



WILL COUNTY HEALTH DEPARTMENT & COMMUNITY HEALTH CENTER

From: Epidemiology & Communicable Disease Program

To: Healthcare Providers

November 6, 2009

Re: **Recommendations for Clinicians Concerning Antiviral Treatments for 2009 H1N1**

Dear Healthcare Providers,

Below are important facts to consider when deciding whether a patient needs to be treated with antiviral medication.

It is critical to remember that it is not too late to treat, even if symptoms began more than 48 hours ago. Although antiviral treatment is most effective when begun within 48 hours of influenza illness onset, studies have shown that hospitalized patients still benefit when treatment with oseltamivir is started more than 48 hours after illness onset. Outpatients, particularly those with risk factors for severe illness who are not improving, might also benefit from treatment initiated more than 48 hours after illness onset.

Recommendations for Clinicians:

Many 2009 H1N1 patients can benefit from antiviral treatment, and all hospitalized patients with suspected or confirmed 2009 H1N1 should receive antiviral treatment with a neuraminidase inhibitor – either oseltamivir or zanamavir – as early as possible after illness onset. Moderately ill patients, especially those with risk factors for severe illness, and those who appear to be getting worse, can also benefit from treatment with neuraminidase inhibitors. A full listing of risk factors for severe influenza is available at: <http://www.cdc.gov/h1n1flu/highrisk.htm>.

Although antiviral medications are recommended for treatment of 2009 H1N1 in patients with risk factors for severe disease, some people without risk factors may also benefit from antivirals. **To date, 40% of children and 20% of adults hospitalized with complications of 2009 H1N1 did not have risk factors. Clinical judgment is always an essential part of treatment decisions.**

When treatment of persons with suspected 2009 H1N1 influenza is indicated, it should be started empirically. If a decision is made to test for influenza, treatment should not be delayed while waiting for laboratory confirmation. The earlier antiviral treatment is given, the more effective it is for the patient. Also, rapid influenza tests often can give false negative results.

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If you suspect flu and feel antiviral treatment is warranted, treat even if the results of a rapid test are negative. Obtaining more accurate testing results can take more than one day, so treatment should not be delayed while waiting for these test results. For more information on influenza testing, please see: http://www.cdc.gov/h1n1flu/guidance/diagnostic_tests.htm.

Although commercially produced pediatric oseltamivir suspension is in short supply, there are ample supplies of children's oseltamivir capsules, which can be mixed with syrup at home. **In addition, pharmacies can compound adult oseltamivir capsules into a suspension for treatment of ill infants and children.** Additional information on compounding can be found at: <http://www.cdc.gov/H1N1flu/pharmacist/>.

For More Information

Updated Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season:
<http://www.cdc.gov/H1N1flu/recommendations.htm>

If you have any questions, please feel free to contact the Epidemiology & Communicable Disease Program at (815) 727-8481.

