

Interim Guidelines for Antiviral Drug Use for Influenza Infection
Public Health and Safety Division, DPHHS, May 5, 2009

Treatment

Influenza should be considered in persons with acute febrile respiratory illness with cough or sore throat. **Priority should be given for treatment of hospitalized patients and outpatients at high risk for influenza complications.** Mild uncomplicated illness should not be treated.

Persons at high risk of complications from influenza who should be considered for antiviral therapy:

- Infants and children aged <5 years
- Persons with asthma or other chronic pulmonary diseases, such as cystic fibrosis in children or chronic obstructive pulmonary disease in adults
- Persons with hemodynamically significant cardiac disease
- Persons who have immunosuppressive disorders or are receiving immunosuppressive therapy
- HIV-infection persons
- Pregnant women
- Persons with sickle cell anemia and other hemoglobinopathies
- Persons with diseases that require long-term aspirin therapy, such as rheumatoid arthritis or Kawasaki disease
- Persons with chronic renal dysfunction
- Persons with cancer
- Persons with chronic metabolic disease, such as diabetes mellitus
- Persons with neuromuscular disorders, seizure disorders, or cognitive dysfunction that may compromise the handling of respiratory secretions
- Adults aged >65 years
- Residents of any age of nursing homes or other long-term care institutions

Antiviral treatment should be initiated as soon as possible after the onset of symptoms. Evidence for benefits from treatment in studies of seasonal influenza is strongest when treatment is started within 48 hours of illness onset. However, some studies of treatment of seasonal influenza have indicated benefit, including reductions in mortality or duration of hospitalization even for patients whose treatment was started more than 48 hours after illness onset. Therefore, treatment for high-risk patients who are seen >48 hours after illness onset and are not improving is permitted.

Chemoprophylaxis

Routine prophylaxis with oseltamivir or zanamavir should be limited at this time to the following individuals who have contact with a confirmed or probable case:

1. Household close contacts of a confirmed or probable case who are at high-risk for complications of influenza (e.g., persons with certain chronic medical conditions, persons 65 or older, children younger than 5 years old, and pregnant women).
2. Health care workers who were not using appropriate personal protective equipment during close contact with an ill confirmed, probable or suspect case of swine-origin influenza A (H1N1) virus infection during the case's infectious period.

For more information about antiviral drugs including dosing guidelines and please see the CDC antiviral web page <http://www.cdc.gov/h1n1flu/recommendations.htm> and the Infectious Disease Society of America guidelines for seasonal influenza: <http://www.journals.uchicago.edu/doi/pdf/10.1086/598513>
Dosing guidelines for antiviral drugs (consult the manufacturer's package insert for complete information)

Agent, Group	Treatment (5 days)	Prophylaxis (10 days)
Oseltamavir		
Adults	75 mg PO bid	75 mg PO qday
Children	15 kg or less 15-23 kg 24-40 kg > 40 kg	30 mg PO bid 45 mg PO bid 60 mg PO bid 75 mg PO bid
		30 mg PO qday 45 mg PO qday 60 mg PO qday 75 mg PO qday
Zanamavir		
Adults	Two 5mg inhalations (10mg) bid	Two 5mg inhalations qday
Children	Two 5mg inhalations (10mg) bid (age \geq 7 years)	Two 5mg inhalations qday (age \geq 5 years)