COMPLIMENTARY WEBINAR

Influenza: Expediting the Work-Up and Appropriate Treatment in Primary Care

Thursday, February 9, 2023
1:00 PM – 2:00 PM ET

Maurice "Al" Allgeier, III, MD, FAAP

Pediatrician/Partner/President
All Star Pediatrics
ONE Pediatrics, PLLC
Louisville, Kentucky

Shelle Allen

Board Member and
Parent Advocate
Families Fighting Flu

Madison Allen

Flu Survivor

The speaker is presenting on behalf of Abbott.
The information presented is consistent with applicable FDA guidelines.
This program does not provide continuing medical education (CME) credits.

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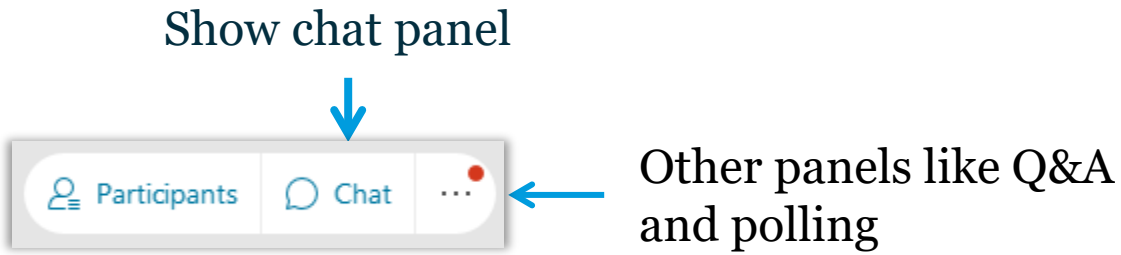
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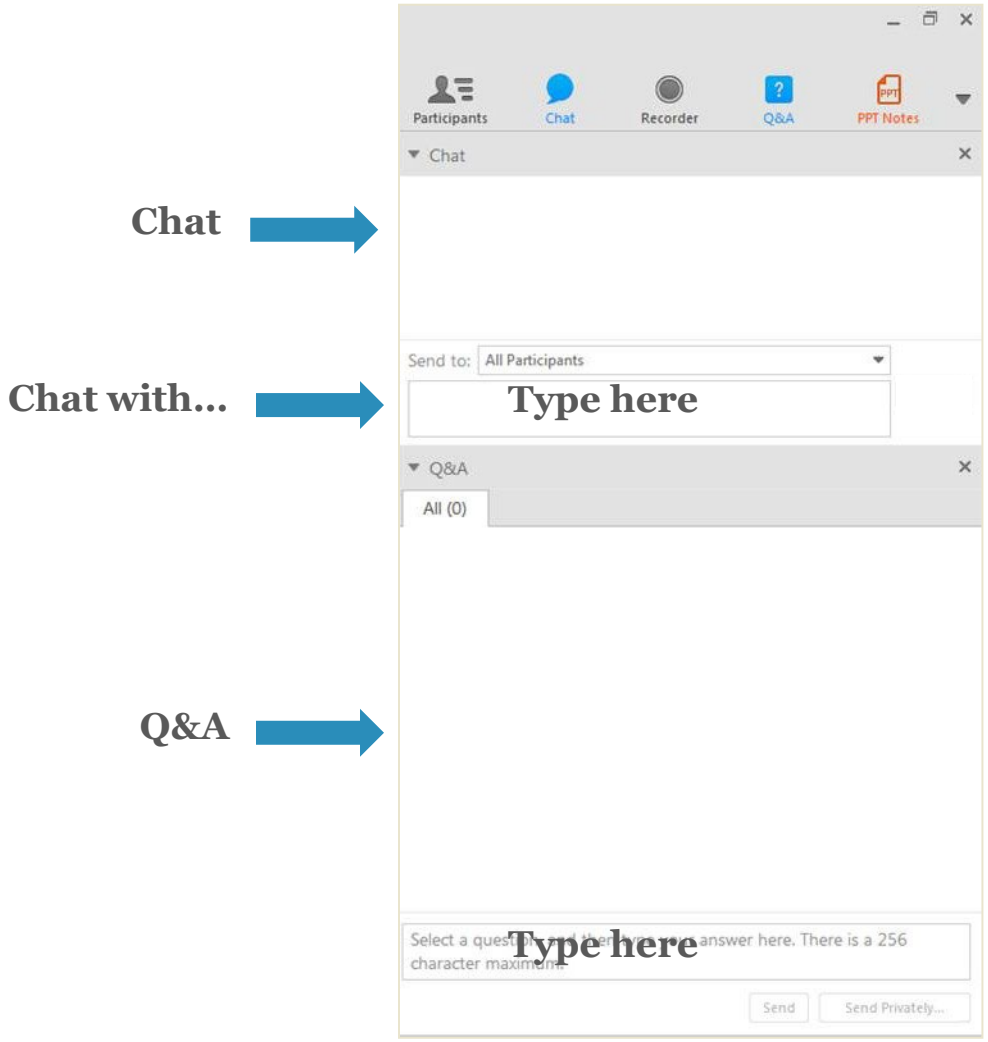
Chat and Q&A


Chat
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- A certificate of attendance available for all attendees
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- **For groups: Those logged in will receive Email from messenger@webex.com with link to evaluation. Forward email to colleagues who attended with you!!!**
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Influenza: Expediting the Work-Up and appropriate Treatment in Primary Care

Live Event: Thursday, February 9, 2023 | 1:00 - 2:00 PM Eastern Time
P.A.C.E.® credit available until February 9, 2024
Florida Laboratory CE Credit available

RECORDING

SLIDES

Join this session for a clinical perspective on primary care best practices and approaches to streamline the evaluation and care of patients with influenza. Hear strategies for the use of rapid testing to improve workflow efficiencies and the appropriate use of antibiotics and antivirals. Gain perspective based on a personal story describing the impact of influenza.

The webinar will:

- Review the status of the current respiratory season and the latest health and vaccination data
- Explore the impact of influenza on primary care, the community and families
- Review rapid influenza testing guidelines and utility in the primary care
- Examine the application of rapid testing and other resources to mitigate influenza transmission and improve patient outcomes[1]

[1]Uyeki TM, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza. Clin Infect Dis. 2019 Mar 5;68(6):e1-e47.

Presenters:

Maurice Allgeier, III, MD, FAAP

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The Importance of Testing for Influenza

Insights from a Mother and Her Daughter

Families Fighting Flu

Shelle Allen
Board of Director & Parent Advocate

Madison 'Madi' Allen
Flu Survivor

February 9, 2023

FAMILIES
FIGHTING FLU, INC.

Madi's Story

FAMILIES
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Madi's Experience Sends an Important Message

Her experience is one that any family could face.

It is important to elevate awareness about an infection we didn't know was so serious …

… and prevent others from having a similar experience.

We hope sharing the life-threatening consequences of influenza helps leave lasting impression on the importance to vaccinate, test, and rapidly treat!

FAMILIES FIGHTING FLU, INC.

Source https://www.harvardbusiness.org/what-makes-storytelling-so-effective-for-learning/

It's Not "JUST" the Flu - It's a Serious Disease

Avoid hospitalization costs

Average 17 million missed days of work per year

Average $1800 lost wages

Average 38 million missed days of school per year

A recommendation for flu vaccination from a healthcare professional is critically important for improving flu outcomes.

FAMILIES FIGHTING FLU, INC.

Source: https://www.cdc.gov/workplacehealthpromotion/health-strategies/flu-pneumonia/index.html
https://www.cdc.gov/nchs/data/series/sr_10/sr10_200.pdf

Madi Today

- Higher risk of respiratory illness
- Must take symptoms seriously
- Critical to seek proper medical care
- Test for appropriate treatment

FAMILIES
FIGHTING FLU, INC.

Vaccinate, Test, and Treat

- Influenza doesn't discriminate; best prevention is to **vaccinate**
- **Test** if showing influenza-like symptoms
- Rapidly prescribe and administer appropriate antiviral **treatment** to reduce symptom duration and lower risk of complications

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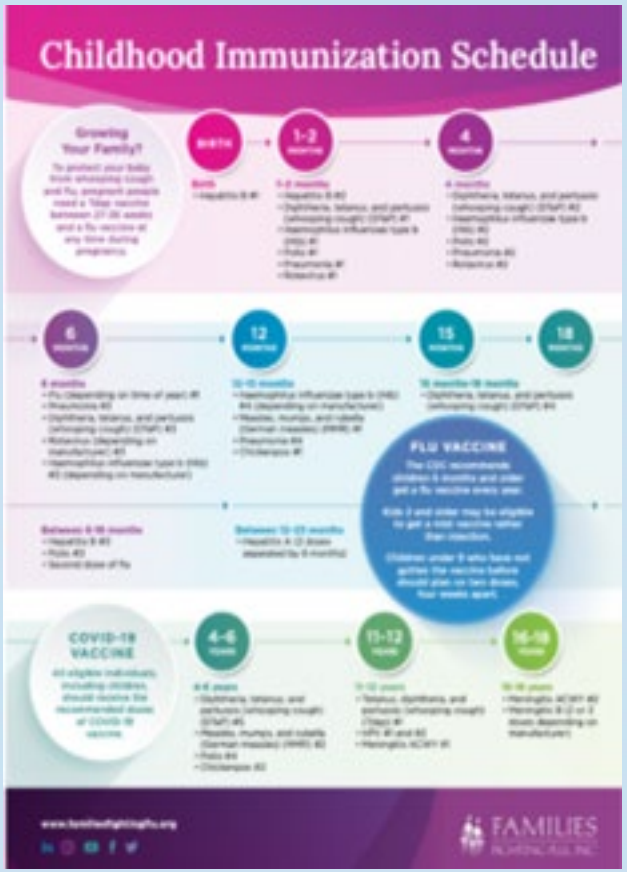
Education is critical to saving lives

FFF Educational Resources For Healthcare Professionals

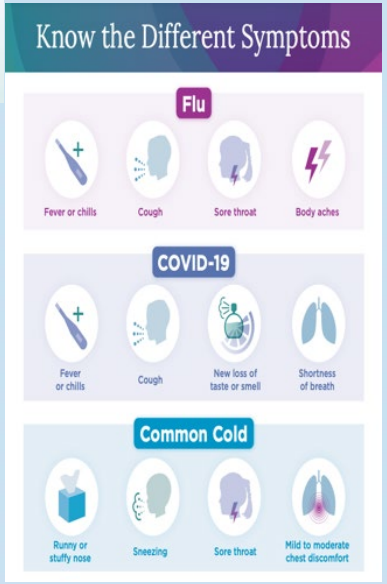
Advocacy Toolkit

Educational Materials

Spanish



Social Media



FAMILIES FIGHTING FLU, INC.

Available at familiesfightingflu.org

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FIGHTING FLU, INC.

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All Star Pediatrics

A DIVISION OF

ONE pediatrics℠

Disclosures

- Receiving honorarium from Abbott
- Content based on our organization's experience with test technology

About ONE Pediatrics

Formed in **2014**

6 independent pediatric practices merged to deliver better quality care

7 divisions

10 locations in the Louisville Metropolitan Area

40+ providers and growing

Respiratory Infections and Influenza

ONE pediatrics

What We Learned in Medical School…

Most diagnoses can be made by a good history and physical…
but what about when they can't???

Overlapping Symptoms – History –

Varying degrees of symptoms from asymptomatic to severe, including:

- Fever or feeling feverish/having chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue (tiredness)
- Sore throat
- Runny or stuffy nose
- Muscle pain or body aches
- Headache
- Vomiting
- Diarrhea (more frequent in children with flu, but can occur in any age with COVID-19)
- Change in or loss of taste or smell, although this is more frequent with COVID-19

COVID-19?

Influenza?

Respiratory Syncytial Virus (RSV)?

Group A Strep Pharyngitis?

1. CDC. Influenza, Similarities and Differences between Flu and COVID-19. https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm, updated Sept 28, 2022.
2. CDC. Respiratory Syncytial Virus Infection (RSV), Symptoms and Care. https://www.cdc.gov/rsv/about/symptoms.html, updated Oct 24, 2022.
3. CDC. Strep Throat: All You Need to Know. https://www.cdc.gov/groupastrep/diseases-public/strep-throat.html, updated

Overlapping Signs
– Physical Exam –

Physical exam findings, including:

- Abnormal vital signs to include temperature, pulse, respiratory rate
- Toxic or ill-appearance
- Rhinorrhea
- Conjunctival erythema
- Pharyngeal erythema
- Respiratory rales, rhonchi, wheeze
- Abdominal tenderness
- Muscle tenderness to palpation
- Rash

COVID-19?

