

For Health Professionals

Health Alerts

Health Alert Advisory #118 - CDC Issues Antiviral Priorities for Flu Season - January 7, 2005

The Centers for Disease Control and Prevention (CDC) has issued interim guidelines for use of antiviral medications during the 2004-2005 influenza season. The guidelines are summarized as follows:

1. The CDC encourages the use of amantadine or rimantadine for chemoprophylaxis and use of oseltamivir or zanamivir for treatment as supplies allow, in part, to minimize the development of adamantane resistance among circulating influenza viruses.
2. People who are at high risk of serious complications from influenza may benefit most from antiviral medications. Therefore, in general, people who fall into these high-risk groups should be given priority for use of influenza antiviral medications:

Treatment

- Any person experiencing a potentially life-threatening influenza-related illness should be treated with antiviral medications.
- Any person who is at high risk for serious complications of influenza and who is within the first two days of illness onset should be treated with antiviral medications. (Pregnant women should consult their primary provider regarding use of influenza antiviral medications.)
- Rimantadine is approved for prophylaxis of influenza among children older than 1 year and for treatment and prophylaxis of influenza among adults. Although rimantadine is approved only for prophylaxis of influenza among children, certain specialists in the management of influenza consider it appropriate for treatment of influenza among children. Also available for treatment of children are amantadine (children older than 1 year), oseltamivir (children older than 1 year), or zanamivir (children older than 7 years).

Chemoprophylaxis

- All people who live or work in institutions caring for people at high risk of serious complications of influenza infection should be given antiviral medications in the event of an institutional outbreak. Vaccinated and unvaccinated residents should receive chemoprophylaxis for the duration of institutional outbreak activity. Rapid tests or other influenza tests should be used to confirm influenza as the cause of outbreaks as soon as possible. However, treatment and chemoprophylaxis should be initiated if influenza is strongly suspected and test results are not yet available. Other outbreak control efforts such as cohorting of infected people and the practice of respiratory hygiene and other measures also should be implemented.

- All people at high risk of serious influenza complications should be given antiviral medications if they are likely to be exposed to others infected with influenza.
- Antiviral medications can be considered in other situations when the available supply of such medications is locally adequate.

3. Antiviral medications can be considered in other situations when the available supply of such medications is locally adequate, including chemoprophylaxis of high-risk people in communities where influenza viruses are circulating, which typically lasts for six to eight weeks, and treatment of infected adults and children older than 1 year who do not have conditions placing them at high risk for serious complications secondary to influenza infection.

4. Where the supplies of both influenza vaccine and influenza antiviral medications may not be sufficient to meet demand, the CDC does not recommend the use of influenza antiviral medications for chemoprophylaxis of non-high-risk people in the community.

Source: www.cdc.gov/flu