

UPDATE FOR CLINICIANS – INFLUENZA IS OCCURRING, RECOMMENDATIONS FOR USE OF INFLUENZA ANTIVIRAL MEDICATIONS AND LABORATORY TESTING FOR INFLUENZA

September 4, 2009

Talking Points

- Influenza continues to occur around the state – PCR confirmed cases have been 2009 H1N1 influenza A
- Rapid tests for influenza A are only 50-70% sensitive for detecting the presence of 2009 H1N1 influenza A virus. Persons with a negative rapid test may still have influenza
- Symptoms of 2009 H1N1 influenza A have been largely consistent with symptoms caused by other influenza viruses. Most patients with influenza have fever accompanied by cough and/or sore throat; rarely, patients report having diarrhea
- Follow CDC recommendations for use of influenza antiviral medications – currently circulating strains are thought to be sensitive to oseltamivir and zanamivir
- Report cases of confirmed and suspected influenza to your local health department

Background: Influenza is occurring

At this time in Montana, cases of influenza are being identified, and isolates have been almost uniformly 2009 H1N1 influenza A. Clusters of influenza (influenza-like illness) are beginning to occur in communities as children start school and universities are back in session. Influenza cases (definite and probable) have been defined by CDC; <http://www.cdc.gov/h1n1flu/casedef.htm>

If you see a patient with acute febrile respiratory illness which includes cough and/or sore throat, consider the diagnosis of influenza. If the patient reports recent exposure to person(s) with confirmed influenza a clinical diagnosis can be made without laboratory testing. However, if rapid testing is done, it is important to remember that even if that test is negative, the person may still have influenza. Rapid tests for influenza A are only 50-70% sensitive for detecting the presence of the 2009 H1N1 influenza A virus.

(<http://nejm.highwire.org/cgi/reprint/NEJMc0904264v1.pdf>) The Montana Public Health Laboratory performs PCR confirmatory testing and specimens may be submitted if information about influenza and the influenza subtype is desired.

Encourage a patient with influenza to stay at home until at least 24 hours after they no longer have a fever. At that time they may return to school or work (please note, health care workers with influenza should be excluded from work for at least 7 days).

Use of Influenza Antiviral Medications

Priority for use of influenza antiviral medications should be given to treatment of hospitalized patients and treatment of outpatients at high risk for influenza complications.

Table 1. Antiviral medication dosing recommendations for treatment or chemoprophylaxis of novel influenza A (H1N1) infection.

(Table extracted from [IDSA guidelines for seasonal influenza.](#))

Agent, group		Treatment	Chemoprophylaxis
Oseltamivir			
Adults		75-mg capsule twice per day for 5 days	75-mg capsule once per day
Children ≥ 12 months	15 kg or less	60 mg per day divided into 2 doses	30 mg once per day
	16-23 kg	90 mg per day divided into 2 doses	45 mg once per day
	24-40 kg	120 mg per day divided into 2 doses	60 mg once per day
	>40 kg	150 mg per day divided into 2 doses	75 mg once per day

Zanamivir		
Adults	Two 5-mg inhalations (10 mg total) twice per day	Two 5-mg inhalations (10 mg total) once per day
Children	Two 5-mg inhalations (10 mg total) twice per day (age, 7 years or older)	Two 5-mg inhalations (10 mg total) once per day (age, 5 years or older)

Detailed guidance can be found at: <http://www.cdc.gov/h1n1flu/recommendations.htm>.

Overuse of influenza antiviral medications, e.g., for cases experiencing mild illness and not in high risk groups, may diminish the supply of medication that could be important to have for treatment of cases with severe illness and high risk persons at risk for complications. Overuse could also lead to resistance.

The 2009 H1N1 influenza A virus that is currently circulating is susceptible to both oseltamivir (Tamiflu) and zanamivir (Relenza). It is resistant to amantadine and rimantadine.

Recommendations for use of influenza antiviral medications may change as evidence becomes available regarding effectiveness of the medications and susceptibility of the virus to the medications, as well as the severity of illness caused by circulating influenza strains.

Laboratory Testing

MTPHL provides testing to confirm influenza and specific influenza subtypes when specimens are submitted. At the current time, fees are charged. If a specimen is positive for influenza A screening, PCR testing to confirm the subtype, including 2009 H1N1 influenza A, is done. The MTPHL continues to strive for 24 hour turn around time from the receipt of the specimen (Monday – Friday), and all results are faxed to the submitting facility.

As noted earlier, a negative rapid test for influenza A *does not* necessarily mean that the person does not have influenza; rapid influenza tests are only 50-70% sensitive for detecting the presence of influenza A infection. (http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm) If you wish to confirm influenza by subtype, send the specimen to the MTPHL for PCR testing.

Please refer questions about laboratory testing to the Montana Public Health Laboratory at 800-821-7284.

Outbreaks and Clusters

Please notify local public health officials regarding clusters of cases of ILI in schools, universities, health care facilities, group homes or other institutional settings. The local health department can assist with case investigation and control activities, if needed.

Messaging to the Public

To Protect Yourself

- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- Get vaccinated!

To Protect Others

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.

- If you are sick with flu-like illness, [CDC recommends that you stay home for at least 24 hours after your fever is gone](#) except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick.

Influenza is not predictable; this guidance may be modified in the future as evidence about the spread and severity of illness becomes available.