Influenza?

Respiratory Syncytial Virus (RSV)?

Group A Strep Pharyngitis?

What are the COVID-19 Criteria for Testing in Children?

"Laboratory testing is necessary to confirm the diagnosis of COVID-19 because no single symptom or combination of symptoms reliably differentiates SARS-CoV-2 from other community-acquired viruses and because coinfection is common"

Deville JG, et al. UpToDate®. COVID-19: Clinical manifestations and diagnosis in children. Approach To Diagnosis. https://www.uptodate.com/contents/covid-19-clinical-manifestations-and-diagnosis-in-children, updated Oct 20, 2022.

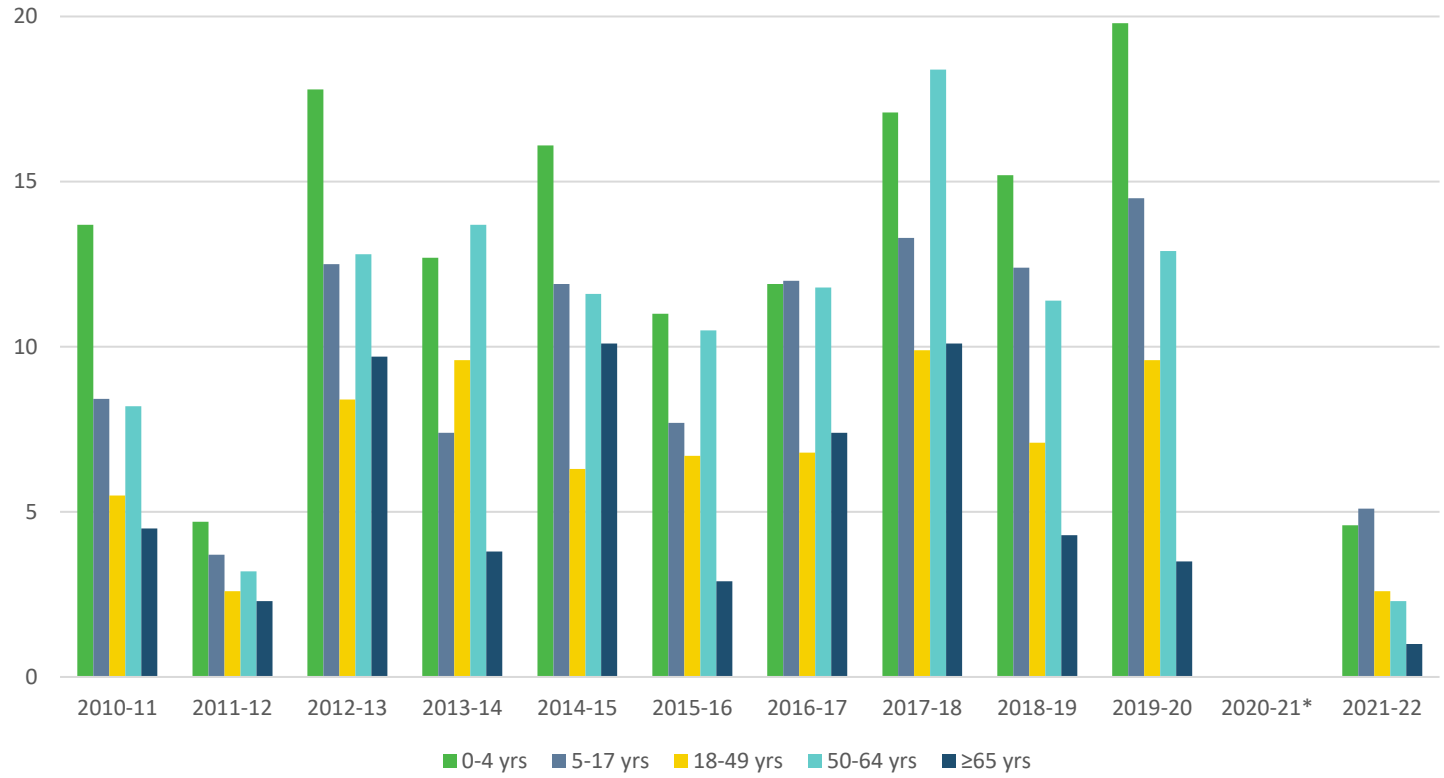
Who Gets Sick from Influenza

Anyone Can Get Flu…Even Healthy People

AVERAGE 8% (3% – 11%) OF U.S. POPULATION CONTRACT INFLUENZA EACH YEAR

Children **(<18 years)** are most likely to get sick from flu – **2x** higher incidence of influenza than adults > 65 years

Children **(<5 years)** have the highest incidence of developing a symptomatic flu infection

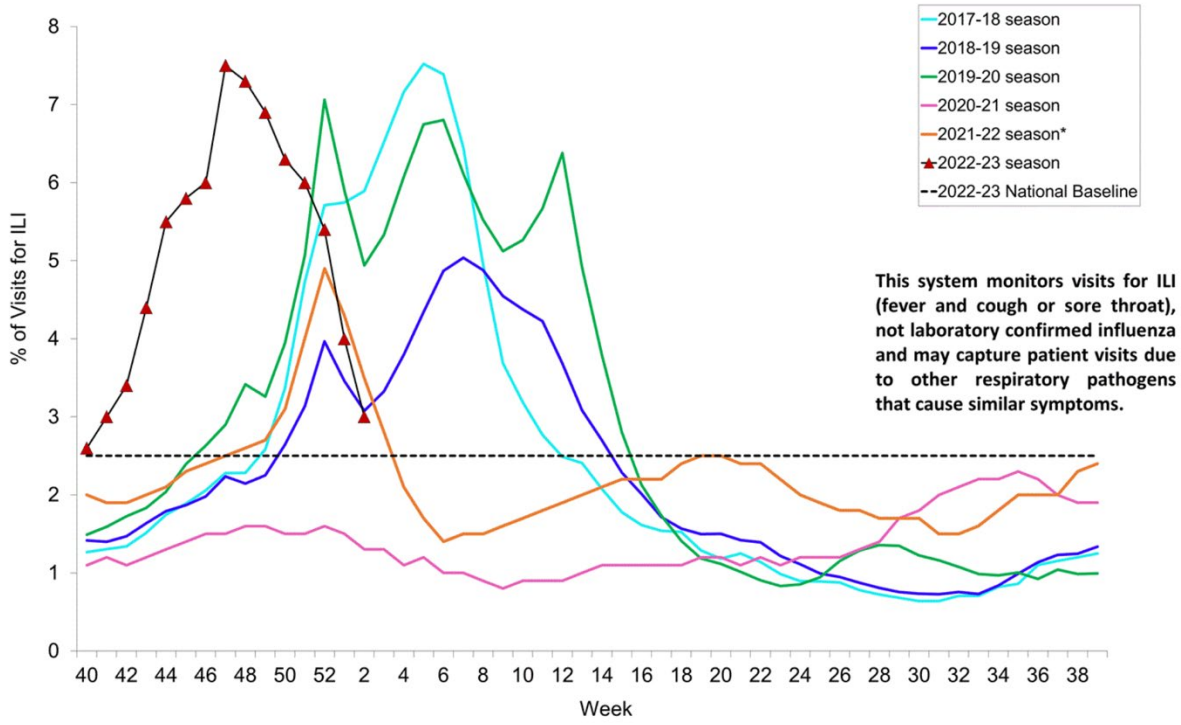


* The burden estimate for the 2020-2021 season was not calculated due to the uncharacteristically low level of influenza activity that season.

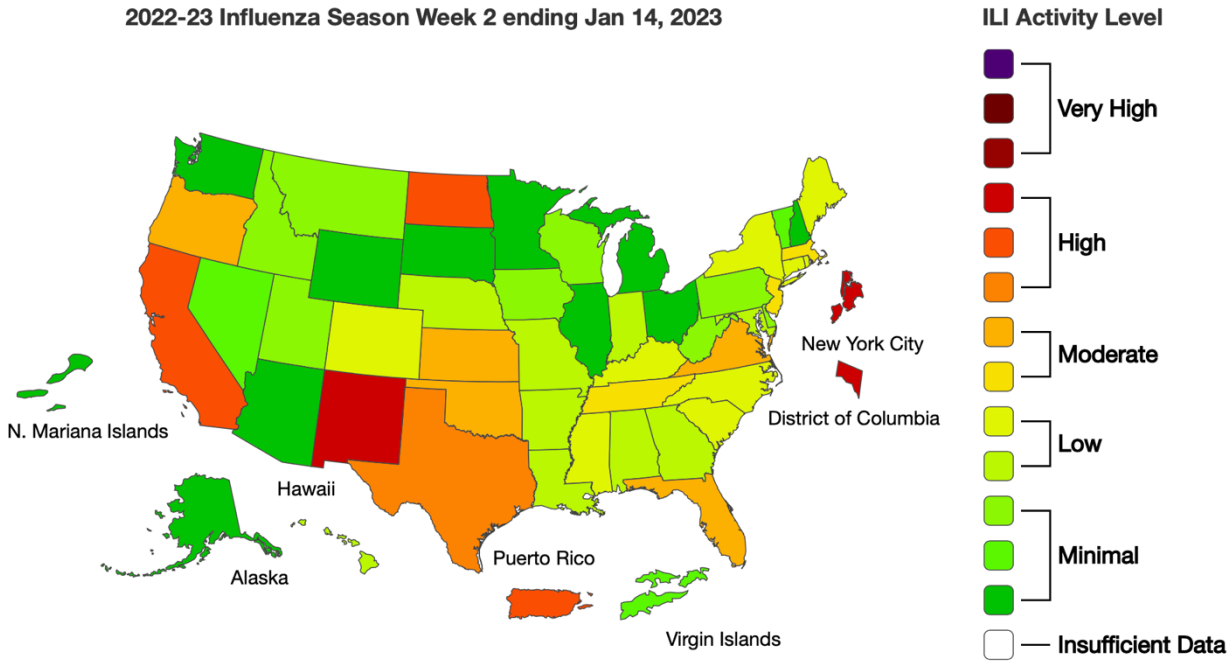
CDC. Key Facts About Influenza. https://www.cdc.gov/flu/about/keyfacts.htm, October 24, 2022

Influenza Activity

% Outpatient Visits for ILI
Weekly Summary
Current and Prior 5 Seasons, through week 2



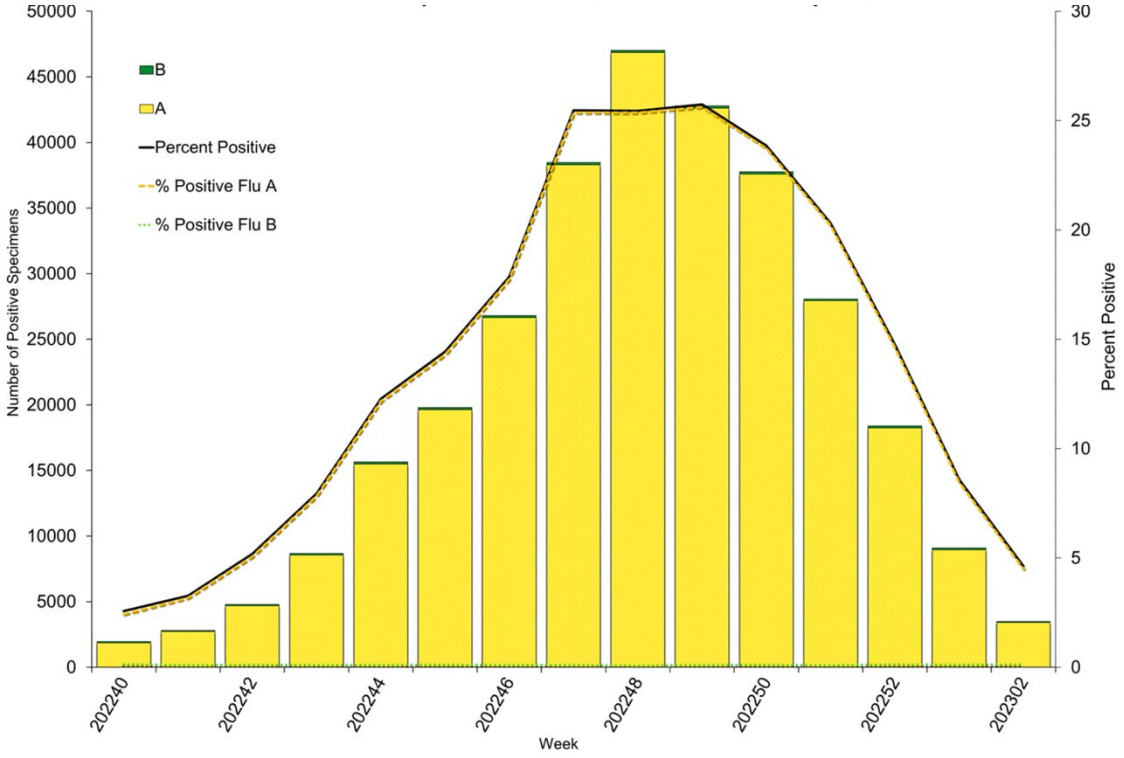
Influenza Outpatient Respiratory Illness Activity

