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HEALTH DISTRICT

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Interim Guidelines for Antiviral Drug Use for Influenza Infection Grant County Health District, 4 May 2009

These recommendations may be subject to change based on availability of medications, severity of disease and other important factors, including Washington Public Health Response Assessment Team (PHRAT) recommendations.

Treatment

Influenza should be considered in persons with acute febrile respiratory illness with cough or sore throat. **Treatment of hospitalized patients and outpatients at high risk for influenza complications should be prioritized.** 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-infected persons
- Pregnant woman
- 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).

- 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.

Information from CDC on treatment of children under 1 year of age

Oseltamivir use for children < 1 year old was recently approved by the U.S. FDA under an Emergency Use Authorization (EUA), and dosing for these children is age-based. For dosing guidelines for children less than one year, please see: <http://www.cdc.gov/h1n1flu/childrentreatment.htm>.

Children under one year of age are at high risk for complications from seasonal human influenza virus infections. The characteristics of human infections with swine-origin H1N1 viruses are still being studied, and it is not known whether infants are at higher risk for complications associated with swine-origin H1N1 infection compared to older children and adults. Limited safety data on the use of oseltamivir (or zanamivir) is available from children less than one year of age, and oseltamivir is not licensed for use in children less than 1 year of age. Available data come from use of oseltamivir for treatment of seasonal influenza. These data suggest that severe adverse events are rare, and the Infectious Diseases Society of America recently noted, with regard to use of oseltamivir in children younger than 1 year old with seasonal influenza, that "...limited retrospective data on the safety and efficacy of oseltamivir in this young age group have not demonstrated age-specific drug-attributable toxicities to date." (See IDSA guidelines for seasonal influenza.)

Because infants typically have high rates of morbidity and mortality from influenza, infants with swine-origin influenza A (H1N1) infections may benefit from treatment using oseltamivir.

Information from CDC on treatment of pregnant women

Oseltamivir and zanamivir are "Pregnancy Category C" medications, indicating that no clinical studies have been conducted to assess the safety of these medications for pregnant women. Because of the unknown effects of influenza antiviral drugs on pregnant women and their fetuses, oseltamivir or zanamivir should be used during pregnancy only if the potential benefit justifies the potential risk to the embryo or fetus; the manufacturers' package inserts should be consulted. However, no adverse effects have been reported among women who received oseltamivir or zanamivir during pregnancy or among infants born to women who have received oseltamivir or zanamivir. Pregnancy should not be considered a contraindication to oseltamivir or zanamivir use. Because of its systemic activity, oseltamivir is preferred for treatment of pregnant women. The drug of choice for prophylaxis is less clear. Zanamivir may be preferable because of its limited systemic absorption; however, respiratory complications that may be associated with zanamivir because of its inhaled route of administration need to be considered, especially in women at risk for respiratory problems.

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 Diseases 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)
Oseltamivir		
Adults	75 mg PO bid	75 mg PO qday
Children	30 mg PO bid	30 mg PO qday
15 kg or less	45 mg PO bid	45 mg PO qday
15-23 kg	60 mg PO bid	60 mg PO qday
24-40 kg	75 mg PO bid	75 mg PO qday
> 40 kg		
Zanamivir		
Adults	Two 5mg inhalations (10mg) bid	Two 5mg inhalations qday
Children	Two 5mg inhalations (10mg) bid (age ≥ 7 years)	Two 5mg inhalations qday (age ≥ 5 years)