

Guideline for Management of Flu - Like Illness in the Outpatient Setting

Flu - like Illness: Fever ≥ 38.0 degrees PLUS cough, sore throat or myalgias

- High Risk Patients:**
- ≤ 2 years
 - Chronic Illness
 - Pulmonary
 - Cardiovascular
 - Renal
 - Hepatic
 - Hematological
 - Neurologic
 - Neuromuscular disorder
 - Metabolic disorder
 - Immunosuppression
 - Pregnancy
 - <19 years with chronic aspirin therapy
 - Residents of chronic-care facilities

- Low Risk Patients:**
- ≥ 2 years
 - Absence of co-morbidities
 - Seeking care for influenza-like illness
 - Well-appearing

- A. Routine medical evaluation
- B. Rapid, DFA, and PCR testing for Influenza **are not** recommended
- C. Routine treatment with oseltamivir **is not** recommended

- Well Appearing Patients**
- A. Age 0-2 years without co-morbidity
 - a. Evaluate for serious bacterial infection or other viral infection as warranted
 - b. If no alternative source found and patient presents within 48 hours of symptom onset, consider treating with oseltamivir for 5 days
 - B. Any age with co-morbidities, pregnancy, aspirin therapy, residential living
 - a. Full evaluation for concomitant problems
 - b. If patient presents within 48 hours of symptom onset treat with oseltamivir for 5 days^{1,2}
- ¹Antiviral therapy should not be deferred based on rapid Flu test results since a negative test does not rule out the Flu (10-70% sensitivity). ² some hospitalized patients have benefited from treatment beyond 48h of symptoms.

- Ill-appearing Patients (high or low risk)**
- Treat with antiviral therapy
 - Consider hospital admission
 - Tips for transport:
 - Have the patient wear a mask
 - Transport should be done by a previously exposed family member in a personal vehicle if patient is stable or by a health facility vehicle such as an ambulance – not via public transportation
 - Notify the recipient facility that a suspected influenza case is being transferred

General Note: Healthy patients with mild disease **do not** need to be seen in office and **should not** come to the office for testing or treatment. They should be advised to stay home until **24 hours after their fever resolves**. They should be educated about the signs and symptoms of more serious disease that would require evaluation by a physician.

*Children should **not** be referred to Children's for diagnostic testing alone if emergency care or hospitalization is not needed.

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