



URGENT: Updated Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season

September 20, 2009

Dear Provider,

We would like to take the time to remind healthcare providers of the importance of appropriate use of antivirals for treatment and post-exposure prophylaxis of H1N1 infection. As you know, inappropriate use can lead to resistance, which would severely hamper our ability to lessen H1N1 spread. On September 8, 2009, the CDC issued updated interim recommendations for use of antiviral medications. The chart below summarizes those recommendations. These may change as data on the clinical spectrum of illness, antiviral effectiveness, adverse events and resistance among circulating viruses become available. Based on global experience to date, 2009 H1N1 influenza viruses likely will be the most common influenza viruses among those circulating in the coming season, particularly those causing influenza among younger age groups. Current H1N1 viruses are susceptible to oseltamivir and zanamivir, but resistant to amantadine and rimantadine.

Clinical judgment is an important factor in antiviral treatment decisions for all patients presenting for medical care who have illnesses consistent with influenza.

Antiviral Treatment Not Recommended For:
Influenza suspected in non high-risk patients with uncomplicated febrile illness
Antiviral Treatment Recommended For:
All hospitalized patients with confirmed, probable or suspected 2009 H1N1 or seasonal influenza
Influenza suspected in patients at higher risk for influenza-related complications including: <ul style="list-style-type: none"> • Children younger than 5 years old (highest risk in children younger than 2 years old) • Adults 65 years or older • Pregnant women • Persons with chronic pulmonary, cardiovascular (except HTN), renal, hepatic, hematologic (including sickle cell disease), neurologic, neuromuscular or metabolic disorders (including diabetes) • Persons with immunosuppression, caused by medications or HIV • Persons younger than 19 years old who are receiving long-term aspirin therapy (due to risk for Reye syndrome)
Influenza suspected in patients presenting with severe illness or warning signs/symptoms for lower respiratory illness (dyspnea, tachypnea, decreased oxygen saturation, etc.)

If necessary, treatment should be initiated empirically (ideally within 48 hours of illness onset). Treatment should not await laboratory confirmation because laboratory testing can sometimes delay treatment and because a negative rapid test does not rule out influenza.

Chemoprophylaxis with oseltamivir or zanamivir should be reserved for persons at higher risk for influenza-related complications (see above) who have had contact with someone likely to have been infected with influenza. It should not be used for post exposure prophylaxis in healthy adults or children; if more than 48 hours have elapsed since last contact with the infectious person; or when contact occurred outside the ill person's infectious period (one day prior to development of symptoms to 24 hours after fever ends).

We hope this information has been useful in your consideration of appropriate treatment of influenza in your patients.

Sincerely,

Lilly Randolph, M.D.
Medical Director