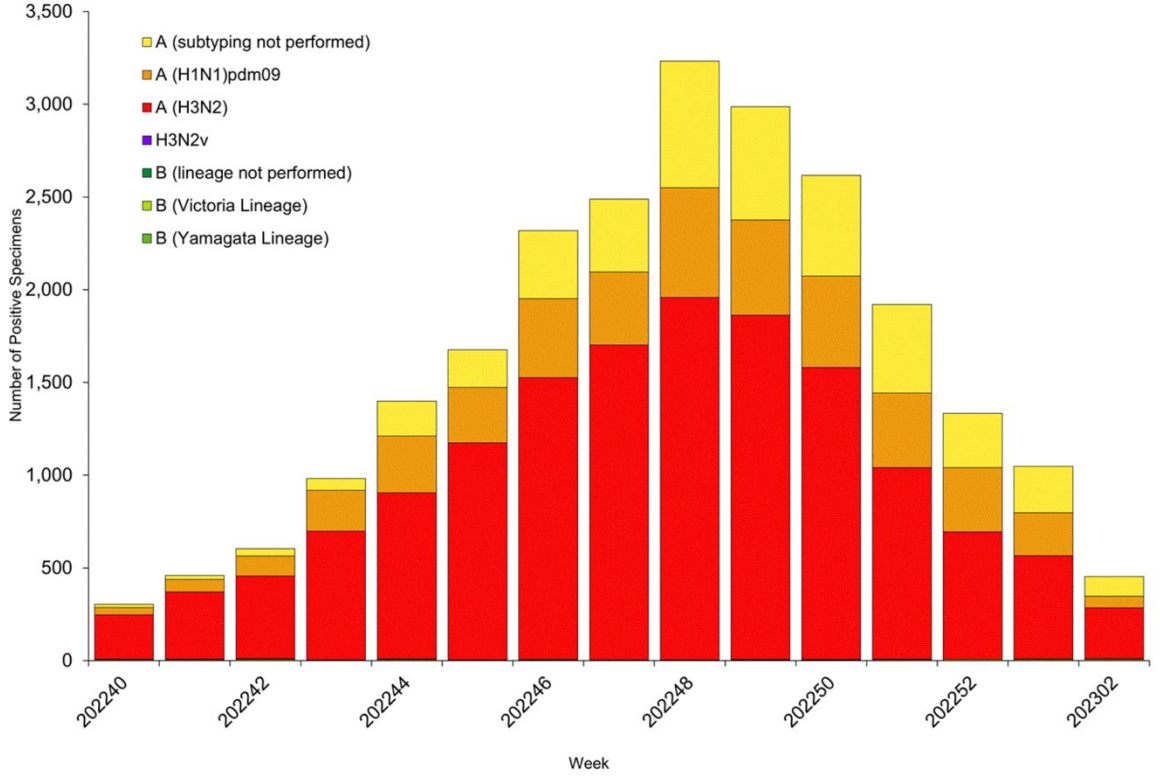


CDC. FluView, Weekly U.S. Influenza Surveillance Report. https://www.cdc.gov/flu/weekly/index.htm, updated Jan 20, 2023.

Influenza by Type and Subtype

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories
October 2, 2022 – January 14, 2023





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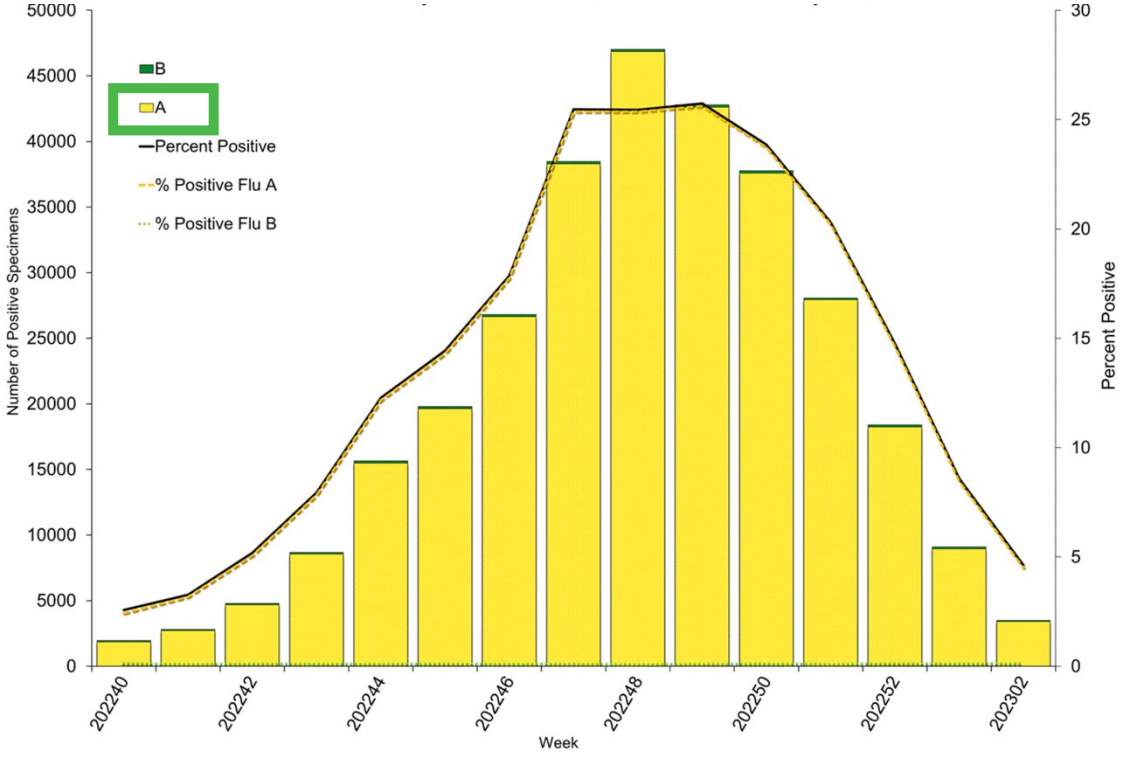

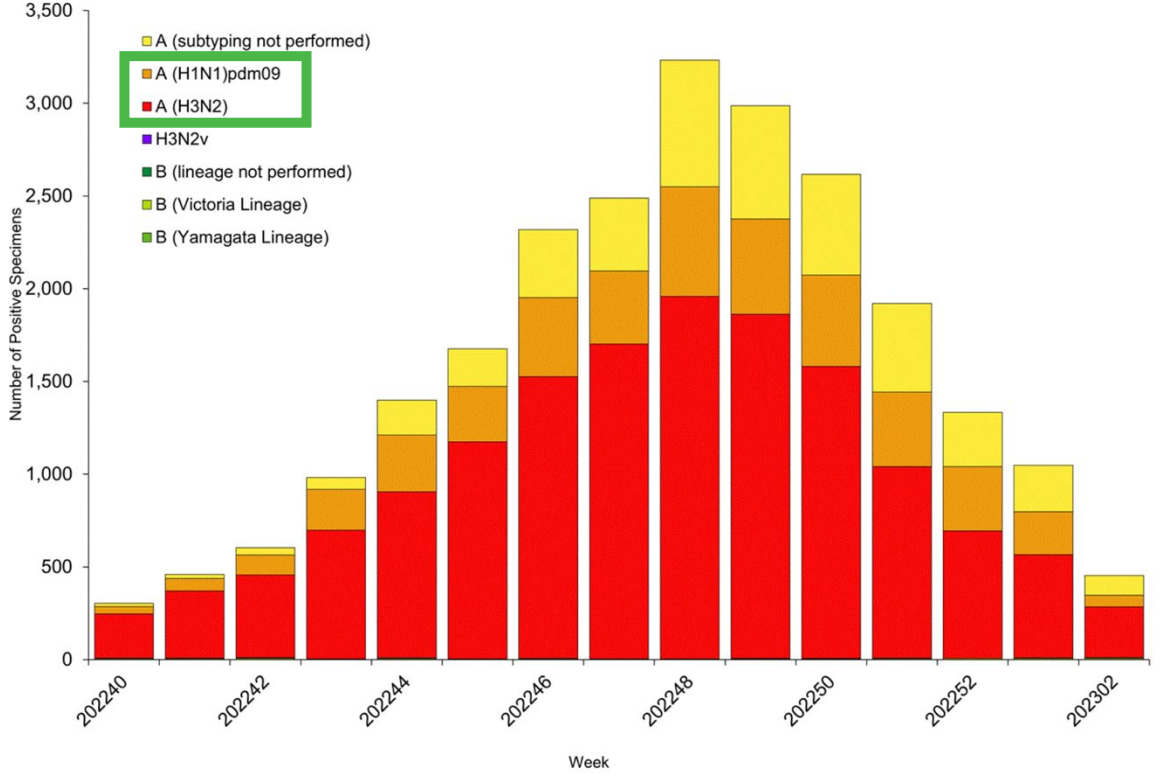

CDC. FluView, Weekly U.S. Influenza Surveillance Report. https://www.cdc.gov/flu/weekly/index.htm, updated Jan 20, 2023.

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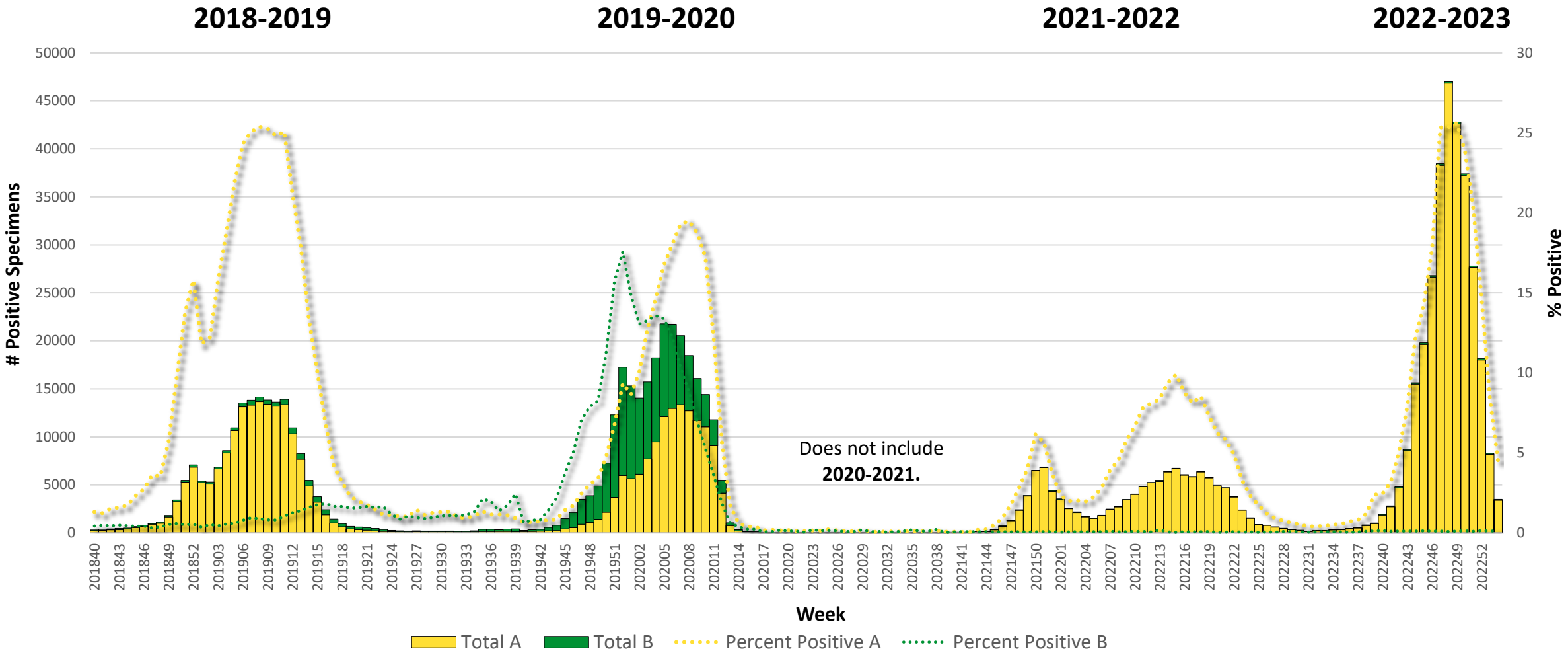


