

**Algorithm for H1N1 Influenza Testing for a Patient in Clinic/ED**  
**New Hampshire Department of Health and Human Services**  
**May 2, 2009**

**FEBRILE ACUTE RESPIRATORY ILLNESS CLINICAL CRITERIA**  
 A patient who has recent onset of fever (>100 °F) and at least one of the following:

- rhinorrhea or nasal congestion, or
- sore throat, or
- cough

No →

Patient is not suspected to have influenza. Testing is not recommended.  
  
 Additional work up and follow up as clinically needed

↓ Yes

**Does the patient fall in one of the following groups?:**

1. Community role in which has close contact with citizens and this may lead to exposure of a large or vulnerable population. Relevant only if contact occurred during infectious period – the day prior to or for 7 days following symptoms onset (e.g., healthcare worker)  
OR
2. Patient is suspected to be part of a cluster of undiagnosed respiratory illness – in consultation with public health.  
OR
3. Patient is high-risk for influenza complications\*  
OR
4. Symptoms/signs severe enough to warrant admission.

No →

Patient is suspected to have influenza, possibly H1N1 flu, but would not require antiviral treatment and Influenza testing not recommended.  
  
 Additional work up and follow up as clinically needed  
  
 Patient should:

- stay at home \*\*.
- use hand, respiratory and cough hygiene
- call if symptoms worsen.

↓ Yes

- Initiate interim H1N1 flu infection control precautions.
- Notify NH public health professionals who are available 24/7 at 603-271-4496, or toll-free at 800-852-3345, ext. 4496 to report suspect case
- Send nasopharyngeal specimens for influenza testing to the NH PHL if a rapid influenza test result: 1) is not available, 2) was negative, or 3) was positive for influenza A
- Consider empiric antiviral treatment for patients suspected to have H1N1 flu
- Help identify contacts, including healthcare workers

**\* High risk patients:**

- Children aged 6 months- 4 years,
- Patient 50 years or older,
- Pregnant women
- Adults and children with chronic pulmonary (including asthma) cardiovascular (except hypertension), renal hepatic, hematological, metabolic disorders (including diabetes mellitus), or immunosuppression (including from medications and HIV), adults and children who have any conditions that can compromise respiratory function or increase the risk of aspiration, residents of nursing homes and other chronic health facilities, children/adolescents receiving chronic aspirin treatment (at risk for Reye syndrome from influenza).

**\*\* Patients with probable/confirmed H1N1 flu, recent travel to affected areas ([www.cdc.gov/swineflu](http://www.cdc.gov/swineflu)) or contact with a probable/confirmed case of H1N1 flu should stay at home 7 days from symptoms onset (or longer if symptoms persist). If suspicion for H1N1 Flu is low – patients may return to their activities when they are asymptomatic.**