

Understanding Diagnostic Testing for Influenza



Quiz and CEU Registration/Statement

Select the best answer.

1. Why should one test for influenza?
 - a. Many respiratory diseases show “flu-like” symptoms
 - b. To ensure that treatment is appropriate.
 - c. To monitor the spread of disease in a community
 - d. All of the above

2. In selecting a rapid influenza test, the lab should consider:
 - a. Waived vs. non-waived CLIA status
 - b. The antigen the test will detect
 - c. Sensitivity and Specificity
 - d. All of the above

3. To optimize an influenza test, one should:
 - a. Use an assay with low specificity
 - b. Use an assay with high sensitivity
 - c. Collect only throat swabs
 - d. Ignore manufacturer’s instructions

4. Confirmatory testing is appropriate when:
 - a. A positive result is obtained when disease prevalence is low.
 - b. A negative results is obtained when disease prevalence is low.
 - c. A positive result is obtained when disease prevalence is high.
 - d. None of the above situations.

5. Strategies to address biosafety concerns include:
 - a. Use of a biological safety cabinet.
 - b. Additional personal protective equipment.
 - c. Isolation of the testing area
 - d. All of the above.

6. Sensitivity - is the probability of a _____ test result given the _____ of disease.
 - a. positive & presence
 - b. positive & absence
 - c. negative & presence
 - d. negative & absence

7. Rapid flu tests are named for the time it takes to get a result.
 - a. True
 - b. False

8. A reference laboratory only needs one kind of test for influenza.
 - a. True
 - b. False

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9. The Positive Predictive Value (PPV) of an assay can vary depending on the prevalence of disease in a given population.
 - a. True
 - b. False

10. Influenza virus can change, so test reagents may require updates or modifications to maintain sensitivity/specificity.
 - a. True
 - b. False

CEU Registrant Information

Name: _____

Facility: _____

Email: _____

City: _____

Phone: _____

Manager's Name: _____

By checking this box, I verify that I have viewed the Nebraska Public Health Laboratory Understanding Diagnostic Testing for Influenza continuing education program.

Signature: _____

Date: _____

Return the Quiz and CEU Registration/Statement via fax to 402-559-7799.