## Guide for Interpretation of Rapid Influenza Diagnostic Tests

<table>
<thead>
<tr>
<th>Circulating Influenza Virus Activity</th>
<th>RIDT Result</th>
<th>Interpretation</th>
<th>Actions</th>
<th>Antiviral Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High</strong></td>
<td>Positive for Influenza A, B, or A and B</td>
<td>Influenza virus infection is <em>likely</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- Additional testing to confirm results, for sub typing of results, or for more specific analysis may be done.  
- Additional diagnostic testing for other respiratory pathogens may be useful.* If bacterial co-infection is suspected clinically (e.g. pneumonia, sepsis, meningitis), empiric antibiotic therapy should be considered.** |  
- Initiate antiviral treatment if clinically indicated.  
- Knowledge of circulating influenza virus antiviral susceptibility is imperative when prescribing antivirals for treatment. Consult “FluView” for the most current information. |
|                                    | Negative for Influenza A, B, or A and B | Influenza virus infection *cannot be ruled out*  
*false negative result possible |  
- Clinicians should not use negative results exclusively for clinical decision making, or for decisions on infection control measures.  
- Consider additional influenza testing if indicated. Additional diagnostic testing for other respiratory pathogens may be useful.* If bacterial co-infection is suspected clinically (e.g. pneumonia, sepsis, meningitis), empiric antibiotic therapy should be considered.** |  
- Use clinical signs, symptoms, history, examination, information on local influenza activity in the community to decide if antiviral treatment is indicated.  
- Knowledge of circulating influenza virus antiviral susceptibility is imperative when prescribing antivirals for treatment. Consult “FluView” for the most current information. |
| **Low**                             | Positive for Influenza A, B, or A and B | Influenza virus infection *likely*  
*false positive result is possible |  
- Additional testing to confirm results, for influenza A sub typing, or for more specific analysis may be done.  
- Additional diagnostic testing for other respiratory pathogens may be useful.* If bacterial co-infection is suspected clinically (e.g. pneumonia, sepsis, meningitis), empiric antibiotic therapy should be considered.** |  
- Use clinical signs, symptoms, history, examination, information on local influenza activity in the community to decide if antiviral treatment is indicated.  
- Knowledge of circulating influenza virus antiviral susceptibility is imperative when prescribing antivirals for treatment. Consult “FluView” for the most current information. |
|                                    | Negative for Influenza A, B, or A and B | Influenza virus infection *unlikely* |  
- Clinicians should not use negative results exclusively for clinical decision making, or for decisions on infection control measures.  
- Additional diagnostic testing for other respiratory pathogens may be useful.* If bacterial co-infection is suspected clinically (e.g. pneumonia, sepsis, meningitis), empiric antibiotic therapy should be considered.** |  
- Use clinical signs, symptoms, history, examination, information on local influenza activity in the community to decide if antiviral treatment is indicated.  
- Knowledge of circulating influenza virus antiviral susceptibility is imperative when prescribing antivirals for treatment. Consult “FluView” for the most current information. |

*Consult local or state health departments or other sources (e.g. virology testing at a local hospital) for local activity on other respiratory pathogens associated with acute respiratory illness.

**Empiric antibiotic coverage should include coverage for bacterial pathogens most commonly associated with influenza (e.g., *Streptococcus pneumoniae*, *Staphylococcus aureus* [including MRSA], *Group A Streptococcus*, and others) especially for hospitalized adult patients per IDSA/ATS CAP guidelines.