



JAN 6, 2011

HEALTH ADVISORY

Influenza Antiviral Treatment Recommendations for the 2010-2011 Influenza Season

Oseltamivir (Tamiflu®) and zanamivir (Relenza®) are the influenza antiviral medications recommended to treat and prevent influenza in the United States during the 2010-2011 influenza season. These interim recommendations are provided in conjunction with vaccination recommendations to reduce the impact of influenza on people at high risk for developing severe complications secondary to infection.

Early antiviral treatment can reduce the risk of complications from influenza, such as pneumonia, respiratory failure and death. Antiviral treatment is recommended for any patient with confirmed or suspected influenza who:

- Has severe, complicated or progressive illness.
- Is hospitalized.
- Is at higher risk for influenza complications.
 - Children younger than 2 years
 - Adults age 65 years and older
 - People with the following conditions: chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurological, neuromuscular, or metabolic disorders (including diabetes mellitus)
 - Immunosuppression, including that caused by medications or by HIV infection
 - Women who are pregnant or post-partum (within 2 weeks after delivery)
 - People younger than 19 years of age who are receiving long-term aspirin therapy
 - American Indians and Alaskan Natives
 - People who are morbidly obese (body-mass index ≥ 40)
 - Residents of nursing homes and other chronic-care facilities

Clinical judgment, based on the patient's disease severity and progression, age, underlying medical conditions, likelihood of influenza, and time since onset of symptoms, is important to consider when making antiviral treatment decisions for high-risk outpatients. When indicated, antiviral treatment should be started as soon as possible after illness onset, preferably within 48 hours of influenza illness onset.

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Antiviral treatment still may be beneficial in patients with severe, complicated, or progressive illness, and in hospitalized patients when administered more than 48 hours from illness onset. Antiviral treatment also can be considered for any previously healthy, not high-risk, symptomatic outpatient with confirmed or suspected influenza based upon clinical judgment, if treatment can be initiated within 48 hours of illness onset.

Recommended antiviral medications (neuraminidase inhibitors) are not licensed for treatment of children younger than 1 for oseltamivir or children younger than 7 years for zanamivir. Oseltamivir was used for treatment of 2009 pandemic influenza A (H1N1) virus infection in children younger than 1 under an Emergency Use Authorization (EUA), but this EUA has expired. Limited information on use of oseltamivir for children from birth to 1 year is available.

To view the recommendation in its entirety, please visit:
<http://www.cdc.gov/flu/professionals/antivirals/guidance/>.

For more information, please call the North Dakota Department of Health's Division of Disease Control at 701.328.2378 or 800.472.2180.

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; no immediate action necessary.*
- *Health Information provides general information that is not necessarily considered to be of an emergent nature.*

This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, and hospital public information officers.