

State of Montana DPHHS HAN UPDATE

Distributed via the DPHHS Health Alert Network (HAN) System

Wednesday, May 27, 2009 2:00 PM

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DPHHS Recommendations: PLEASE FORWARD THIS INFORMATION TO ALL HEALTH CARE PROVIDERS

DPHHS Health Alert Hotline 1-800-701-5769
Visit the DPHHS Health Alert Network Website at www.han.mt.gov

The goal of Montana's Health Alert Network is to transmit information to local public health authorities as quickly as possible, and assign a suitable priority to the message that is sensitive to the impact of a health-related event providing information relative to the public health and safety of Montanans. For questions or comments relative to Montana's HAN system you may contact the DPHHS HAN Coordinator, Gerry Wheat at <mailto:gwheat@mt.gov>

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

You have received this message based upon the information contained within our emergency notification data base. If you have a different or additional e-mail or fax address that you would like us to use please notify us as soon as possible by e-mail at hhshan@mt.gov or <mailto:hhshan@mt.gov>

This is an official CDC Health Update

Distributed via Health Alert Network
May 27, 2009, 11:30 ET (11:30 AM ET)
CDCHAN-00293-09-05-27-UPD-N

CDC Guidance on Antiviral Treatment of Patients with Confirmed, Probable, or Suspected Cases of Novel Influenza A (H1N1)

Summary: As a reminder to clinicians, this Health Update summarizes existing CDC guidance issued on May 6, 2009 on the use of antiviral drugs in novel H1N1 patients and their close contacts. CDC recommends that influenza antiviral treatment be given to all hospitalized patients with confirmed, probable, or suspected novel influenza A (H1N1) and any patient with confirmed, probable or suspected novel influenza A (H1N1) who is at higher risk for seasonal influenza complications. All hospitalized patients should be carefully monitored and treated with antiviral medications as soon as possible after admission, including patients who seek treatment more than 48 hours after onset of symptoms. The drugs recommended for treatment are either oseltamivir or zanamivir. The novel H1N1 viruses are resistant to amantadine and rimantadine.

Background:

Clinical studies indicate that antiviral treatment is safe and effective for seasonal influenza, and that treatment is most effective if started as early as possible, preferably within 48 hours of illness onset. Antiviral susceptibility testing of novel H1N1 viruses indicates that antiviral drugs should be effective for treatment of this new strain of influenza also.

A recent study published in the Morbidity and Mortality Weekly Report (*MMWR*) described diagnosis, medical conditions, and treatment of 30 patients hospitalized in California with novel influenza A (H1N1) infection during April and May 2009. The report

indicated that only 15 of 30 patients hospitalized with novel H1N1 infection received antiviral treatment. Treatment was initiated within 48 hours of symptom onset in only 5 of the 30 patients, although in some instances patients presented for medical care more than 48 hours after onset of illness. Although the majority of hospitalized persons infected with novel influenza A (H1N1) recovered without complications, some patients had severe and prolonged illness, and several remain hospitalized. Among hospitalized patients with novel influenza A (H1N1), about half of those who had chest x-rays taken had findings consistent with pneumonia, but few had evidence of bacterial co-infection. Primary influenza virus pneumonia, with or without bacterial co-infection, is a potentially life-threatening illness.

Recommendations:

CDC recommends that antiviral treatment for novel influenza A (H1N1) be given as soon as possible after onset of symptoms for all hospitalized patients with confirmed, probable, or suspected novel influenza A (H1N1) virus infection. All hospitalized patients with novel influenza A (H1N1) infection should be monitored carefully and treated with antiviral therapy, including patients who seek care more than 48 hours after illness onset. Influenza antiviral medicines should be initiated as soon as possible if influenza is suspected, and often before diagnostic test results (RT-PCR) are available, for maximum benefit. If bacterial co-infection is suspected, antibacterials should be directed at likely pathogens (e.g., *S. pneumoniae*, *S. aureus*) consistent with existing guidelines for the management of community-acquired pneumonia.* Antibacterial therapy also should be initiated after appropriate diagnostic specimens are obtained, including blood, respiratory secretions (especially for intubated patients), and pleural fluid for culture and urine for pneumococcal antigen testing (in adults).

Patients who are at higher risk for seasonal influenza complications (including people 65 years and older, children younger than five years old, pregnant women, and people of any age with chronic medical conditions) are also recommended for treatment, regardless of whether they require hospitalization.

