

This document has been adapted from a document produced on May 6, 2009 by the Centers for Disease Control and Prevention. It can be accessed at the website <http://www.cdc.gov/h1n1flu/recommendations.htm>

Management of patients with mild influenza-like illness:

Persons with suspected swine-origin influenza A H1N1 who present with an uncomplicated febrile illness typically do not require antiviral treatment unless they are at higher risk* for influenza complications, and in areas with limited antiviral medication availability, local public health authorities might provide additional guidance about prioritizing treatment within groups at higher risk for infection.

Watchful waiting, reassurance and symptomatic therapy (along with appropriate infection control measures) are preferred patient management approaches for otherwise healthy patients with mild febrile respiratory illnesses. Providers caring for patients with mild febrile respiratory illness are discouraged from prescribing antiviral medications for presumptive therapy. Consider antiviral therapy if the patient is at a higher risk for development of complications.* Patients should be sent home with instructions to stay home until at least 24 hours after free of fever or signs of fever without the use of fever-reducing medications. Patients should be instructed on the importance of hand and respiratory hygiene, and told to seek medical care if symptoms worsen (shortness of breath, increasing fever, altered level of consciousness, etc.).

Treatment with antiviral medication is recommended for:

1. All hospitalized patients with suspected or confirmed swine-origin influenza A H1N1.
2. Patients who are at higher risk* for influenza complications. A person who is at high-risk for complications due to swine-origin influenza A H1N1 is the same as seasonal influenza high-risk groups. As more epidemiologic and clinical data become available, these risk groups might be revised.

***Persons at high-risk for development of complications related to:**

- Children younger than 5 years old. The risk for severe complications is highest among children < 2 years old.
- Adults 65 years of age and older.
- Persons with the following conditions:
 - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
 - Immunosuppression, including that caused by medications or by HIV;
 - Pregnant women;
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy;
 - Residents of nursing homes and other chronic-care facilities.

Antivirals for treatment of novel H1N1 swine influenza :

- See current CDC guidance at <http://www.cdc.gov/h1n1flu/recommendations.htm> as the recommendations may change as data on antiviral effectiveness, clinical spectrum of illness, adverse events from antiviral use, and antiviral susceptibility data become available.
- The antiviral medications oseltamivir (Tamiflu™) and zanamivir (Relenza™) are currently recommended for treatment of swine-origin influenza A H1N1 infection. This influenza strain is resistant to the antivirals amantadine (Symmetrel™) and rimantadine (Flumadine™).
- There is growing public health concern that overprescribing may exhaust medication supplies. In addition, inappropriate use of antiviral medications may contribute to the development of antiviral drug resistance. Prescribing antiviral medications for personal stockpiling is very strongly discouraged.

Timing of initiation of treatment:

If the decision is made to use antivirals, treatment should be initiated as soon as possible after the onset of symptoms. Evidence for benefits from antiviral treatment is strongest when treatment is started within 48 hours of illness onset.

Antiviral chemoprophylaxis:

Antiviral chemoprophylaxis (pre-exposure or post-exposure) with either oseltamivir (Tamiflu™) and zanamivir (Relenza™) is recommended for the following individuals.

1. Persons who are at high-risk for complications of influenza and are household contacts to a person with suspected or confirmed swine-origin influenza A H1N1 infection.
2. Health care workers or public health workers who had unprotected close contact to a person with suspected or confirmed swine-origin influenza A H1N1 infection.

Antiviral chemoprophylaxis for post-exposure should be continued through 10 days after the last known exposure to a person with suspected or confirmed swine-origin influenza A H1N1 infection.

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