

Adult Symptomatic Respiratory Viral Illness* Evaluation Including Influenza and COVID-19 (C-19)

This guidance was devised to help clinicians make clinical decisions regarding testing and treatment of respiratory viral illness in MA in fall/winter 2023-24 and is based on current viral prevalence (i.e., influenza, SARS-CoV-2, RSV) and current availability of testing reagents and analyzers. This guidance will not cover all clinical scenarios and may change over time, so clinician judgment is required. Please refer to [BILH COVID-19 Treatment guidelines](#) for more specifics on therapy.

HOME/ TELEHEALTH

OFFICE/ CLINIC

ED/ URGENT CARE

INPATIENT (To be/ already admitted)

Perform [COVID-19 home Ag test](#) (meeting acceptability criteria)

C-19 POSITIVE

C-19 NEGATIVE

Perform COVID-19 viral test (Ag or PCR depending on availability in practice, or recommend [home Ag](#))

C-19 POSITIVE

C-19 NEGATIVE

RISK ASSESSMENT

- Does the patient have at least one of the high-risk comorbidities for **COVID-19** or **influenza**?
OR
- Reside in a **congregate setting**
OR
- Care for or live with a person who is immunocompromised?

YES

NO

Obtain nasal swab(s) for:
COVID-19 PCR
AND
Influenza A/B PCR*
(Some lab platforms may also include RSV in viral panel)

*Consider empiric therapy with oseltamivir and/or repeat home Ag C-19 testing if PCR is not available.

FLU POSITIVE

C-19 & FLU NEGATIVE

Consider treatment with oseltamivir if patient has symptoms <=48 hrs OR at clinician discretion

Conservative management

C-19 NEGATIVE

C-19 POSITIVE

No

Yes

Is the patient being admitted to the hospital?

Is the patient immunocompromised?

Yes

No

Obtain nasal swab for:
COVID-19 PCR,
Influenza A/B PCR, AND RSV
(Some lab platforms may include additional viruses in respiratory pathogen panel)

Obtain nasal swab(s) for:
COVID-19 PCR
AND
Influenza A/B PCR
(Some lab platforms may also include RSV in viral panel)

C-19 POSITIVE

FLU POSITIVE

RSV POSITIVE

ALL NEGATIVE

Treat moderate to severe COVID-19 per [BILH COVID Therapeutics guideline](#) (e.g., immunomodulation +/- remdesivir)
Treat mild to moderate COVID-19 with nirmatrelvir/ritonavir (Paxlovid), if patient with risk factors for severe COVID-19 and <=5 days from symptom onset
• If contraindicated, consider IV remdesivir or other COVID-19 therapeutics
• Consider ID consult, if immunocompromised

Treat with oseltamivir

Conservative management

• Continue work up
• Consider ID consult

*Respiratory viral symptoms include at least one of:
Fever (T>100.4 deg F) or feverishness, chills, body aches, headache, cough (new or worsening), sore throat, loss of smell or taste, nasal congestion/runny nose, shortness of breath (new or worsening), diarrhea (new or worsening), nausea and vomiting

• Testing of non-COVID respiratory pathogens including influenza will vary across BILH sites based on analyzer and testing supplies; check with your local lab for information for your site.
• COVID-19 results in a patient with a history of infection in the last 30 days should be interpreted with caution and prolonged shedding of virus is possible. Please check with local Infection Control for questions about isolation.
• Isolation precautions and PPE for respiratory viruses per [BILH Infection Control guidance](#).