



This is an official
CDC Health Advisory

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10193-CHA-11-06-09 H1N1

Key Issues for Clinicians Concerning Antiviral Treatments for 2009 H1N1

Situation Update

Although use of influenza antiviral drugs in the United States has increased during the 2009-2010 flu season, not all people recommended for antiviral treatment are getting treated. Listed 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 zanamivir – 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. 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>

Questions & Answers: Antiviral Drugs, 2009-2010 Flu Season: <http://www.cdc.gov/h1n1flu/antiviral.htm>

Influenza Diagnostic Testing: http://www.cdc.gov/h1n1flu/diagnostic_testing_clinicians_qa.htm

Updated Interim Recommendations for Obstetric Health Care Providers Related to Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season: http://www.cdc.gov/H1N1flu/pregnancy/antiviral_messages.htm

Antiviral Drugs: Summary of Side Effects: <http://www.cdc.gov/flu/protect/antiviral/sideeffects.htm>

General information for the public on antiviral drugs is available in "2009 H1N1 and Seasonal Flu: What You Should Know About Flu Antiviral Drugs" at <http://www.cdc.gov/H1N1flu/antivirals/geninfo.htm>.

Downloadable brochures and informational flyers, including one on antiviral drugs, are available at <http://www.cdc.gov/h1n1flu/flyers.htm>.

For the FDA page on antiviral influenza drugs: <http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm100228.htm>

DHEC contact information for reportable diseases and reporting requirements

Reporting of outbreaks/clusters of cases of influenza (both seasonal and novel H1N1), aggregate positive influenza rapid tests, positive virus cultures for influenza and influenza deaths are consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2009 List of Reportable Conditions available at: <http://www.scdhec.gov/administration/library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2009

Mail or call reports to the Epidemiology Office in each Public Health Region.

Region 1

Anderson, Oconee

220 McGee Road
Anderson, SC 29625
Phone: (864) 260-4358
Fax: (864) 260-5623
Nights / Weekends: 1-866-298-4442

Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda

1736 S. Main Street
Greenwood, SC 29646
Phone: 1-888-218-5475
Fax: (864) 942-3690
Nights / Weekends: 1-800-420-1915

Region 2

Greenville, Pickens

PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 282-4139
Fax: (864) 282-4373
Nights / Weekends: 1-800-993-1186

Cherokee, Spartanburg, Union

PO Box 4217
151 E. Wood Street
Spartanburg, SC 29305-4217
Phone: (864) 596-2227, x- 210
Fax: (864) 596-3443
Nights / Weekends: 1-800-993-1186

Region 3

Chester, Lancaster, York

PO Box 817
1833 Pageland Highway
Lancaster, SC 29720
Phone: (803) 286-9948
Fax: (803) 286-5418
Nights / Weekends: 1-866-867-3886

Region 3 (continued)

Fairfield, Lexington, Newberry, Richland

2000 Hampton Street
Columbia, SC 29204
Phone: (803) 576-2749
Fax: (803) 576-2993
Nights / Weekends: 1-888-554-9915

Region 4

Clarendon, Kershaw, Lee, Sumter

PO Box 1628
105 North Magnolia Street
Sumter, SC 29150
Phone: (803) 773-5511
Fax: (803) 775-9941
Nights/Weekends: 1-877-831-4647

Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion

145 E. Cheves Street
Florence, SC 29506
Phone: (843) 661-4830
Fax: (843) 661-4859
Nights / Weekends: (843) 660-8145

Region 5

Bamberg, Calhoun, Orangeburg

PO Box 1126
1550 Carolina Avenue
Orangeburg, SC 29116
Phone: (803) 533-7199
Fax: (803) 533-7134
Nights / Weekends: (803) 954-8513

Aiken, Allendale, Barnwell

1680 Richland Avenue, W. Suite 40
Aiken, SC 29801
Phone: (803) 642-1618
Fax: (803) 643-8386
Nights / Weekends: (803) 827-8668 or
1-800-614-1519

Region 6

Georgetown, Horry, Williamsburg

1931 Industrial Park Road
Conway, SC 29526-5482
Phone: (843) 915-8804
Fax: (843) 365-0085
Nights / Weekends: (843) 381-6710

Region 7

Berkeley, Charleston, Dorchester

4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Phone: (843) 953-0060
Fax: (843) 953-0051
Nights / Weekends: (843) 219-8470

Region 8

Beaufort, Colleton, Hampton, Jasper

219 S. Lemacks Street
Walterboro, SC 29488
Phone: (843) 525-5910
Fax: (843) 549-6845
Nights / Weekends: 1-800-614-4698

DHEC Bureau of Disease Control

Division of Acute Disease Epidemiology

1751 Calhoun Street
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Nights / Weekends: 1-888-847-0902



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- Health Advisory** provides important information for a specific incident or situation; may not require immediate action.
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