

**TESTING & TREATMENT GUIDANCE WHEN SARS-COV-2 AND INFLUENZA
VIRUSES ARE CO-CIRCULATING**



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| <p>Purpose</p> | <p>To provide guidance on testing and treatment when SARS-COV-2 and influenza viruses are co-circulating</p> |
| <p>Scope</p> | <p>NYC Health and Hospitals System</p> |
| <p>Requirements</p> | <p>Centers for Disease Control and Prevention (CDC) New York State Department of Health</p> |
| <p>Guidance's & Regulations</p> | <ul style="list-style-type: none"> • All persons entering any H+H facility will undergo symptom, travel, and exposure screening through point of entry screening. • All persons entering a H+H site will wear a face mask. A face mask will be provided if individual does not have one. • Pursuant of The New York State Department of Health Emergency Regulations on COVID-19 and Influenza Confirmatory Testing effective September 1, 2020, confirmatory COVID-19 and Influenza testing will be required whenever a hospital patient or nursing home resident has a known exposure or symptoms consistent with either disease and Confirmatory Testing of Deceased Persons • Please note, all guidance is subject to change as additional information becomes available. |
| <p>Outpatient Clinic and Emergency Department Patients with Acute Respiratory Illness Symptoms (With or Without Fever) <u>Hospital Admission NOT required</u></p> | <p>Outpatient Clinic or Emergency Department Patients with Acute Respiratory Illness Symptoms (With or Without Fever) - Hospital Admission Not Required</p> <p>1. Infection Prevention and Control Measures for Specimen Collection:</p> <ul style="list-style-type: none"> • Implement infection prevention and control measures and collect respiratory specimens for influenza and SARS-CoV-2 testing. (Two different specimens may need to be collected depending on facility test supply availability.) <ul style="list-style-type: none"> ○ Use recommended personal protective equipment (PPE) for specimen collection, which includes facemask, eye protection, gloves, and a gown ○ For healthcare personnel who are handling specimens, but are not directly involved in collection (e.g. self-collection) and not working within 6 feet of the patient, follow Standard Precautions. Healthcare personnel must wear a face |

mask at all times. For direct clinical encounters, HCP must wear eye protection in addition to their facemask

- Perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves.
- Consider designing and installing engineering controls, such as physical barriers, partitions, or curtains in shared patient care areas to reduce or eliminate exposures by shielding HCP and other patients from infected individuals.
- Ensure standard cleaning and disinfection processes are in place and implemented continuously to prevent cross contamination during and after specimen collection.
- Ensure educational signage and supplies are available for patients to promote cough etiquette and hand hygiene (facemasks, tissues, hand sanitizer).

2. SARS-CoV-2 and Influenza Testing

- Whenever a hospital patient or nursing home resident has a known exposure or symptoms consistent with either disease - SARS-CoV-2 or Influenza - confirmatory testing for both COVID-19 and influenza must be done.

Note: Because SARS-CoV-2 and influenza virus co-infection can occur, a positive influenza test result without SARS-CoV-2 testing does not exclude SARS-CoV-2 infection, and a positive SARS-CoV-2 test result without influenza testing does not exclude influenza virus infection.

3. Treatment

- Prescribe antiviral treatment if on-site influenza testing is positive **OR** prescribe empiric antiviral treatment without influenza testing based upon a clinical diagnosis of influenza for patients of any age with progressive disease of any duration, and for children and adults at high risk for influenza complications with illness (encourage patients to start antiviral treatment as soon as possible)

