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This is an official CDC Health Update

CDC Guidance on Antiviral Treatment of Patients with Confirmed, Probable, or Suspected Cases of Novel Influenza A (H1N1)

Summary: As a reminder to clinicians, this Health Update summarizes existing CDC guidance issued on May 6, 2009 on the use of antiviral drugs in novel H1N1 patients and their close contacts. CDC recommends that influenza antiviral treatment be given to all hospitalized patients with confirmed, probable, or suspected novel influenza A (H1N1) and any patient with confirmed, probable or suspected novel influenza A (H1N1) who is at higher risk for seasonal influenza complications. All hospitalized patients should be carefully monitored and treated with antiviral medications as soon as possible after admission, including patients who seek treatment more than 48 hours after onset of symptoms. The drugs recommended for treatment are either oseltamivir or zanamivir. The novel H1N1 viruses are resistant to amantadine and rimantadine.

Background:

Clinical studies indicate that antiviral treatment is safe and effective for seasonal influenza, and that treatment is most effective if started as early as possible, preferably within 48 hours of illness onset. Antiviral susceptibility testing of novel H1N1 viruses indicates that antiviral drugs should be effective for treatment of this new strain of influenza also.

A recent study published in the Morbidity and Mortality Weekly Report (*MMWR*) described diagnosis, medical conditions, and treatment of 30 patients hospitalized in California with novel influenza A (H1N1) infection during April and May 2009. The report indicated that only 15 of 30 patients hospitalized with novel H1N1 infection received antiviral treatment. Treatment was initiated within 48 hours of symptom onset in only 5 of the 30 patients, although in some instances patients presented for medical care more than 48 hours after onset of illness. Although the majority of hospitalized persons infected with novel influenza A (H1N1) recovered without complications, some patients had severe and prolonged illness, and several remain hospitalized. Among hospitalized patients with novel influenza A (H1N1), about half of those who had chest x-rays taken had findings consistent with pneumonia, but few had evidence of bacterial co-infection. Primary influenza virus pneumonia, with or without bacterial co-infection, is a potentially life-threatening illness.

Recommendations:

CDC recommends that antiviral treatment for novel influenza A (H1N1) be given as soon as possible after onset of symptoms for all hospitalized patients with confirmed, probable, or suspected novel influenza A (H1N1) virus infection. All hospitalized patients with novel influenza A (H1N1) infection should be monitored carefully and treated with antiviral therapy, including patients who seek care more than 48 hours after illness onset. Influenza antiviral medicines should be initiated as soon as possible if influenza is suspected, and often before diagnostic test results (RT-PCR) are available, for maximum benefit. If bacterial co-infection is suspected, antibacterials should be directed at likely pathogens (e.g., *S. pneumoniae*, *S. aureus*) consistent with existing guidelines for the management of community-acquired pneumonia.* Antibacterial therapy also should be initiated after appropriate diagnostic specimens are obtained, including blood, respiratory secretions (especially for intubated patients), and pleural fluid for culture and urine for pneumococcal antigen testing (in adults).

Patients who are at higher risk for seasonal influenza complications (including people 65 years and older, children younger than five years old, pregnant women, and people of any age with chronic medical conditions) are also recommended for treatment, regardless of whether they require hospitalization.

For More Information:

Antiviral Treatment for Novel Influenza A (H1N1) Virus Infection

<http://www.cdc.gov/h1n1flu/recommendations.htm>

MMWR: Hospitalized Patients with Novel Influenza A (H1N1) Virus Infection --- May 18, 2009 / 58(Early Release);1-5 California, April--May, 2009

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58e0518a1.htm>

Additional documents for health care providers, public health officials, and the public are available on www.cdc.gov. Information for the public is posted daily in both English and Spanish. Also, CDC's toll-free hotline, 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, is available 24 hours a day, every day.

*Mandell LA, Wunderink RG, Anzueto A, et al. Infectious Diseases Society of America / American Thoracic Society Consensus Guidelines on the Management of Community-acquired Pneumonia in Adults. Clin Infect Dis 2007;44 Suppl 2:S27-72.

DHEC Contact Information for Reportable Diseases and Reporting Requirements

Reporting of outbreaks/clusters of cases of influenza is 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/health/disease/docs/reportable_conditions.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) 525-7603, x-108
Fax: (843) 549-6845
Nights / Weekends: 1-800-614-4698

DHEC Bureau of Disease Control

Division of Acute Disease Epidemiology

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Columbia, SC 29211
Phone: (803) 898-0861
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Nights / Weekends: 1-888-847-0902



www.scdhec.gov

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

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

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.