CDC. Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories. https://www.cdc.gov/flu/weekly/index.htm. excludes 2020-2021, updated Jan 20, 2023. https://www.cdc.gov/flu/weekly/weeklyarchives2018-2019/data/whoAllregt_cl39.html, https://www.cdc.gov/flu/weekly/weeklyarchives2019-2020/data/whoAllregt_cl39.html, https://www.cdc.gov/flu/weekly/weeklyarchives2021-2022/week39.htm,

Complications

- Pneumonia is the most common flu complication
  - Primary influenza pneumonia
  - Secondary bacterial pneumonia
- Otitis media in children
  - 3-4 days after onset
- Myositis, rhabdomyolysis
- Pericarditis and myocarditis
- Neurological complications
- TSS – most due to Flu B

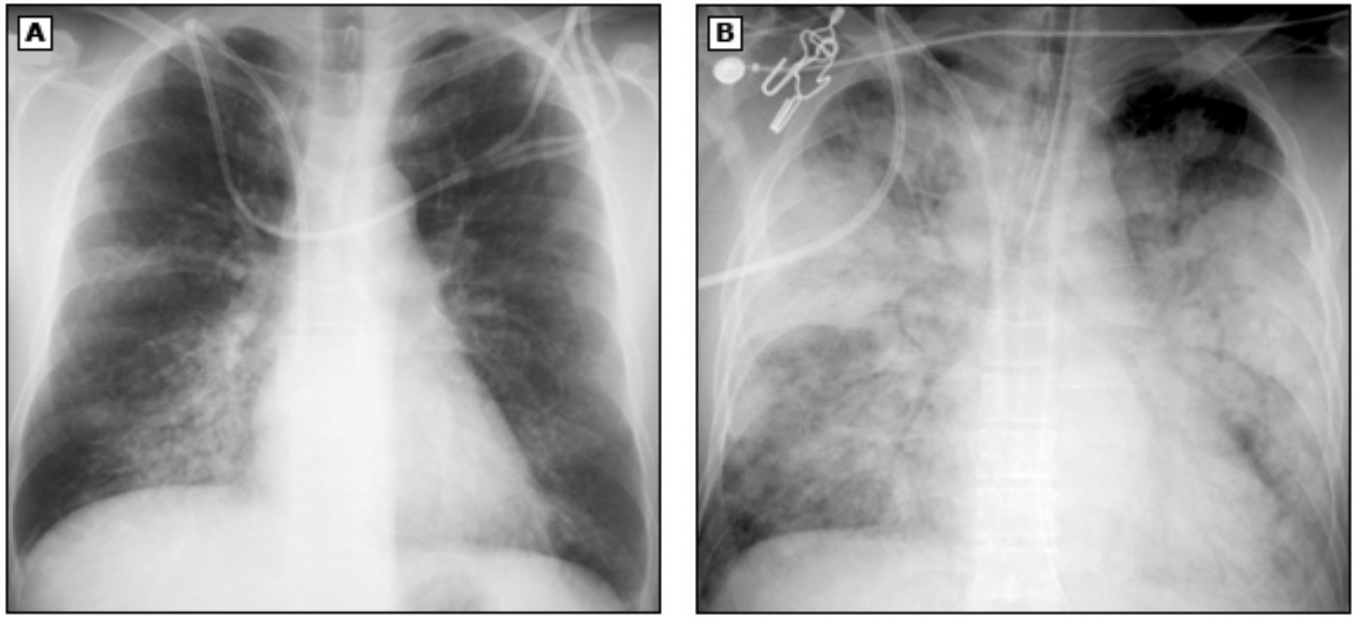
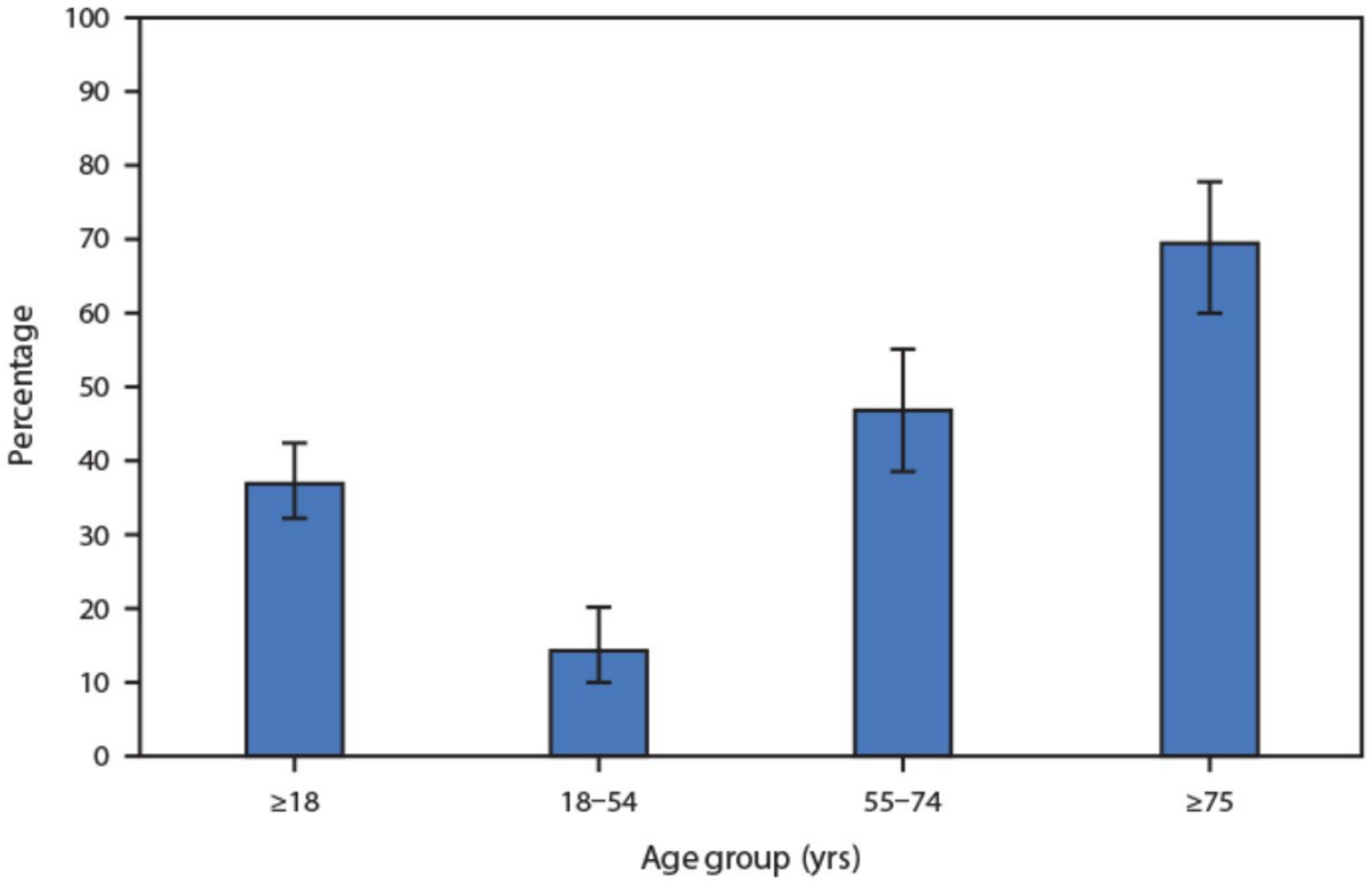


Image: https://www.uptodate.com/contents/images/ID/54985/Influenzapneumonia.jpg
CDC. Flu Symptoms & Complications. https://www.cdc.gov/flu/symptoms/symptoms.htm, updated Oct 3, 2022.

Most Likely to Be Hospitalized with an ED Visit

% Emergency Department Visits for Influenza/Pneumonia Resulting in Hospitalization

2017 - 2018, by Age Group



CDC. QuickStats: Percentage of Emergency Department (ED) Visits Made by Adults with Influenza and Pneumonia That Resulted in Hospital Admission, by Age Group — United States, 2017–2018. MMWR Morb Mortal Wkly Rep 2020;69:1878.

Increased Risk of Complications

Health, Age and Other Factors

Adults ≥ 65

Children < 2*

Asthma

Neurologic/neurodevelopment conditions

Blood disorders

Chronic lung disease

Endocrine disorders

Heart disease

Kidney disease

Liver disorders

Metabolic disorders

BMI ≥ 40

≤ 18 years old on long-term aspirin- or salicylate-containing medications

Immunocompromised

History of stroke

Pregnant, and up to 2 weeks after pregnancy

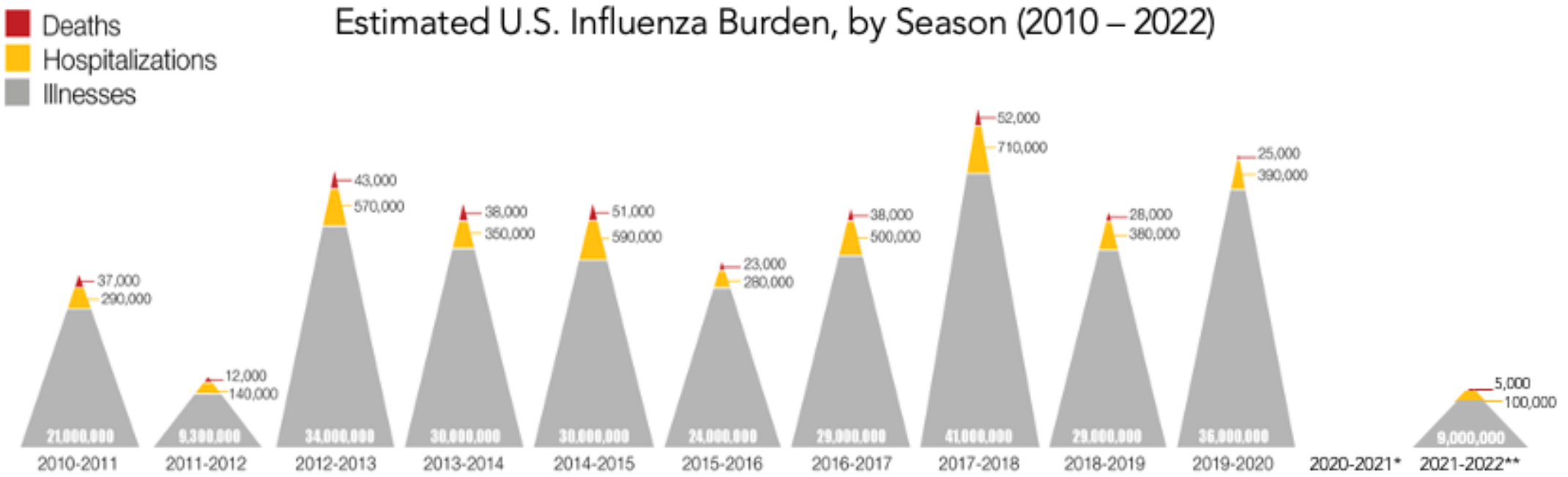
People living in nursing homes/long-term care

***Although all children < 5 years old are considered at higher risk of serious flu complications, highest risk is < 2 years old. The highest hospitalization and death rates among infants < 6 months old.**

CDC. People at Higher Risk of Flu Complications. https://www.cdc.gov/flu/highrisk/index.htm, updated Sept 6, 2022.

