

FOI 3874

28th July 2026

FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST

1. Your definition of an active case of influenza.

Response:

Influenza is an acute viral infection of the respiratory tract that occurs predominantly during the winter months in the UK. Three types of influenza virus are recognised (A, B and C); however, influenza A and B are responsible for the majority of seasonal illness.

The incubation period is typically 1–4 days (most commonly 2–3 days). Individuals are infectious from shortly before symptom onset and for approximately 5–7 days thereafter, or until symptoms have resolved. Children may shed the virus for longer, and immunocompromised individuals may remain infectious for a prolonged period.

Clinical presentation is characterised by the sudden onset of fever, chills, headache, myalgia and profound fatigue. Respiratory symptoms commonly include dry cough, sore throat and nasal congestion. While influenza is usually self-limiting in otherwise healthy individuals, complications such as bronchitis, secondary bacterial infection, pneumonia, and, rarely, neurological or cardiac complications may occur. The risk of severe disease is increased in those with underlying medical conditions.

Identification of Symptoms

Symptoms include;

- ☐ Fever (37.8C or above)
- ☐ Cough (with or without sputum)
- ☐ Sore throat
- ☐ Nasal congestion or rhinorrhoea
- ☐ Sneezing
- ☐ Hoarseness
- ☐ Shortness of breath or wheeze
- ☐ Acute deterioration in physical or cognitive function (e.g. delirium, reduced mobility)
- ☐ Diarrhoea
- ☐ Myalgia, headache or extreme fatigue

Older adults and immunocompromised patients may present atypically. New or unexplained clinical deterioration should prompt consideration of influenza following clinical assessment.

Decisions regarding hospital admission remain a clinical judgement.

2. The methods used to confirm an influenza case and distinguish it from other acute viral respiratory infections.

Response:

The following methods are used within the Trust for Testing.

LIAT Point of Care Testing

LIAT influenza A/B testing is available in in Craigavon Area Hospital (CAH) Emergency Department, Daisy Hill Hospital (DHH) Emergency Department, CAH Blossom ward, DHH Daisy ward and CAH Urgent Care. Symptomatic patients should be tested on presentation. Positive samples must be forwarded to the microbiology laboratory for onward referral to the Regional Virus Laboratory (RVL) for typing.

Patients who are existing inpatients are tested if they develop influenza symptoms and contacts are only tested if they are symptomatic.

Respiratory specimens are tested in the Regional Viral Laboratory and include nasal swabs, dry nasopharyngeal swab, sputum, aspirate and bronchoalveolar lavage and washings.

CAH have rapid restrictive use swabs which are tested in CAH microbiology laboratory and these results are available in 2 hours once receipted by the laboratory.

Criteria to follow is

Symptomatic patients requiring emergency admission of immunosuppressed haematology, oncology and transplant patients

Symptomatic patients requiring admission to ICU

Organ donor recipient

At the request of the IPC team for urgent patient placement decisions

Extended testing is performed at the RVL and must be requested appropriately on Epic.

Where an extended respiratory screen is sought this can only be tested in the RVL. This should be ordered as a Molecular Respiratory Screen on the Encompass order panel. This has an estimated turn-a-time of 2 days.

To request an extended respiratory screen on Epic, the option for 'Extended Viral strip /

Atypical Screen' needs to be selected also when completing the Molecular Respiratory screen request.

Repeat swabbing to demonstrate clearance is not required.

A separate sputum specimen should also be submitted for microbiology organisms and sensitivity testing if clinically indicated.

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