 influenza.

1. Rapid flu kit *sensitivity for seasonal human influenza* is approximately 50%-70%, which leads to false negative results, particularly when seasonal human influenza is circulating in only low prevalence (seasonal human influenza prevalence is is likely to be low in Milwaukee at this time).
2. Rapid test *sensitivity for novel H1N1 influenza* is unknown but likely to be quite poor. Given the likelihood of false-negative results for novel H1N1 influenza using currently available rapid tests, **it is *inappropriate* to use rapid testing to “rule out” novel H1N1 influenza virus.**
3. Rapid test *specificity for novel H1N1 influenza* is unknown but likely to be quite poor. In addition to the possibility of false-positive results for novel H1N1 influenza using rapid test modalities, **currently available rapid tests do *not* distinguish between influenza A of human origin vs novel H1N1 influenza.**
4. Therefore, regardless of rapid test results, the MHD urges clinicians testing for novel H1N1 influenza (using the above testing criteria) to **send specimens to a qualified PCR testing laboratory.** Following CDC guidelines, that laboratory should forward all “Influenza A – untypeable” specimens for confirmatory testing to one of the following:
 - the City of Milwaukee Health Department Laboratory (MHDLD), or
 - the Wisconsin State Laboratory of Hygiene (WSLH), or
 - the Midwest Respiratory Virus Program Laboratory at the Medical College of Wisconsin.

These are guidelines and recommendations only. They do not replace clinicians’ judgment, and they are likely to change as more becomes known about this virus and its behavior.

Questions regarding this guidance can be directed to Dr. Swain, MHD, 414-286-3521.