

City of Milwaukee Health Department (MHD)
Recommendations for Clinicians – Updated May 7, 2009

ANTIVIRALS FOR NOVEL INFLUENZA TYPE A (H1N1) TREATMENT AND PROPHYLAXIS

A. Influenza Treatment: In response to the current public health emergency involving novel influenza type A (H1N1), treatment with antivirals (duration typically 5 days) should be considered for individuals who meet all 3 of the following criteria:

1. have laboratory evidence of influenza A virus *OR* have symptoms strongly suggestive of influenza, **AND**
2. have “moderate to severe” symptoms (see description below) *OR* have only mild symptoms but are at high risk for complications of influenza (see list in point D below), **AND**
3. have had influenza symptoms for no more than 5 days (*ideally* treatment would be started within 2 days of symptom onset)

“Moderate to severe symptoms” is determined through clinical judgment; for the purposes of this guidance, it would generally include people ill enough to possibly require hospitalization, with symptoms such as:

- temperature ≥ 101.5 °F (38.6 °C), **AND**
- significant symptoms consistent with respiratory illness (e.g., *prominent* cough, sore throat, rhinorrhea), **AND**
- *significant* constitutional symptoms (e.g., headache, myalgias, chills, fatigue or lethargy)

B. Influenza Post-Exposure Prophylaxis: Individuals who have had close contact to a confirmed or probable case of novel influenza A (H1N1) virus and who are at high risk of complications from influenza should receive antiviral post-exposure prophylaxis (duration typically 10 days after last exposure). These high risk individuals include:

- Close contacts in household, daycare, or long-term care settings who are at high risk for complications from influenza (e.g., chronic medical conditions, >65 years of age or < 5 years old), or who are caregivers for those at high risk of complications from influenza. See detailed list in point D below.
- Close contacts who are healthcare workers who were not using appropriate personal protective equipment at the time of the contact.
- Close contacts in any setting who have moderate or severe immune compromising conditions.

C. Influenza Pre-Exposure Prophylaxis: Certain very high-risk individuals, such as those with severe immune deficiency, should be considered for ongoing pre-exposure prophylaxis when disease is circulating in a community, particular in the absence of available vaccine. Based on clinical judgment, pre-exposure prophylaxis could also include the household contacts of these very high-risk individuals.

D. Persons at higher risk for complications from seasonal influenza include:

- Persons aged 65 years or older, and children under age 5 years.
- Residents of nursing homes and other long-term care facilities that house persons of any age who have chronic medical conditions.
- Adults and children who have chronic disorders of the pulmonary or cardiovascular systems (not including hypertension), including emphysema, chronic bronchitis, asthma, and congestive heart failure.
- Adults and children who have any condition that can compromise respiratory function, impair their ability to handle respiratory secretions, or increase their risk for aspiration. Examples of such conditions include certain spinal cord injuries, moderate or severe cognitive dysfunction, uncontrolled seizure disorder, or other neuromuscular disorders affecting the respiratory system.
- Persons infected with HIV.
- Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), hemoglobinopathies (e.g., sickle cell disease), immuno-suppression (including immunosuppression caused by medications), or renal dysfunction.
- Children and teenagers (aged 6 months - 18 years) who are receiving long-term aspirin therapy and therefore might be at risk for developing Reye syndrome after influenza.
- Pregnant women.

E. Choice and Dosing of Antivirals: This novel (H1N1) influenza virus is sensitive (susceptible) to the neuraminidase inhibitor antiviral medications (zanamivir and oseltamivir). It is resistant to the adamantane antiviral medications (amantadine and rimantadine). For dosing recommendations for all ages, see CDC guidance at <http://cdc.gov/h1n1flu/recommendations.htm>.

Providers are cautioned to consult the manufacturer's package insert and other guidance regarding dosing, contraindications, and precautions for use of specific antivirals in certain situations, including but not limited to children, pregnant women, and individuals with renal or hepatic disease.

F. Important Additional Information:

It is unknown, as yet, if the same groups of people at risk of complications of seasonal influenza are at risk of complications from the novel influenza A (H1N1). Until more is known about the novel influenza A (H1N1) virus, it is reasonable to consider the at-risk categories to be similar.

For the purposes of these guidelines, "close contact" means having been in a setting where there was a high likelihood of contact with respiratory droplets and/or body fluids of someone with confirmed, probable or suspected case of novel influenza A (H1N1). Close contact typically does not include activities such as walking by an infected person or sitting across from a symptomatic patient in a waiting room or office.

These are guidelines and recommendations only. They do not replace clinicians' judgment, and they are likely to change as more becomes known about this virus and its behavior.

Questions regarding this guidance can be directed to Dr. Swain, MHD, 414-286-3521.