

Background: the Flu Score

- Originally developed using data from two previous of the second secon studies of 459 outpatient adults with suspected influenza (Nicolas Senn and Ralph Gonzales collaborators)
- PCR or culture as reference standard
- Logistic regression used to identify independent predictors using 70% of data.
- Internally validated using 30% of data

Study Aim

 Validate the Flu Score in our young adult pop and compare to other data sets.

Setting and Data Collection

- University of Georgia University Health Center primarily serves 35,000 students ages 18 to
- Recruited young adults with clinically suspect influenza
- All students self-reported symptoms using an portal prior to the visit.
- Physicians use a standard template that mai collection of key respiratory signs and sympt including all elements of the Flu Score.
- Obtained nasopharyngeal sample
- Novel point of care PCR test (Cobas LIAT Research of care PCR) Medical Diagnostics) performed on all patie reference standard (99% sens, 100% spec)

Validation of the Flu Score in a Young Adult Population

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	Analysis			
evious ed S,	 Calculated Flu Score for each p testing 			
	 Determined the likelihood of PC low, moderate and high risk group 			
	 Compared this with original studies 			
lent	 Performed meta-analysis of str in Stata 			
	Results			
	Our study (UGA Health Center)			
	Risk group (points)	Flu	No	
oulation	Low risk (0-2)	14		
	Moderate risk (3)	12		
	High risk (4-6)	119		
	Overall prevalence: 50%,	Diagnostic	odds	
	Original dataset (Switzerland and			
ter 25 years	Risk group (points)	Flu	No	
	Low risk (0-2)	12	1	
cted	Moderate risk (3)	39		
	High risk (4-6)	106	-	
n online	Overall prevalence: 34% , Diagnostic odds J Am Board Fam Med 2012; 25: 55-62			
indates	European GRACE validation data			
toms,	Risk group (points)	Flu	No	
Roche ents as the	Low risk (0-2)	111	1	
	Moderate risk (3)	95	3	
	High risk (4-6)	67	1	
	Overall prevalence: 15%, Fam Pract 2015; 1-7	Diagnostic	odds	

patient who received PCR

R positive influenza A or B for oups by the Flu Score

dy and previous validation

atum specific likelihood ratios,

o flu	% flu	LR
56	20%	0.24
18	40%	0.65
68	64%	1.71

ratio: 7.1, % classified low risk: 24%

I San Francisco)

o flu	% flu	LR
137	8.0%	0.17
90	30.2%	0.83
75	58.6%	2.72

ratio: 16, % classified low risk: 32%

aset

o flu	% flu	LR	
.035	9.7%	0.60	
352	21.2%	1.51	
141	32.2%	2.66	
ratio: 4.4, % classified low risk: 64%			

Novel Approach to Meta-Analysis

• Previous meta-analyses usually just dichotomize risk scores with 3 or more groups, i.e (Low or Moderate) vs High, or Low vs (Moderate or High)

• Approach: a likelihood ratio is a type of risk ratio, so we reformatted data as risk ratios and used a standard meta-analytic procedure for risk ratios in meta-analysis of RCTs.

Forest Plot

Study

Low risk
Van Vugt, 2015
Ebell, 2013
Perry, 2017
Subtotal (I-squared = 93.
Moderate risk
Van Vugt, 2015
Ebell, 2013
Perry, 2017
Subtotal (I-squared = 85.
•
High risk
Van Vugt, 2015
Ebell, 2013
Perry, 2017
Subtotal (I-squared = 84.

Mod risk: 0.99 (0.59 - 1.7)

Conclusions

Acknowledgements: UHC staff, Roche Diagnostics References available upon request.



High risk: 2.3 (1.7 - 3.2)

Our dataset produced likelihood ratios of a similar pattern to the original FluScore development, despite the increased prevalence of influenza in our sample Interpretation depends on the prevalence of influenza