Impact of Flu Can Vary Widely

Factors include circulating viruses, timing of the season, vaccine effectiveness, and vaccinations.



* Estimates are not available for the 2020-2021 flu season due to minimal influenza activity.

**Preliminary estimate

CDC. Disease Burden of Flu. https://www.cdc.gov/flu/about/burden/index.html, updated Oct 4 2022. Adapted with no information for 2020-2021 and 2021-2022 CDC estimates.

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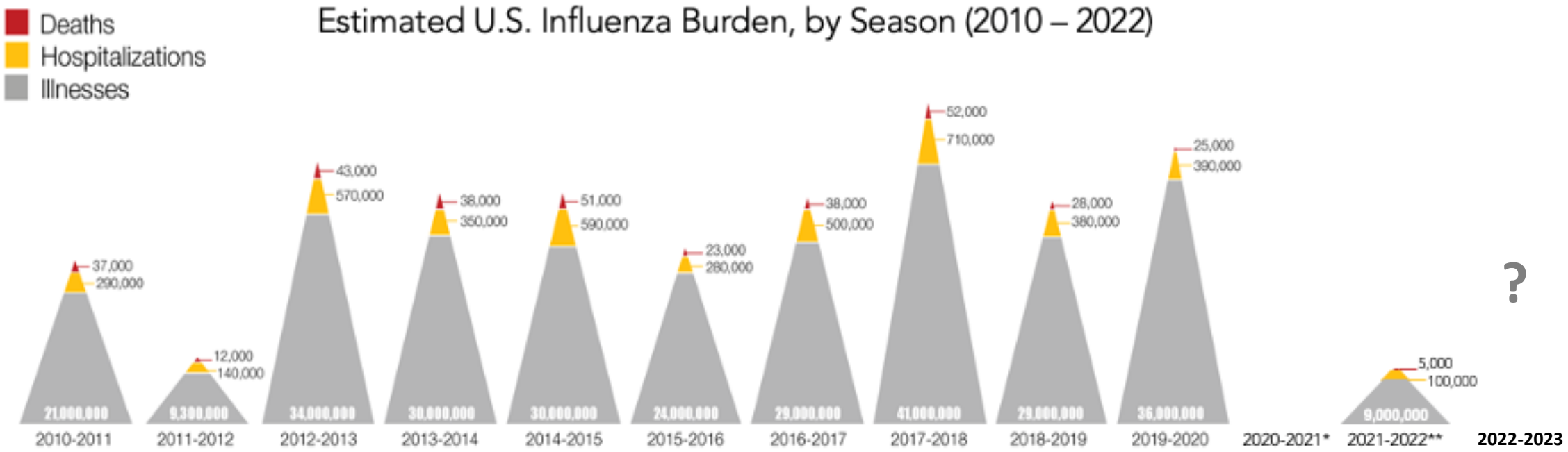

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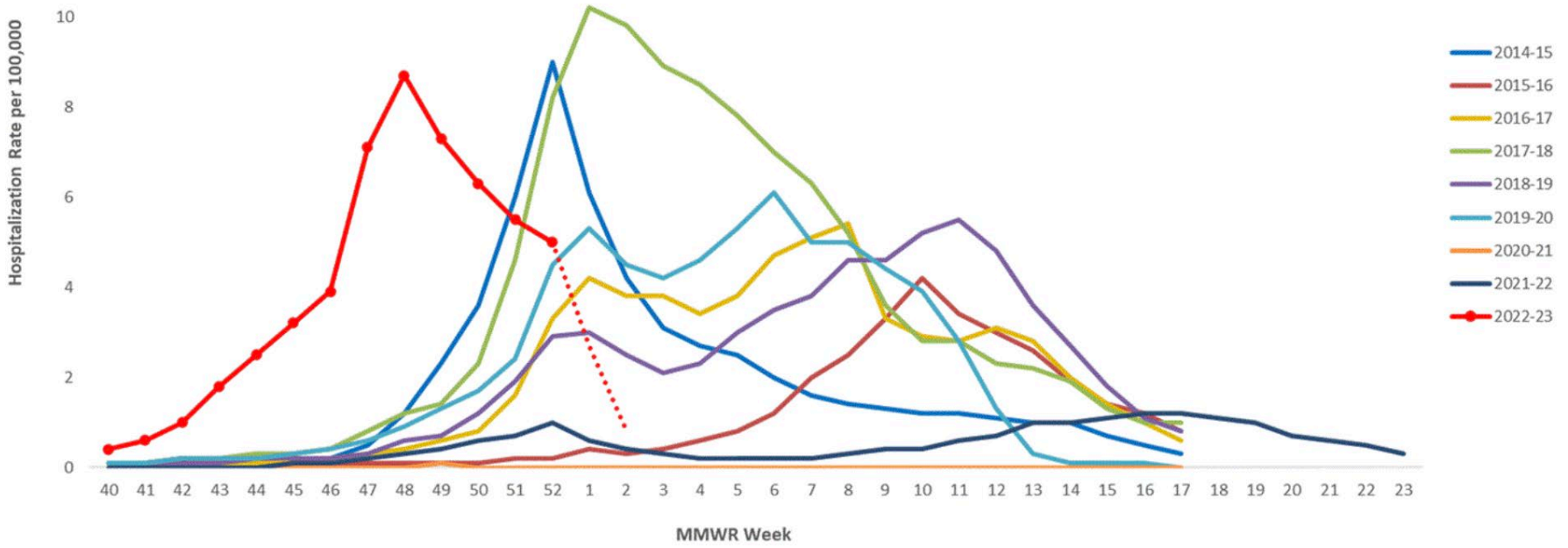
Influenza Hospitalizations

Weekly Rate of Lab-Confirmed Influenza Hospitalizations
All Age Groups

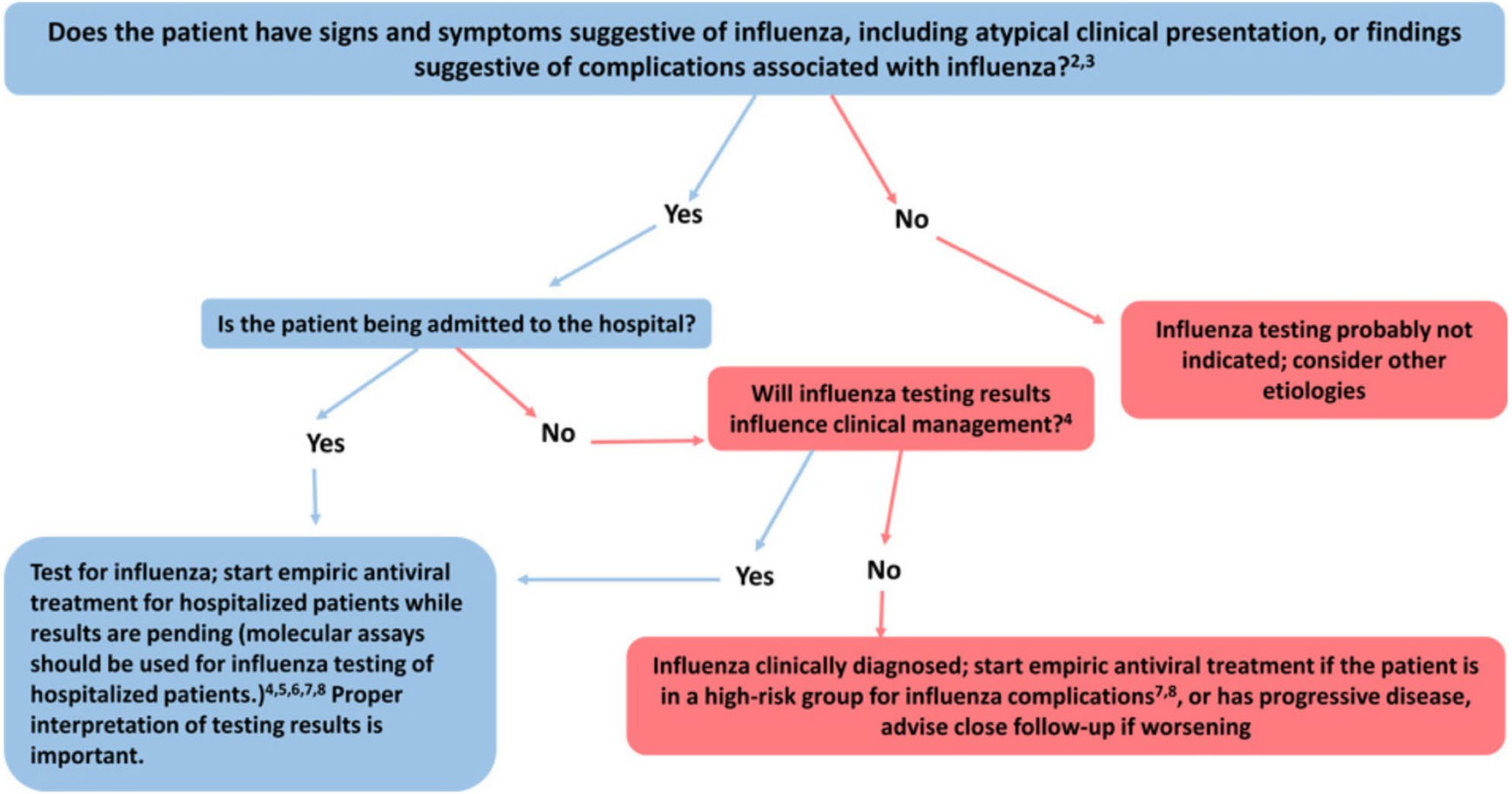


**In this figure, weekly rates for all seasons prior to the 2022-23 season reflect end-of-season rates. For the 2022-23 season, rates for recent hospital admissions are subject to reporting delays and are shown as a dashed line for the current season. As hospitalization data are received each week, prior case counts and rates are updated accordingly.

CDC. FluView, Weekly U.S. Influenza Surveillance Report. https://www.cdc.gov/flu/weekly/index.htm, updated Jan 20, 2023.

