

Erie County Department of Health (ECDOH)



Information for Health Care Providers (10-16-09)

ANTIVIRALS: When to Prescribe for H1N1

- As of September 12, 2009, 99% of circulating influenza viruses in the United States were 2009 H1N1 **AND** were **susceptible to both oseltamivir and zanamivir**.
- MOST HEALTHY PERSONS WITH SUSPECTED OR CONFIRMED 2009 H1N1 INFLUENZA OR SEASONAL INFLUENZA WHO PRESENT WITH AN **UNCOMPLICATED FEBRILE ILLNESS** **GENERALLY DO NOT REQUIRE ANTIVIRAL TREATMENT**. IN ADDITION, PERSONS WHO APPEAR TO BE RECOVERING FROM INFLUENZA GENERALLY DO NOT REQUIRE ANTIVIRAL TREATMENT.
- **Treatment is recommended for all hospitalized patients** with confirmed, probable, or suspected 2009 H1N1 or seasonal influenza.
- Early **empiric treatment should be considered for outpatients who are at higher risk for influenza-related complications**. Clinical judgment should be used in deciding whether outpatients with risk factors for influenza-related complications require treatment.
- **Those at high risk for complications are the following:**
 - Children younger than two years of age
 - Adults 65 years or older
 - Pregnant Women
 - People with chronic pulmonary, cardiovascular, renal, hepatic, hematological or metabolic disorders
 - Disorders that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration
 - Immunosuppression including that caused by medications or by HIV
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy because of an increased risk of Reyes syndrome.
- **Treatment** with oseltamivir or zanamivir is **recommended** for persons with suspected or confirmed influenza who are **severely ill or who are showing evidence of rapid clinical deterioration**. Signs and symptoms of severe illness due to suspected influenza are in indication for immediate treatment, regardless of previous health or age.
- When the decision is made to treat patients with influenza-like illness, treatment should be initiated empirically. **Treatment should not await laboratory confirmation** because laboratory-based testing could delay treatment, and because a negative rapid test does not rule out influenza. Furthermore, laboratory confirmation is often not even indicated.
- **Treatment** with zanamivir or oseltamivir should be initiated **as soon as possible** (ideally within 48 hours) after the onset of symptoms. Zanamivir is an inhaled medication and is licensed for ages 7 years and older.

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- **Oseltamivir is the treatment of choice in pediatric patients** with suspected or confirmed 2009 H1N1. Oseltamivir is available in oral dosage forms (capsule or suspension).
- **Oseltamivir Pediatric Dosing Recommendations:**

Treatment (5 day duration)

<3 Months: 12 mg bid
3-5 Months: 20 mg bid
6-11 Months: 25 mg bid

Greater than 1 year old

≤ 15 kg: 30 mg bid
16-23 kg: 45 mg bid
24-40 kg: 60 mg bid
>40 kg: 70 mg bid

Prophylaxis (10 day duration)

(within 2 days of exposure)

Not recommended unless judged critical

20 mg qd
 25 mg qd

30 mg qd
 45 mg qd
 60 mg qd
 75 mg qd

- If a provider has questions regarding antiviral usage after reading this document they may call the Erie County Department of Health at 716-858-7697 and after hours call MERS at 716-961-7898.

The ECDOH Health Alert & Advisory System is an e-mail notification system designed to alert community partners about important health related information. You can sign up to receive alerts & advisories at www.erie.gov/health/services/health_professionals.asp.

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