



Grant County Health District – Always Working for a Healthier and Safer Grant County

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FOR IMMEDIATE RELEASE
12/23/08

FOR INFORMATION CONTACT:

TO: Emergency Rooms in Grant County
Walk-in Clinics in Grant County
Healthcare Provider Offices in Grant County

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Health Advisory

Interim Influenza Antiviral Treatment Guidance, 2008-2009 December 23, 2008

Action requested:

- Resistance to antiviral medications highlights the importance of continuing to vaccinate patients throughout the flu season to protect as many individuals from influenza infection and its complications as possible. Influenza activity remains low locally.
- Influenza antiviral drug treatment is most important for patients at high risk for severe complications of influenza infection (i.e., patients requiring hospitalization).
- Consider use of influenza tests that can distinguish influenza A from influenza B. Patients testing positive for influenza B may be given either oseltamivir or zanamivir (no preference).
- Treatment strategy should take into account that information regarding viral subtype (H1N1 or H3N2) is rarely available in a timely enough manner to guide treatment decisions, and in some cases influenza viral type (A or B) may not be available.
 - Review local influenza virus surveillance data weekly during influenza season to determine which types and subtypes of influenza A virus are currently circulating. Local influenza surveillance data is available at our Moses Lake Office.
 - Links to CDC and state and national data are available at www.cdc.gov/flu/ and www.doh.wa.gov/FluNews/default.htm.
 - Oseltamivir should be used alone only if recent local surveillance data indicates that circulating viruses are likely to be influenza A (H3N2) or influenza B viruses.
- If a patient tests positive for influenza A or tests negative for influenza by rapid antigen test but for whom antiviral treatment is desired based on influenza symptoms during a period of high influenza activity locally, zanamivir should be considered if treatment is indicated.
 - Combination treatment with oseltamivir and rimantadine is an acceptable alternative, and might be necessary for patients that cannot receive zanamivir, (e.g., patient is <7 years old, has chronic underlying airways disease, or cannot use the zanamivir inhalation device), or if zanamivir is unavailable. Amantadine can be substituted for rimantadine if rimantadine is unavailable.
- For persons with complicated influenza requiring hospitalization, please consult with an infectious disease specialist for treatment recommendations.
- Review the complete interim guidance from CDC on influenza drug treatment available at <http://www.cdc.gov/flu/professionals/antivirals/index.htm>.

Background: Of 50 H1N1 viruses tested by CDC to date from 12 states, 98% were resistant to oseltamivir, and all were susceptible to zanamivir, amantadine and rimantadine. Influenza A (H3N2) and B viruses remain susceptible to oseltamivir. The proportion of influenza A (H1N1) viruses among all influenza A and B viruses that will circulate during the 2008-09 season cannot be predicted, and will likely vary over the course of the season and among communities.