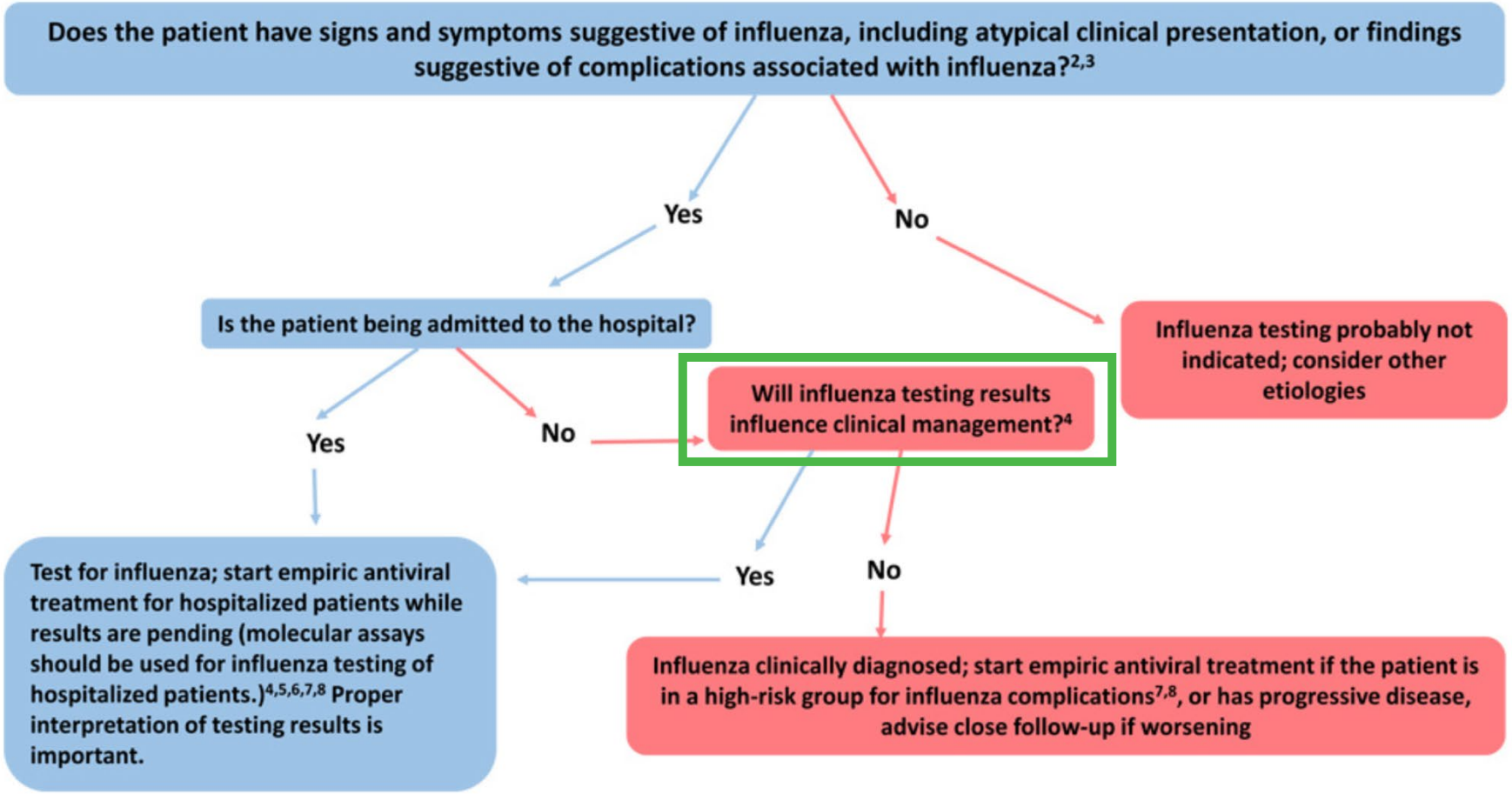
Influenza Testing

Recommended Diagnostic Workup When Influenza is Circulating



CDC. Guide for considering influenza testing when influenza viruses are circulating in the community. https://www.cdc.gov/flu/professionals/diagnosis/consider-influenza-testing.htm, Sep 1, 2020.

Recommended Diagnostic Workup When Influenza is Circulating



CDC. Guide for considering influenza testing when influenza viruses are circulating in the community. https://www.cdc.gov/flu/professionals/diagnosis/consider-influenza-testing.htm, Sep 1, 2020.

Recommended Diagnostic Tests, COVID-19 / Flu Co-Circulating

Molecular/Nucleic acid amplification tests (NAAT) vs. rapid antigen

Hospitalized

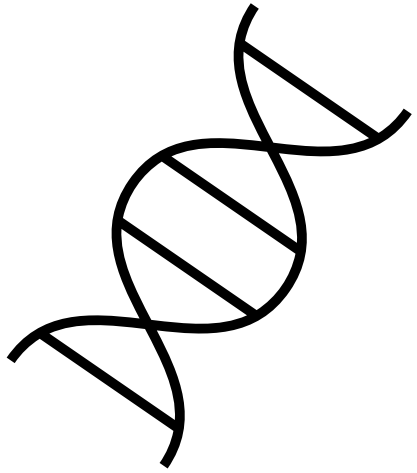
- COVID-19 and Influenza NAATs are recommended for all hospitalized patients with respiratory illness symptoms[1]
- Rapid antigen tests for COVID-19 and influenza are NOT recommended due to low sensitivity[1]
- If NAAT ***unavailable*** and rapid antigen test is used for COVID-19 or influenza, **confirm negative rapid antigen tests with a NAAT**[1]

Outpatients

- NAATs (lab-based or rapid) are recommended over antigen tests for Influenza[1] (and for COVID-19[1] and in adults for RSV[2])
- Rapid NAATs are recommended over rapid antigen tests for Influenza[1]

1. CDC. Influenza, Testing Guidance for Clinicians When SARS-CoV-2 and Influenza Viruses are Co-circulating. https://www.cdc.gov/flu/professionals/diagnosis/testing-guidance-for-clinicians.htm, updated Feb 9, 2022.
2. CDC. RSV for Healthcare Providers. citation. https://www.cdc.gov/rsv/clinical/index.html, updated Oct 28, 2022.

What is a NAAT?



Nucleic Acid Amplification Test

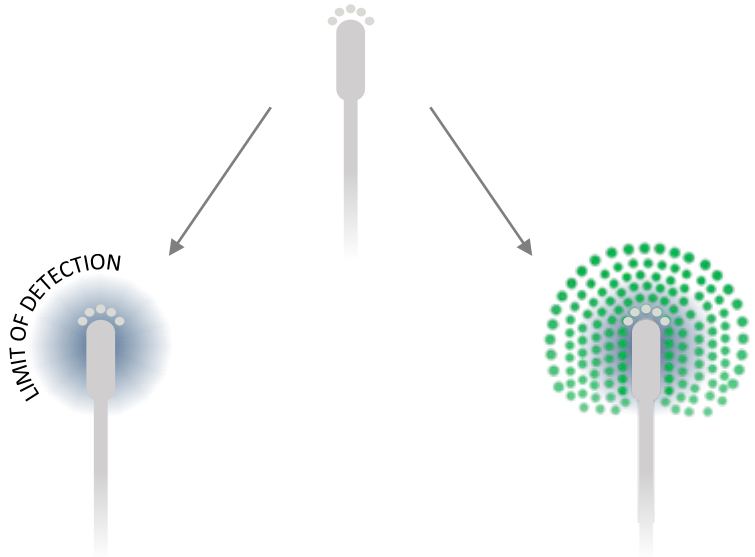
(DNA or RNA) (requires enzymes)

- Amplification is the foundation of molecular technology, which helps improve detection (test sensitivity).
- All NAATs are **molecular** tests, they **amplify** genetic (DNA/RNA) material

CDC. Nucleic Acid Amplification Tests (NAATs). https://www.cdc.gov/coronavirus/2019-ncov/lab/naats.html, updated June 14, 2021.

Why Molecular? The Power of Sample Amplification

POSITIVE PATIENT
Sample Containing Antigen/RNA



ANTIGEN TESTS

"Rapids" "RADTs" "Lateral Flow"

NO AMPLIFICATION

Detects the presence of available pathogens (virus or bacteria)

Lower level of pathogen are **less likely to be detected**

MOLECULAR TESTS

"PCR" "NAAT"

AMPLIFICATION

Amplifies the sample billions of times for easier pathogen detection

Lower levels of pathogen are **more likely to be detected**

SELECT TEST BASED ON NEED FOR SPEED OF RESULT, ACCURACY AND IMPACT OF TEST RESULTS

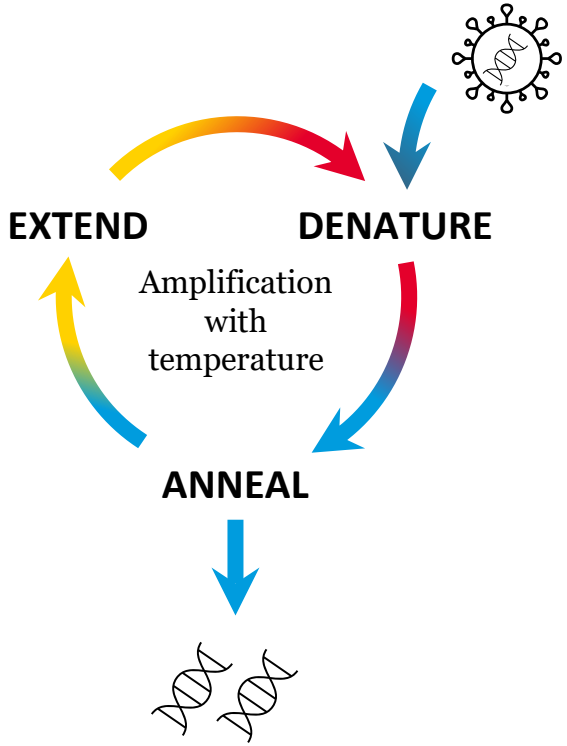
RADTs, rapid antigen detection tests; PCR, polymerase chain reaction; NAAT, nucleic acid amplification test

Types of Nucleic Acid Amplification Tests (NAATs)

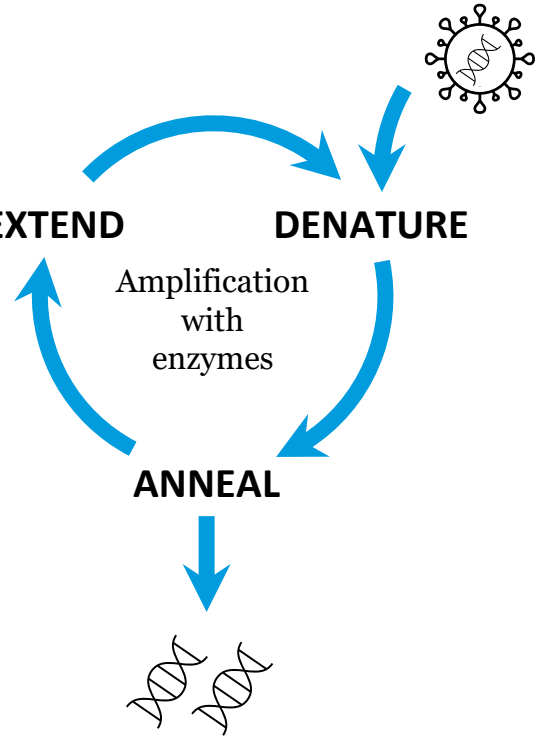
THERMOCYCLING

PCR

Requires a series of **temperature changes** for pathogen amplification, which increases time to result.



ISOTHERMAL



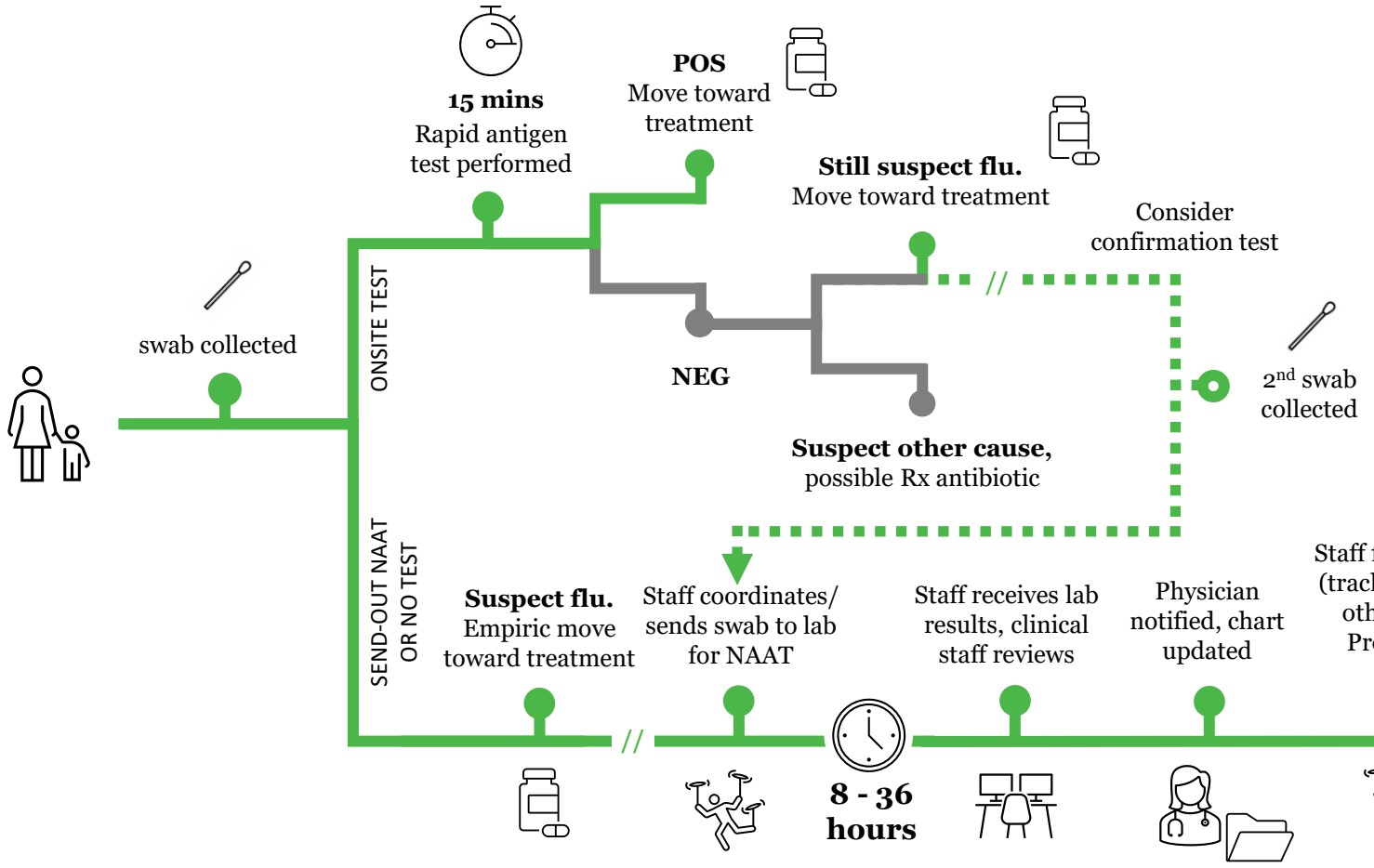
NEAR, LAMP, HDA, TMA, etc.