For More Information:

Antiviral Treatment for Novel Influenza A (H1N1) Virus Infection <http://www.cdc.gov/h1n1flu/recommendations.htm>

MMWR: Hospitalized Patients with Novel Influenza A (H1N1) Virus Infection --- May 18, 2009 / 58(Early Release);1-5 California, April--May, 2009 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58e0518a1.htm>

Additional documents for health care providers, public health officials, and the public are available on www.cdc.gov. Information for the public is posted daily in both English and Spanish. Also, CDC's toll-free hotline, 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, is available 24 hours a day, every day.

*Mandell LA, Wunderink RG, Anzueto A, et al. Infectious Diseases Society of America / American Thoracic Society Consensus Guidelines on the Management of Community-acquired Pneumonia in Adults. Clin Infect Dis 2007;44 Suppl 2:S27-72.

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##This Message was distributed to State and Local Health Officers, Public Information Officers, Epidemiologists and HAN Coordinators as well as Clinician organizations##

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Interim Guidelines for Antiviral Drug Use for Influenza Infection
Public Health and Safety Division, DPHHS, May 5, 2009

Treatment

Influenza should be considered in persons with acute febrile respiratory illness with cough or sore throat. **Priority should be given for treatment of hospitalized patients and outpatients at high risk for influenza complications.** Mild uncomplicated illness should not be treated.

Persons at high risk of complications from influenza who should be considered for antiviral therapy:

- Infants and children aged <5 years
- Persons with asthma or other chronic pulmonary diseases, such as cystic fibrosis in children or chronic obstructive pulmonary disease in adults
- Persons with hemodynamically significant cardiac disease
- Persons who have immunosuppressive disorders or are receiving immunosuppressive therapy
- HIV-infection persons
- Pregnant women
- Persons with sickle cell anemia and other hemoglobinopathies
- Persons with diseases that require long-term aspirin therapy, such as rheumatoid arthritis or Kawasaki disease
- Persons with chronic renal dysfunction
- Persons with cancer
- Persons with chronic metabolic disease, such as diabetes mellitus
- Persons with neuromuscular disorders, seizure disorders, or cognitive dysfunction that may compromise the handling of respiratory secretions
- Adults aged >65 years
- Residents of any age of nursing homes or other long-term care institutions

Antiviral treatment should be initiated as soon as possible after the onset of symptoms. Evidence for benefits from treatment in studies of seasonal influenza is strongest when treatment is started within 48 hours of illness onset. However, some studies of treatment of seasonal influenza have indicated benefit, including reductions in mortality or duration of hospitalization even for patients whose treatment was started more than 48 hours after illness onset. Therefore, treatment for high-risk patients who are seen >48 hours after illness onset and are not improving is permitted.

Chemoprophylaxis

Routine prophylaxis with oseltamivir or zanamavir should be limited at this time to the following individuals who have contact with a confirmed or probable case:

1. Household close contacts of a confirmed or probable case who are at high-risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 5 years old, and pregnant women).
2. Health care workers who were not using appropriate personal protective equipment during close contact with an ill confirmed, probable or suspect case of swine-origin influenza A (H1N1) virus infection during the case's infectious period.

For more information about antiviral drugs including dosing guidelines and please see the CDC antiviral web page <http://www.cdc.gov/h1n1flu/recommendations.htm> and the Infectious Disease Society of America guidelines for seasonal influenza: <http://www.journals.uchicago.edu/doi/pdf/10.1086/598513>
 Dosing guidelines for antiviral drugs (consult the manufacturer's package insert for complete information)

Agent, Group	Treatment (5 days)	Prophylaxis (10 days)	
Oseltamavir			
Adults	75 mg PO bid	75 mg PO qday	
Children	15 kg or less 15-23 kg 24-40 kg > 40 kg	30 mg PO bid 45 mg PO bid 60 mg PO bid 75 mg PO bid	30 mg PO qday 45 mg PO qday 60 mg PO qday 75 mg PO qday
Zanamavir			
Adults	Two 5mg inhalations (10mg) bid	Two 5mg inhalations qday	
Children	Two 5mg inhalations (10mg) bid (age \geq 7 years)	Two 5mg inhalations qday (age \geq 5 years)	