The Centers for Disease Control and Prevention recommends providing standard precaution and droplet isolation for at least 24 hours for patients who are suspected or confirmed to have influenza. It is also recommended that infected health care workers not perform childcare for day care centers for the first 24 hours after a flu symptom onset. Dr. Leekha said. Patients were considered for study inclusion if they were older than 18 years and were hospitalized with lab-confirmed influenza A. The 50 patients enrolled in the study ranged in age from 21 to 91 years (mean age 76), and 62% were male. Dr. Leekha said, and her associates included patients for whom they could not obtain written consent. Almost all study participants had one or more underlying chronic medical conditions. Of the 50 patients, 81% had received an influenza vaccination; 54% were undergoing antiviral therapy.

Throat swabs were taken at symptom initiation, and then again at days 2, 3, 5, and 7 and then cultured by culture and polymerase chain reaction (PCR) if the patient was still hospitalized, Dr. Leekha said. “Positivity falls with increasing duration from symptom onset. But even beyond day 5, several samples continue to be positive,” she said.

At day 7, 22 patients were still shedding the influenza virus as detected by PCR, and 12 patients were cultures as detected by cultures. Of the 22 positive, the median age was 76 years, 64% were male, 71% had received a flu vaccination, 50% were receiving antiviral therapy, 4 had an identifiable cause of immunosuppression, and their median hospital stay was 6 days.

Dr. Leekha said. The longest shedding duration lasted for 14 days as detected by all three methods. A greater than expected proportion of hospitalized patients with influenza A continued to shed detectable virus beyond 7 days from symptom onset in the study. Dr. Leekha said.

“Such prolonged shedding of influenza A virus has previously been shown in immunocompromised adults, also in children, and has been associated with drug-resistant strains in both these populations in previous studies. However, there are no studies of viral shedding in adults with other chronic illnesses,” she added.

Influenza immunity declines with age and is multifactorial, so “it is possible that adult patients who are hospitalized with influenza represent an older and sicker cohort of patients who may possibly be affected for longer than the traditional period of infectivity,” Dr. Leekha said.

Other study limitations as noted by Dr. Leekha include: The period of detection by PCR was greater than by culture detection methods; it is unclear if detection of the flu virus equals infectivity, and not all patients who tested negative were retested because participants withdrew from the study or were misclassified as remaining uninfected. After receipt of study results, the study was discontinued. Larger samples should be studied, out patients should be tested for viral shedding, and multiple methods should be used for viral completion. The correlation between viral shedding and infectivity should also be explored, she said.