Nationwide Children’s Hospital offers guidance to our clinician partners on the choices for influenza testing and their suggested clinical utilization.

The Centers for Disease Control and Prevention recommend ordering respiratory virus laboratory tests (RVLT) for patients being admitted to the hospital with influenza symptoms or patients whose clinical management would be influenced by test results. Patients in groups at high risk for complications who have a clinical diagnosis of influenza may benefit from starting empiric antiviral treatment. Patients hospitalized during influenza season with influenza-like illness should also start empiric antiviral treatment while molecular assays are pending.

**Respiratory Virus Laboratory Testing (RVLT) Decision Tool**

If admission is due to a suspected respiratory infection and test results would impact patient management decisions, consider the Respiratory Infection Array panel.

*RSV: respiratory syncytial virus*
### Tests Available at Nationwide Children's for Influenza and Other Respiratory Pathogens

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Lab Test Code</th>
<th>Turnaround Time</th>
<th>Estimated Patient Charge at Nationwide Children’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza A/B antigen</td>
<td>n/a</td>
<td>Point of Care 30 mins.</td>
<td>~$30</td>
</tr>
<tr>
<td>Influenza A/B antigen</td>
<td>CFLU</td>
<td>Main Lab 1 hour</td>
<td>~$30</td>
</tr>
<tr>
<td>RSV antigen</td>
<td>CRSV</td>
<td>Main Lab 1 hour</td>
<td>~$80</td>
</tr>
<tr>
<td>Influenza A/B and RSV PCR</td>
<td>FLURSV</td>
<td>Main Lab 24 hours</td>
<td>~$425</td>
</tr>
<tr>
<td>Respiratory Infection Array panel</td>
<td>FARVPP</td>
<td>Main Lab 8 hours</td>
<td>~$590</td>
</tr>
</tbody>
</table>

If you choose to not do any testing, the following messaging points may help to explain the decision to patient families:

- Lab tests are not required to make a diagnosis of the flu or to prescribe antiviral medications.
- A clinical diagnosis can be made based on symptoms and local occurrence of the flu.
- Most people recover from suspected flu without complications, with or without antiviral treatment.
- Antiviral therapies may help symptoms for multiple respiratory viruses, so knowing the specific strain of virus is not needed for most patients.
- Testing is usually only done when:
  - It could change how a patient is treated
  - The patient is sick enough to be hospitalized
  - The patient is in a group at high risk for complications (age 65 or older and younger than 2; pregnant women; suffering from asthma or other lung, heart, kidney, metabolic, blood and neurologic disease; immunosuppressed; morbidly obese; American Indian or Alaska Native; residents of long-term care facilities)

For more information about influenza outbreaks and appropriate laboratory testing decisions for respiratory viruses, please check the CDC’s weekly influenza surveillance reports and online resources, including [https://www.cdc.gov/flu/professionals/diagnosis/molecular-assays.htm](https://www.cdc.gov/flu/professionals/diagnosis/molecular-assays.htm) and [https://www.cdc.gov/flu/professionals/diagnosis/consider-influenza-testing.htm](https://www.cdc.gov/flu/professionals/diagnosis/consider-influenza-testing.htm).

Local respiratory tracking is also provided weekly at [Nationwidechildrens.org/Laboratory-Services](https://www.nationwidechildrens.org/Laboratory-Services).
Laboratory Testing and Pathology Consultations

Online: NationwideChildrens.org/Lab
Phone: (614) 722-0494 or (877) 934-6575 | Fax: (614) 722-4000
Physician Direct Connect Line for 24-hour urgent physician consultations:
(614) 355-0221 or (877) 355-0221.