

State of Montana DPHHS HAN UPDATE

*****FORWARD TO CLINICIANS AND PHARMACISTS*****

Distributed via the DPHHS Health Alert Network (HAN) System

Wednesday, May 5, 2009 10:55 AM

DPHHS Contact Information: Communicable Disease 444-0273

DPHHS recommends you FORWARD TO CLINICIANS AND PHARMACISTS

DPHHS Recommendations:

USE OF ANTIVIRAL MEDICATIONS FOR INFLUENZA INFECTION

After consultation with infectious disease physicians in Montana (through the Montana ID Network), the Public Health and Safety Division has established guidelines for the use of antiviral medications related to influenza infection. At the current time (May 5, 2009), seasonal influenza strains continue to cause illness in Montana. Although the recently recognized influenza A H1N1(swine-like) has not been confirmed present in Montana yet, we anticipate that this virus will cause infections here in the near future.

NOTE: Mild uncomplicated illness should NOT be treated. Priority should be given for treatment of hospitalized patients and outpatients at high risk for influenza complications. Influenza antiviral medications should be used for prophylaxis ONLY in very selected circumstances.

MT Guidelines attached: MT Interim guidelines for antiviral use for influenza infection (from PHSD/DPHHS with support of the Montana ID Network)

Please also refer to CDC Guidance: CDC Interim guidance for clinicians on identifying and caring for patients with novel influenza A (H1N1) virus infection (<http://www.cdc.gov/h1n1flu/identifyingpatients.htm>)

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

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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 <mailto:hhshan@mt.gov>

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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
- 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)	