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The Accuracy of Influenza Diagnosis

To the Editor—The article by Talbot et al¹ entitled “Failure of Routine Diagnostic Methods to Detect Influenza in Hospitalized Older Adults” does not mention the use of serological methods for the diagnosis of influenza. Seroconversion identified by complement fixation or hemagglutination inhibition methods has proven to be a robust method for the diagnosis of influenza when clinical presentation occurs after virus shedding in the upper respiratory tract has finished.² This delayed clinical presentation may occur in patients with complicated influenza virus infection, and we have observed it among patients with pneumonia who were admitted to intensive care units in Australia. During the outbreak of pandemic H1N1 influenza in 2009, serological test results confirmed influenza infection in 29 of 33 adult patients who had

an illness consistent with influenza in intensive care units, whereas sensitive nucleic acid test results were positive in only 18 of 33 patients.³ Our findings support those presented by Talbot et al¹ of a high sensitivity (80.8%) of clinical diagnosis. However, we suggest that, to increase the sensitivity of laboratory diagnosis and derive an accurate measure of the specificity of clinical diagnosis, serological testing must be included in any algorithm used for the diagnosis of influenza.

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