

Table
2009-2010 Influenza Season Triage Algorithm for Adults (> 18 years old) with Influenza-like Illness

Are all of the following present:

1. Age greater than 18 years
2. Fever or feverishness*
3. Cough or sore throat

* If antipyretics are taken, this may inhibit a patient's ability to mount a fever.

No
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Although influenza cannot be ruled out in this patient, this algorithm should be used to guide clinical making in this case. Advise them to contact their healthcare provider for advice about their current illness if they are concerned about their health or to call emergency care if they have any warning signs of severe illness. Many people with influenza — including 2009 H1N1 — will not have a fever. Other symptoms of influenza can include chills, body aches/muscle pain, headaches, fatigue, runny nose, and occasional diarrhea and vomiting.

Yes
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Are any of the following present:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest
- Dizziness
- Confusion
- Severe or persistent vomiting
- Flu-like symptoms improved but then return or worsen in a few days

These symptoms are purposely broad to minimize the possibility of misclassifying people who truly have severe disease. The person attempting to triage the patient should take into account the severity and duration of the symptoms and the patient's ability to care for him or herself or access a reliable caregiver when deciding whether or not patients should be advised to seek care immediately.

Yes
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This patient should be advised to seek emergency medical care immediately

No ↓

Is this patient:

- Age 65 years or older
- Pregnant up to two weeks postpartum (including following pregnancy loss)

Or are any of the following comorbid conditions present:

- Chronic pulmonary (including asthma), cardiovascular (except isolated hypertension), renal, hepatic, hematological (including sickle cell disease), or metabolic disorders (including diabetes mellitus)
- Disorders that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders)
- Immunosuppression, including that caused by medications or HIV

Note: Obese patients and morbidly obese patients should be carefully evaluated for the presence of underlying medical conditions that are known to increase the risk for influenza complications, and should receive empiric treatment when these conditions are present, or if signs of lower respiratory tract infections are present.

Yes
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This patient is at higher risk for influenza complications. The patient should be advised to contact their healthcare provider to discuss antiviral treatment that day. Providers may advise such patients to take antiviral medications for treatment and/or therapy. Early use of antiviral medications can reduce the risk of influenza-related complications.

No ↓

Based on the information above, this patient is at low risk for influenza complications and may not require testing or treatment for influenza if their symptoms are mild. Should their symptoms worsen, or if they are concerned about their health, they should be advised to seek medical care. In order to help prevent spread of influenza to others, these patients should be advised:

- to keep away from others, to the extent possible, particularly those at higher risk for complications from influenza
- to cover their coughs and sneezes
- Wash their hands frequently with soap and water or use an alcohol-based hand rub if soap and water are not available
- Stay home until 24 hours after their fever is gone.