GUIDELINES FOR USING FILMARRAY IN RESPIRATORY OUTBREAKS

Only outbreaks of respiratory illness that meet one of the three criteria below will be considered for testing:

1. Case(s) meet Influenza-like illness (ILI) case definition.
2. Case(s) meet lower respiratory tract infection (LRTI) / pneumonia case definition.
3. Case(s) of upper respiratory tract infection (URTI) with at least one of the following:
   a. complicated by multiple cases of LRTI / pneumonia
   b. associated with several hospitalization and/or deaths

INFLUENZA-LIKE ILLNESS (ILI) is defined as individuals with fever (≥ 100°F) AND cough and/or sore throat in absence of a known cause other than Influenza.

LOWER RESPIRATORY TRACT INFECTION (LRTI) is defined as individuals who have at least three of the following signs or symptoms: (a) new or increased cough, (b) new or increased sputum production, (c) fever of greater than 100.4°F, (d) pleuritic chest pain, (e) new or increased physical findings on chest examination (i.e., rales, rhonchi, wheezes, bronchial breathing), (f) one of the following indications of change in status or breathing difficulty: new/increased shortness of breath or respiratory rate of 25 per minute or worsening mental or functional status. This diagnosis can be made only if no chest x-ray (CXR) was performed or if the CXR failed to confirm pneumonia. Also known as bronchitis or tracheobronchitis.

PNEUMONIA is defined as a person who has new evidence of pneumonia/filtrate on CXR and at least two signs and symptoms of LRTI.

TESTING PROCEDURE

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All specimens tested for Influenza by RT-PCR

POSITIVE

NO FURTHER TESTING

NEGATIVE

At least 5 NP swab samples submitted?

NO

NO FURTHER TESTING

YES

Proceed with FA testing
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NOTE: NP swabs should only be collected from symptomatic patients and before starting antiviral/antibiotic treatment.

NP = nasopharyngeal; FA = FilmArray
* Unless indicated otherwise by lead epidemiologist.