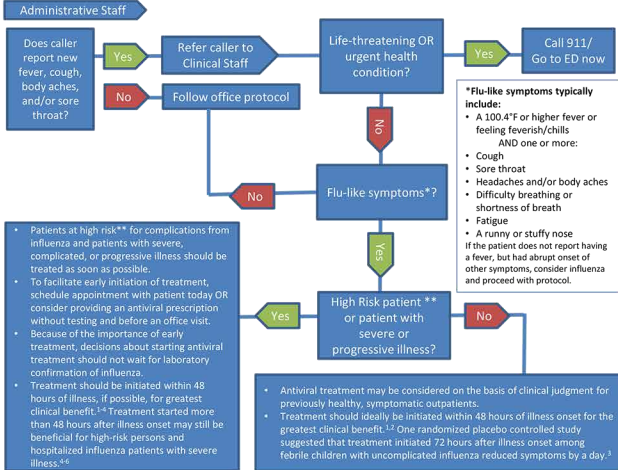


Medical Office Telephone Evaluation of Patients with Possible Influenza

The flow chart below is designed to be used when influenza viruses are circulating in the community. This tool may help medical office staff triage calls from patients with flu-like symptoms and identify when it might be appropriate to initiate antiviral treatment before an office visit. Patient triage or prescribing of prescription medicines should be done under the direction of a licensed physician or other licensed provider. For more information see:

<http://www.cdc.gov/flu/professionals/antivirals/index.htm>



- Patients at high risk** for complications from influenza and patients with severe, complicated, or progressive illness should be treated as soon as possible.
- To facilitate early initiation of treatment, schedule appointment with patient today OR consider providing an antiviral prescription without testing and before an office visit.
- Because of the importance of early treatment, decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza.
- Treatment should be initiated within 48 hours of illness, if possible, for greatest clinical benefit.¹⁻⁴ Treatment started more than 48 hours after illness onset may still be beneficial for high-risk persons and hospitalized influenza patients with severe illness.^{4,6}

- Antiviral treatment may be considered on the basis of clinical judgment for previously healthy, symptomatic outpatients.
- Treatment should ideally be initiated within 48 hours of illness onset for the greatest clinical benefit.^{1,2} One randomized placebo controlled study suggested that treatment initiated 72 hours after illness onset among febrile children with uncomplicated influenza reduced symptoms by a day.³

**High Risk Patients Include:

- Children younger than 2 years (although all children younger than 5 years are considered at higher risk for complications from influenza, the highest risk is for those younger than 2 years);
- Adults aged 65 years and older;
- Persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), and metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation]), moderate to severe developmental delay, muscular dystrophy, or spinal cord injury);
- Persons with immunosuppression, including that caused by medications or by HIV infection;
- Women who are pregnant or postpartum (within 2 weeks after delivery);
- Persons aged younger than 19 years who are receiving long-term aspirin therapy;
- American Indians/Alaska Natives;
- Persons with extreme obesity (i.e., body-mass index is equal to or greater than 40); and
- Residents of nursing homes and other chronic-care facilities.

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4. Venkatesan S, Myles PR, Leonardi-Bee J, et al. Impact of Outpatient Neuraminidase Inhibitor Treatment in Patients Infected With Influenza A(H1N1)pdm09 at High Risk of Hospitalization: An Individual Participant Data Meta-analysis. *Clin Infect Dis*. 2017 May 15;64(10):1328-1334.
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