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| | <ul style="list-style-type: none"> • For adult patients with suspected community-acquired pneumonia who do not require hospitalization, see antibiotic treatment recommendations from the American Thoracic Society-Infectious Diseases Society of America Adult Community-acquired Pneumonia Guidelines. • For otherwise healthy non-high-risk persons with influenza-like illness (fever and either cough or sore throat) with illness ≤ 2 days and negative COVID19 test, empiric antiviral treatment of suspected influenza can be prescribed based upon clinical judgement. • For otherwise healthy non-high-risk persons without influenza-like illness or with illness duration > 2 days, antiviral treatment of influenza is unlikely to provide significant clinical benefit. <p>4. Isolation & Quarantine</p> <ul style="list-style-type: none"> • Follow isolation and quarantine recommendations for SARS-CoV-2, and arrange follow-up for any pending testing results. |
| <p>Patients with Acute Respiratory Illness Symptoms <u>Requiring Hospital Admission (With or Without Fever)</u></p> | <p>Patients with Acute Respiratory Illness Symptoms - Requiring Hospital Admission (With or Without Fever)</p> <p>1. Infection Prevention and Control Measures for Specimen Collection</p> <ul style="list-style-type: none"> • Implement infection prevention and control measures and collect respiratory specimens for influenza and SARS-CoV-2 testing. (Two different specimens may need to be collected depending on facility test supply availability.) <ul style="list-style-type: none"> ○ Use recommended personal protective equipment (PPE) for specimen collection, which includes facemask, eye protection, gloves, and a gown ○ For healthcare personnel who are handling specimens, but are not directly involved in collection (e.g. self-collection) and not working within 6 feet of the patient, follow Standard Precautions. Healthcare personnel must wear a face mask at all times. For direct clinical encounters, HCP |

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- Consider designing and installing engineering controls, such as physical barriers, partitions, or curtains in shared patient care areas to reduce or eliminate exposures by shielding HCP and other patients from infected individuals.
- Ensure standard cleaning and disinfection processes are in place and implemented continuously to prevent cross contamination during and after specimen collection.
- Ensure educational signage and supplies are available for patients to promote cough etiquette and hand hygiene (facemasks, tissues, hand sanitizer).

2. SARS-CoV-2 and Influenza Testing

- Order multiplex nucleic acid detection assay for influenza A/B/SARS-CoV-2. If not available, order SARS-CoV-2 nucleic acid detection assay ***and*** influenza nucleic acid detection assay.

Note: Because SARS-CoV-2 and influenza virus co-infection can occur, a positive influenza test result without SARS-CoV-2 testing does not exclude COVID-19, and a positive SARS-CoV-2 test result without influenza testing does not exclude influenza.

- In critically ill intubated and mechanically ventilated patients who are suspected to have COVID-19 or influenza without a confirmed diagnosis, including when upper respiratory tract specimens are negative, lower respiratory tract (e.g. endotracheal aspirate) specimens should be collected for SARS-CoV-2 and influenza virus testing by nucleic acid detection assay

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| | <p>3. Treatment</p> <ul style="list-style-type: none"> • If bacterial pneumonia or sepsis is suspected, consider testing recommendations and empiric antibiotic treatment per, American Thoracic Society-Infectious Diseases Society of America Adult Community-acquired Pneumonia Guidelines. Administer supportive care and treatment for suspected or confirmed COVID-19 patients per NIH COVID-19 Treatment Guidelines. (Note: community-acquired bacterial co-infections can occur with COVID-19 but appear to be uncommon, and may be more common with influenza.) • Start empiric antiviral treatment for suspected influenza as soon as possible regardless of illness duration, without waiting for influenza testing results, and administer supportive care. |
| <p>Postmortem COVID-19 and Influenza Testing</p> | <ul style="list-style-type: none"> • Testing must also be performed on any hospital patient or nursing home resident where the person is suspected of having died of such disease, within 48 hours after death, if that individual had not previously received a COVID-19 and influenza test in the 14 days prior to death. • Such tests shall be performed using rapid testing methodologies to the extent available. The facility shall report the death to the Department. • Immediately after and only upon receipt of both such test results through the Health Emergency Response Data System (HERDS). Notwithstanding the foregoing, no test shall be administered if the next of kin objects to such testing. |
| <p>References</p> | <p>CDC Testing Guidance for Clinicians When SARS-CoV-2 and Influenza Viruses are Co-circulating</p> <p>Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19</p> <p>CDC Prevention Strategies for Seasonal Influenza in Healthcare Settings</p> <p>Emergency Regulations on COVID-19 and Influenza Confirmatory Testing</p> |

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