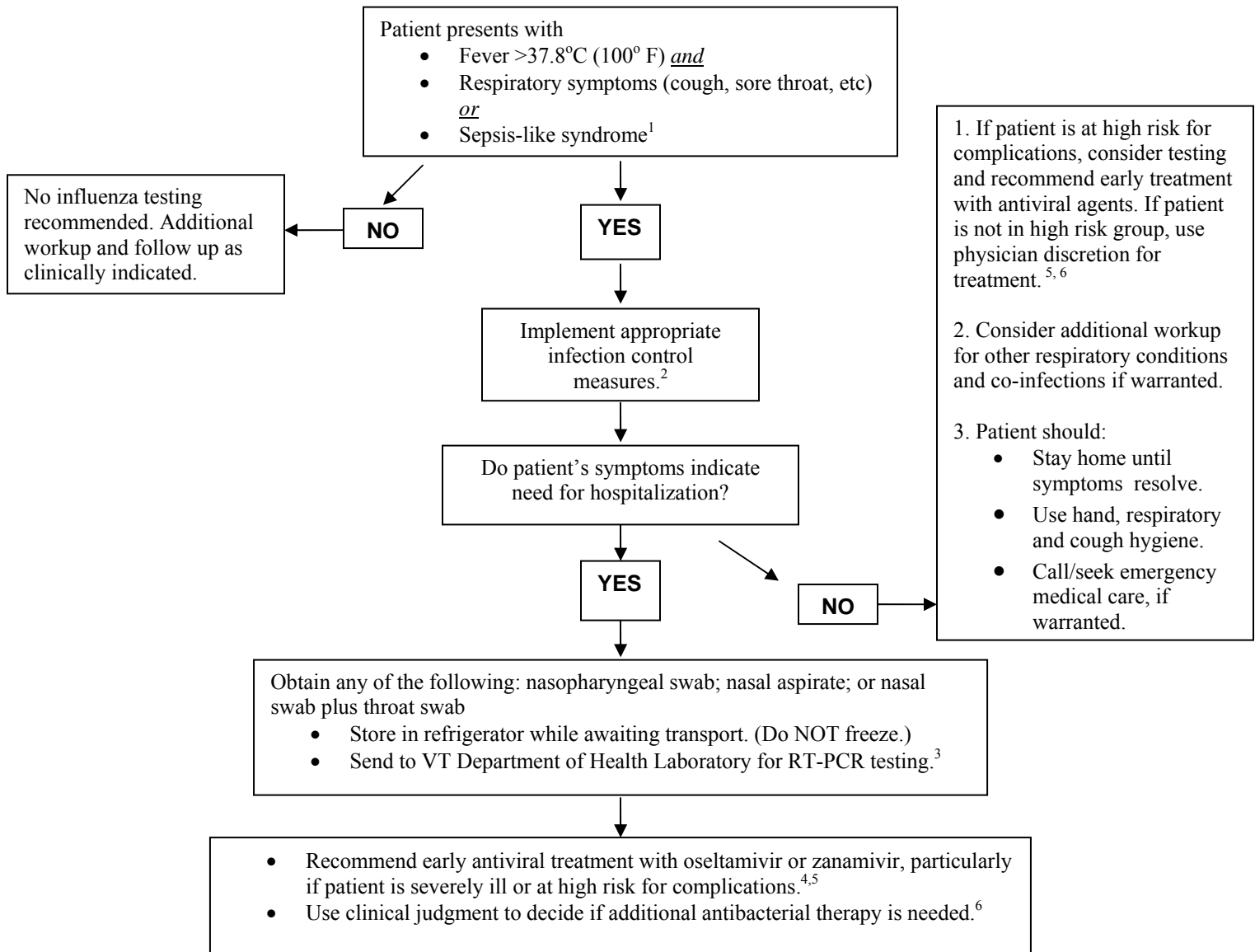


**Algorithm for clinicians to assist in decisions on testing & treatment  
for novel influenza A H1N1 virus - 05.21.09**



1. As with seasonal influenza, infants, adults  $\geq 65$  years old, people with compromised immune systems may have atypical presentations.
2. Information on infection control can be found at: [http://www.cdc.gov/h1n1flu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm)
3. Real-time polymerase chain reaction (RT-PCR) is the preferred laboratory test for identifying H1N1 (swine flu) virus. Rapid antigen tests and immunofluorescence tests have unknown sensitivity and specificity to detect H1N1 virus. For more information: <http://www.cdc.gov/h1n1flu/specimencollection.htm>
4. People at high risk of complications: children less than 5 years old; people age 65 years or older; children and adolescents (age 6 months to 18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection; pregnant women; adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders; adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV); and residents of nursing homes and other chronic care facilities.
5. Information on use of antiviral agents can be found at: <http://www.cdc.gov/h1n1flu/recommendations.htm>
6. Interim guidance for clinicians can be found at: <http://www.cdc.gov/h1n1flu/identifyingpatients.htm>

**Note:** This algorithm is adapted from CDC. This algorithm does *not* apply to providers participating in the US Outpatient Influenza-like Illness Surveillance Network (ILINet). For guidance related to ILI Net see: <http://www.cdc.gov/h1n1flu/screening.htm>