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[Test for flu](#)

### Pinpoint the flu—fast

**1 Make an appointment with your doctor and ask for the Quest flu test**

The flu test is performed at your doctor's office.

**2 Get a simple test**

It is done with a swab from your nostril. No blood sample is required.

**3 Get your results and treatment**

The results come back very quickly. This can help your doctor begin medical treatment sooner, potentially lessening the duration and severity of the flu. If it is the flu, you likely won't be prescribed unnecessary antibiotics.



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50% Kind of makes you wonder if the test is even necessary? Good clinicians would have told you it isn't.

No test needed CDC Recommendation: The CDC does however recommend testing in patients that may need to take antivirals (like Tamiflu). RDTs are not recommended for use in hospitalized patients with suspected influenza. Molecular assays, including RT-PCR, are recommended for testing respiratory tract specimens from hospitalized patients because of their high sensitivity and high specificity. We don't like the uncertainty of a doctor saying, well, they "probably" have this or that. Then a test is run on the gunk that comes out to look for the flu virus. The previous test that was commonly used was 70% sensitive.

Information for Clinical Laboratory Directors: Rapid influenza diagnostic tests (RIDTs) detect influenza viral antigens in respiratory tract specimens. Rapid flu test For direct optical observation (rapid flu test), the appropriate code to report is code 87804 Infectious agent antigen detection by immunosay with direct optical observation; Influenza. So in the right clinical context, there's still a 15% chance that your kid has mono even with a negative test. False Negatives: The problem is, the test known as "Monospot" is only 85% sensitive. If your teen has a sore throat and fever, and it's not strep, there's a chance that it could be mono.

These tests work by detecting the presence or absence of the parts of the flu virus that cause your immune system to react. The very young, old, and immunocompromised fall into this category. And now, if you get the test, the result is a lot more reliable.

For flu tests, the numbers have been even worse. The flu test is usually a swab that goes in your nostril to the back of your nasal cavity (which is super uncomfortable). To perform the rapid test, a respiratory sample (e.g., throat swab, nasopharyngeal swab, nasal aspirate, sputum) is obtained. If someone looks and sounds like they have the flu, then they typically have the flu. It means if we take 100 people who we know have the disease, and we test them, how many will come back positive? If the answer is 75, then we say the test is "75% sensitive." When you've seen five people that day with high fever, body aches, runny nose and cough, then the sixth one with those symptoms has the flu. RIDTs can provide results within approximately 15 minutes. Some tests are waived from requirements under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and cleared for point-of-care use. The reality is that during a flu outbreak, an astute clinician can make the diagnosis on a clinical basis. "But medicine is notorious for tests that aren't unnecessary great. Take mono, for example—the kissing disease. That's right. It is easily better. Which is good for when the test is really needed. Available RIDTs detect and differentiate between type influenza A and B viruses, but do not specifically identify or differentiate subtypes of influenza A viruses. c10c-412ef0