Use enzymes and **consistent temperature;** may reduce amplification time and speed test result.

- IT'S ALL MOLECULAR

Adapted from, Goda T, Tabata M and Miyahara Y (2015) Electrical and electrochemical monitoring of nucleic acid amplification. Front. Bioeng. Biotechnol. 3:29.

Workflow – Rapid Antigen Testing (Onsite with NAAT Send-Out)



Up against the clock,

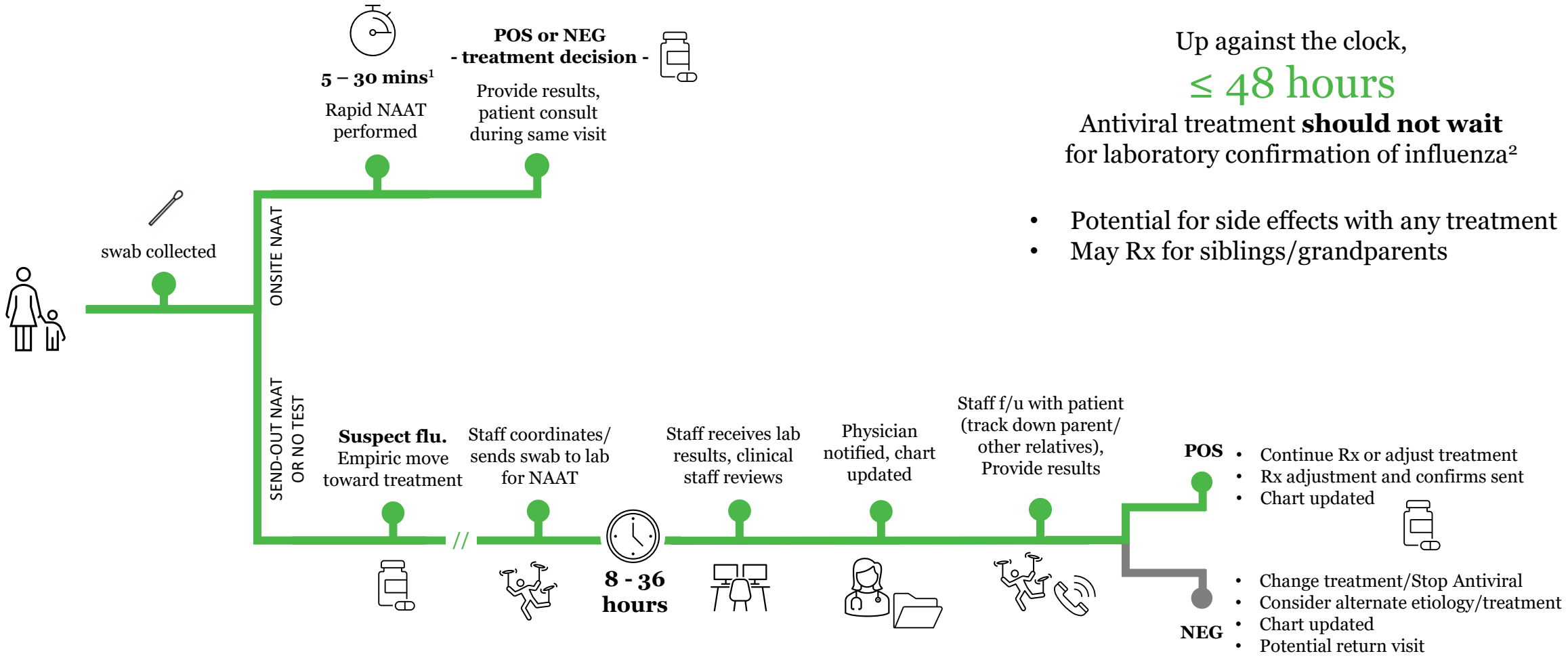
≤ 48 hours

Antiviral treatment **should not wait** for laboratory confirmation of influenza[1]

- Potential for side effects with any treatment
- May Rx for siblings/grandparents

1. Uyeki T, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza. Clin Infect Dis. 2019 Mar 5;68(6):e1-e47.

Workflow – Highly Sensitive NAAT (Onsite or Send-Out)



Up against the clock,

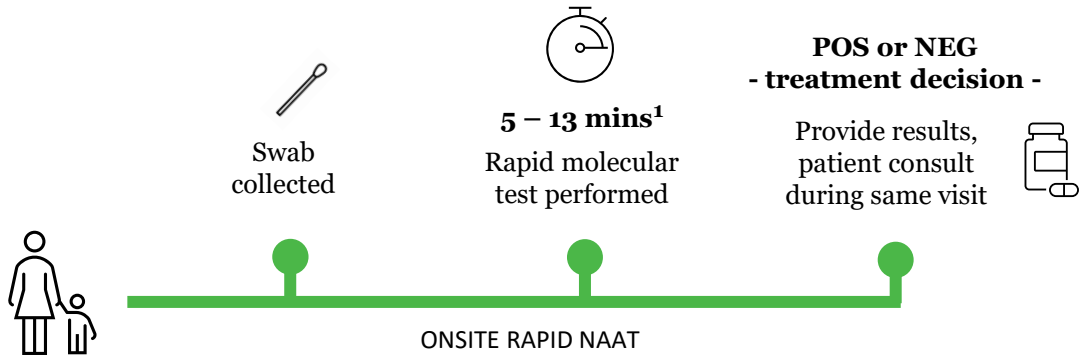
≤ 48 hours

Antiviral treatment **should not wait** for laboratory confirmation of influenza[2]

- Potential for side effects with any treatment
- May Rx for siblings/grandparents

1. Time estimates per 2 CLIA waived rapid molecular tests (ID NOW Influenza A & B 2 data on file (Abbott) and Xpert® Xpress Flu US-IVD Datasheet 0715.
2. Uyeki T, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza. Clin Infect Dis. 2019 Mar 5;68(6):e1-e47.

Workflow – Highly Sensitive Rapid NAAT (Onsite)



1. Time estimates per CLIA waived rapid molecular influenza test, ID NOW Influenza A & B 2 - data on file (Abbott).

CLIA-waived POC Molecular – Influenza A & B

METHOD	TESTS	POSITIVE RESULTS (MIN)	NEGATIVE RESULTS (MIN)	SENSITIVITY/ PPA	SPECIFICITY/ NPA	REAGENT STORAGE
Abbott ID NOW™[1]	Influenza A/B	**≥ 5**	**13**	96.3% A, 100% B*	97.4% A, 97.1% B*	Room temperature
Roche cobas® LIAT®[2]	Influenza A/B/RSV	**~20**	**~20**	98.3% A, 95.2% B†	96.0% A, 99.4% B†	Refrigerated
Cepheid® Xpert® Xpress[3]	Influenza A/B	**≥ 20**	**~30**	98.9% A, 97.6% B†	98.4% A, 99.3% B†	Room temperature
ThermoFisher Scientific Accula™[4] Dock	Influenza A/B	**~30**	**~30**	97% A, 94% B*	94% A, 99 % B*	Room temperature

* Sensitivity/Specificity
† Positive or Negative Percent Agreement

1. ID NOW™ Influenza A & B 2 Test Package Insert, IN427000, v.8.
2. cobas® Influenza A/B & RSV Package Insert, 09422439001-01EN Doc Rev. 1.0. Other test panels available.
3. Xpert® Xpress Flu US-IVD Datasheet; waived, nasal swab test performance. 0715. Other test panels available.
4. Accula™ Flu A/Flu B Test Instructions for Use, LBL-60009 Rev. C.

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Results in Time for Clinical Decision Making

ONE pediatrics

Treatment for Influenza

MOST EFFECTIVE TREATMENT WINDOW

48 hours[1]

:00 6 hrs 36 hrs 48 hrs

SYMPTOMS

Treatment window can be very small! Patients do not always present on day 1 of symptoms.

Greatest benefit when started as close to onset as possible

Treatment ≤ **6 hrs** reduces symptoms by **~4 days.**[1]

Within **36-48 hrs** reduces symptoms by **1-2 days.**[2]

Symptom improvement can help reduce down-time and expedite return to school, work.

1. Uyeki TM, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza. Clin Infect Dis. 2019 Mar 5;68(6):e1-e47.
2. Hayden FG, et al. Efficacy and safety of the neuraminidase inhibitor zanamivir in the treatment of influenza virus infections. GG167 Influenza Study Group. N Engl J Med 1997; 337:874–80.
3. Inoue M, et al. Emergence of oseltamivir-resistant pandemic (H1N1) 2009 virus within 48 hours. Emerg Infect Dis. 2010;16(10):1633-1636.

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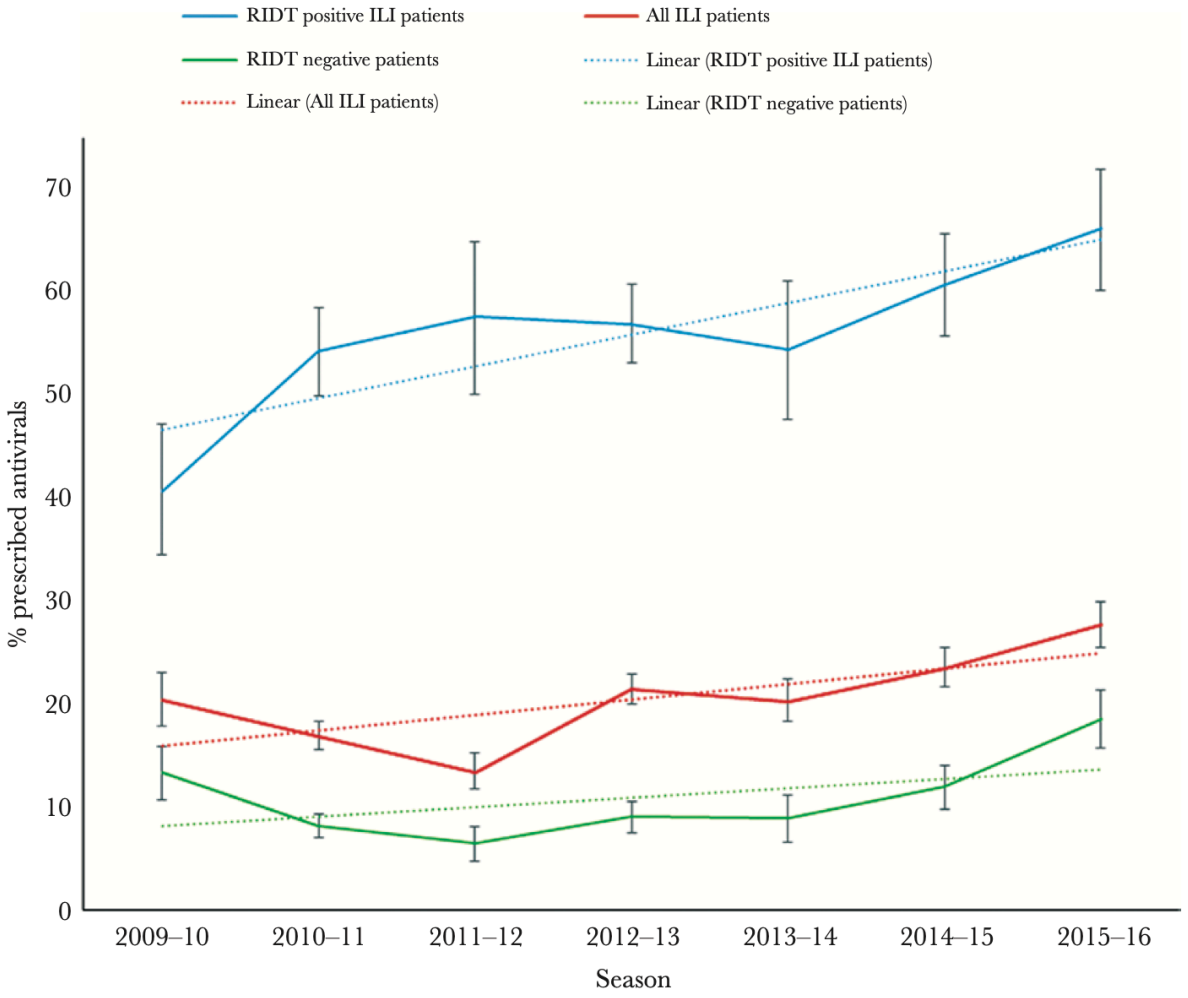
Antiviral Usage Can Likely Improve



Antivirals Rx increasing in patients with Influenza.

