

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>Please note, all guidance is subject to change as additional information becomes available.</p>
<p>Scope</p>	<p>NYC Health and Hospitals System</p>
<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 N95 respirator, 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. ○ 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)
- 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.
- Antiviral treatment for documented or suspected influenza among those who are not at high risk of influenza complications:

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- Symptomatic outpatients who are household contacts of persons who are at high risk of developing complications from influenza, particularly those who are severely immunocompromised
- Symptomatic healthcare providers who care for patients who are at high risk of developing complications from influenza, particularly those who are severely immunocompromised
- Following is a [list](#) of all the health and age factors that are known to increase a person's risk of getting serious complications from flu:
 - Adults 65 years and older
 - Children younger than 2 years old
 - Asthma
 - Neurologic and neurodevelopment conditions
 - Blood disorders (such as sickle cell disease)
 - Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
 - Endocrine disorders (such as diabetes mellitus)
 - Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
 - Kidney diseases
 - Liver disorders
 - Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
 - People who are obese with a body mass index [BMI] of 40 or higher
 - People younger than 19 years old on long-term aspirin- or salicylate-containing medications.
 - People with a weakened immune system due to disease (such as people with HIV or AIDS, or some cancers such as leukemia) or medications (such as those receiving chemotherapy or radiation treatment for cancer, or persons with chronic conditions requiring chronic corticosteroids or other drugs that suppress the immune system)
 - People who have had a stroke
 - Pregnant people and people up to 2 weeks after the end of pregnancy

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	<ul style="list-style-type: none"> ○ People who live in nursing homes and other long-term care facilities ○ People from certain racial and ethnic minority groups are at increased risk for hospitalization with flu, including non-Hispanic Black persons, Hispanic or Latino persons, and American Indian or Alaska Native persons ○ Although all children younger than 5 years old are considered at higher risk of serious flu complications, the highest risk is for those younger than 2 years old, with the highest hospitalization and death rates among infants younger than 6 months old. <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 N95 respirator, 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.
- 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

3. Treatment

- 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

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	<p>bacterial co-infections can occur with COVID-19 but appear to be uncommon, and may be more common with influenza.)</p> <ul style="list-style-type: none"> • 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>References</p>	<p>Testing Guidance for Clinicians When SARS-CoV-2 and Influenza Viruses are Co-Circulating</p> <p>People at Higher Risk of Flu Complications</p>

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