

Key Points:
Updated Antiviral Recommendations for 2009 H1N1 and Seasonal Flu

Summary Points

- On September 8, 2009 CDC issued updated recommendations for use of antivirals in the treatment and prevention of influenza. This guidance is available on the CDC H1N1 website: <http://www.cdc.gov/h1n1flu>.
- The purpose of this guidance is to update the current recommendations on the use of influenza antiviral medicines for treatment and prevention (chemoprophylaxis) of influenza and to assist clinicians in prioritizing use of antivirals for treatments or prevention of patients at higher risk for influenza-related complications.
- The priority use for antiviral medications during the upcoming influenza season remains the same as outlined in the interim antiviral recommendations posted on May 6, 2009; that is to prioritize use of these drugs for those patients who are severely ill (hospitalized) and those patients who are ill with influenza-like illness and who are at high risk for influenza related complications.
- The updated recommendations provide additional context and guidance that clinicians may consider to reduce possible delays between illness onset and treatment.
- In addition, the updated recommendations provide more information about the limited situations in which antiviral medications should be used for chemoprophylaxis (prevention) this season. (With a statement that antiviral drugs should not be used for prevention in healthy persons based on community exposures.)
- In addition, the recommendations encourage providers to remind patients that viral shedding can continue for a few days after treatment starts and that antiviral resistant viruses may emerge. Thus, patients on treatment need to continue to closely follow hand and cough hygiene recommendations to avoid spreading influenza to others.
- The updated recommendations seek a balance between:
 1. Providing clinicians the information and guidance needed to reach those at greatest risk of serious flu-related complications with appropriate and timely antiviral treatment;
 2. Reducing the chances of antiviral-resistance through inappropriate or unnecessary chemoprophylaxis; and,
 3. Recognizing the overarching importance of clinical judgment in making treatment and chemoprophylaxis decisions.
- This guidance might need to be changed periodically to account for changes in local epidemiological data, antiviral susceptibility patterns and antiviral supply.

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- These recommendations should be used together with clinical judgment in making treatment decisions.

Summary of Recommendations:

- Treatment with oseltamivir (trade name Tamiflu®) or zanamivir (trade name Relenza®) is recommended for all persons with suspected or confirmed influenza requiring hospitalization.
- Treatment with oseltamivir or zanamivir is recommended for persons with suspected or confirmed influenza who are at higher risk for complications, children younger than 5 years old, adults older than 64 years old, pregnant women, persons with certain chronic medical or immunosuppressive conditions, and persons younger than 19 years of age who are receiving long-term aspirin therapy.
- Treatment generally is not necessary for persons who are not at higher risk for complications or do not have severe illness, such as those requiring hospitalization. However, any suspected influenza patient presenting with warning symptoms (e.g., difficulty breathing or shortness of breath) or signs for lower respiratory tract illness should promptly receive empiric antiviral therapy. Clinical judgment is a critical factor in all treatment decisions
- Treatment should be initiated as early as possible since treatment initiated early (i.e., within 48 hours of illness onset) is likely to provide the most benefit.
- Treatment generally should not wait for laboratory confirmation of influenza because laboratory testing can delay treatment and because a negative rapid test for influenza does not rule out influenza.
 - The sensitivity of rapid tests can range from 10% to 70%.
- Groups at higher risk for 2009 H1N1 influenza complications are similar to those at higher risk for seasonal influenza complications.
 - Groups at higher risk influenza related complications include:
 - Children younger than 5 years old. Note: The risk for severe complications from seasonal influenza is highest among children younger than 2 years old.
 - Adults 65 years of age or older
 - Pregnant women
 - People of any age with certain chronic medical conditions (for example, asthma, diabetes, lung disease, etc.)

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- Actions that should be taken to reduce delays in treatment initiation include:
 - Informing persons at higher risk for influenza complications of signs and symptoms of influenza and need for early treatment after onset of symptoms of influenza.
 - The symptoms of seasonal and 2009 H1N1 flu virus include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may also have vomiting and diarrhea. People may be infected with the flu, including 2009 H1N1, and have respiratory symptoms without a fever.
 - Ensuring rapid access to telephone consultation and clinical evaluation for these patients as well as patients who report severe illness.
 - Considering empiric treatment of patients at higher risk for influenza complications based on telephone contact if hospitalization is not indicated and if this will substantially reduce delay before treatment is initiated.
- In selected circumstances, providers might also choose to provide selected patients at higher risk for influenza-related complications (for example, patients with neuromuscular disease) with prescriptions that can be filled at the onset of symptoms after telephone consultation with the provider.
- Antiviral chemoprophylaxis generally should be reserved for persons at higher risk for influenza-related complications who have had contact with someone likely to have been infected with influenza. Clinicians can also choose to counsel persons at higher risk for influenza-related complications about the early signs and symptoms of influenza and advise them to immediately contact a health care provider for evaluation and possible early treatment if clinical signs or symptoms develop as an alternative to chemoprophylaxis.
- 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.
- Persons with suspected 2009 H1N1 influenza or seasonal influenza who present with an uncomplicated febrile illness typically do not require treatment unless they are at higher risk for influenza-related complications.
- Currently circulating 2009 H1N1 viruses are susceptible to oseltamivir and zanamivir, but resistant to amantadine and rimantadine; however,

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antiviral treatment regimens might change according to new antiviral resistance or viral surveillance information.

- Information on the dose and dosing schedule for oseltamivir and zanamivir is provided in this guidance.
 - An April 2009 Emergency Use Authorization (EUA) provides information about use of oseltamivir in children less than 1 year old (<http://www.cdc.gov/h1n1flu/eua/>), subject to the terms and conditions of the EUA.