Overall, antivirals were prescribed infrequently, even in high-risk age groups.

Primary care providers were more likely to prescribe antivirals to patients with a positive RIDT

Fowlkes AL, Steffens A, Reed C, Temte JL, Campbell AP; Influenza Incidence Surveillance Project Working Group. Influenza Antiviral Prescribing Practices and the Influence of Rapid Testing Among Primary Care Providers in the US, 2009-2016. Open Forum Infect Dis. 2019 Apr 26;6(6):ofz192.

Increased Test Accuracy Improves Treatment Decisions on Antiviral Use

Antivirals prescribed more often in patients testing **positive by NAAT** (82.4%) than by either positive rapid antigen or reflex NAAT (69.9%)

"*Our results suggest that the* ***higher sensitivity and negative predictive value provide confidence in the test results provided during the patient encounter,*** *thus positively impacting* ***antimicrobial stewardship***."

Benirschke RC, et al. 2019. Clinical impact of rapid point-of-care PCR influenza testing in an urgent care setting: a single-center study. J Clin Microbiol 57:e01281-18.

Treatment – Antivirals

Definitely treat

- Hospitalized patients
- Outpatients…
  - with severe or progressive illness
  - at high risk of complications

Consider treatment

- Outpatients…
  - with illness onset ≤48 hours, sooner the better
  - symptomatic household contacts of persons at high risk for influenza complications, particularly those who are severely immunocompromised
- Symptomatic health care providers who routinely care for patients at high risk for influenza complications, particularly those who are severely immunocompromised

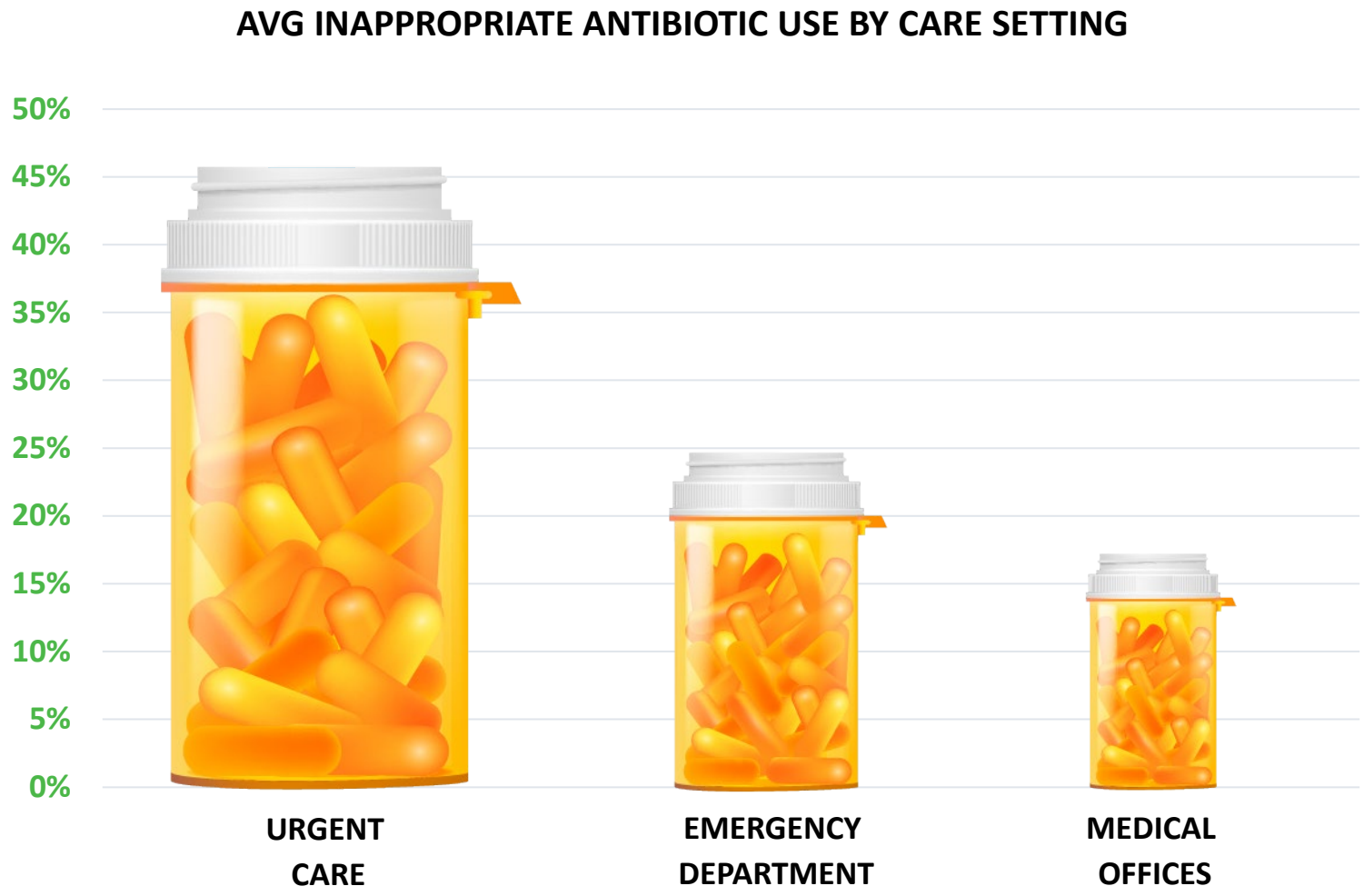
Uyeki T, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza. Clin Infect Dis. 2019 Mar 5;68(6):e1-e47.

Antiviral Medications Recommended for Treatment and Chemoprophylaxis of Influenza

Antiviral Agent	Activity Against	Use	Recommended For	Not Recommended for Use in	Adverse Events
Oral Oseltamivir	Influenza A and B	Treatment	Any age[1]	N/A	**Adverse events:** nausea, vomiting, headache. Post marketing reports of serious skin reactions and sporadic, transient neuropsychiatric events[2]
		Chemo-prophylaxis	3 months and older[1]	N/A	
Inhaled Zanamivir	Influenza A and B	Treatment	7 yrs and older[3]	people with underlying respiratory disease (e.g., asthma, COPD)[3]	**Adverse events:** risk of bronchospasm, especially in the setting of underlying airways disease; sinusitis, and dizziness. Post marketing reports of serious skin reactions and sporadic, transient neuropsychiatric events[2]
		Chemo-prophylaxis	5 yrs and older[3]	people with underlying respiratory disease (e.g., asthma, COPD)[3]	
Intravenous Peramivir	Influenza A and B[4]	Treatment	6 months and older[4]	N/A	**Adverse events:** diarrhea. Post marketing reports of serious skin reactions and sporadic, transient neuropsychiatric events[2]
		Chemo-prophylaxis[5]	Not recommended	N/A	
Oral Baloxavir	Influenza A and B[6]	Treatment	5 yrs and older[6]	N/A	**Adverse events:** none more common than placebo in clinical trials
		Chemo-prophylaxis[6]	Approved for post-exposure prophylaxis in persons 5 yrs and older[6]		

CDC. Influenza Antiviral Medications: Summary for Physicians. https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm, updated Sep 9, 2022.

Areas Most Prone to Inappropriate Antibiotic Use



Palms DL, et al. Comparison of Antibiotic Prescribing in Retail Clinics, Urgent Care Centers, Emergency Departments, and Traditional Ambulatory Care Settings in the U.S. *JAMA Intern Med.* 2018;178(9):1267–1269.

Antibiotics and Emergence of Resistance

- Penicillin discovered in 1928, followed by Fluoroquinolones (FQs), sulfonamides, and trimethoprim[1]
- Sulfonamide resistance, reported late 1930s[1]
- Antibiotic-resistant infections are increasing in children nationally and globally[2]
- **Treatment of infectious diseases depends on antibiotics[1]**

"Antimicrobial resistance is a significant public health threat and a global crisis. Infections with antibiotic-resistant organisms are associated with significant morbidity and mortality."[2]

"Resistance mechanisms are pandemic and create an enormous clinical and financial burden on health care systems worldwide… Decisive actions that require significant commitment and enforcement are never popular, even if lives can be saved."[1]

1. Davies J and Davies D. Origins and evolution of antibiotic resistance. *Microbiol Mol Biol Rev*. 2010;74(3):417-433.
2. Medernach RL, Logan LK. The Growing Threat of Antibiotic Resistance in Children. *Infect Dis Clin North Am*. 2018;32(1):1-17.

One Pediatrics/All-Star Experience With Rapid Molecular

IMPACT OF POC NAAT RESULTS IN TIME FOR CLINICAL DECISIONS

PATIENTS

- Duration of patient visits
- Patient throughput
- Antimicrobial use
- Symptom relief and return to work/school
- Satisfaction
- Convenience

CLINICIANS

- Objective vs. empiric diagnostic decisions
- Antimicrobial prescribing
- Clinician diagnosis and Rx time
- Confidence in diagnosis
- Clinician satisfaction

OPERATIONS

- Patient throughput
- Clinical workflow
- Lab logistics/transport/processing
- Lab send-outs/workflow
- Tracking down test results
- Call-backs/patient follow-up

Summary

- Rapid diagnosis of influenza is important in primary care for accurate, timely diagnosis with increased clinician confidence
- Rapid NAATs improve diagnostic accuracy over rapid antigen testing
- An accurate diagnosis in time for clinical decision making improves prescribing of antivirals and promotes antibiotic stewardship
- Treatment helps reduce risk of severe influenza and complications; helps reduce days of malaise and missed days of school and work
- Test results during the patient visit provides practice efficiencies for staffing, informs patient care and improves satisfaction

Thank you for listening

Questions

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Influenza: Expediting the Work-Up and appropriate Treatment in Primary Care

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SLIDES

Join this session for a clinical perspective on primary care best practices and approaches to streamline the evaluation and care of patients with influenza. Hear strategies for the use of rapid testing to improve workflow efficiencies and the appropriate use of antibiotics and antivirals. Gain perspective based on a personal story describing the impact of influenza.

The webinar will:

- Review the status of the current respiratory season and the latest health and vaccination data
- Explore the impact of influenza on primary care, the community and families
- Review rapid influenza testing guidelines and utility in the primary care
- Examine the application of rapid testing and other resources to mitigate influenza transmission and improve patient outcomes[1]

[1]Uyeki TM, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza. Clin Infect Dis. 2019 Mar 5;68(6):e1-e47.

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Shelle Allen

Board Member and Parent Advocate
Families Fighting Flu

Madison "Madi" Allen

Flu Survivor

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Influenza: Expediting the Work-Up and Appropriate Treatment in Primary Care

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