HEALTH ADVISORY:
Severe Influenza due to Influenza A (pH1N1) Virus
Early Treatment with Antivirals Urged

All health care providers are urged to start antiviral treatment for influenza as early as possible for any patient with confirmed or suspected influenza who is hospitalized; has severe, complicated, or progressive illness; or is at higher risk for influenza complications. It is not too late for annual influenza vaccination for everyone 6 months of age and older.

Since the start of this year’s flu season San Joaquin County Public Health Services (PHS) has received reports of 8 people with severe, laboratory confirmed influenza who were hospitalized in Intensive Care Units (ICU). Of these there was 1 death. All of these cases, except for one, have been reported since December 29, 2013, and all have been in patients between 30 and 64 years of age. Last season PHS received reports of 6 ICU influenza cases and no deaths.

Since its emergence in 2009, pH1N1 has been observed to cause more illness in children and young adults compared to older adults, although severe illness has been seen in all age groups. While it is still early in the 2013-14 influenza season, pH1N1 has been the predominant circulating virus so far both nationwide and in California.

General Recommendations for Influenza Antiviral Medications
Clinicians should encourage all persons with influenza-like illness who are at high risk for influenza complications (see list below) to seek care promptly to determine if treatment with influenza antiviral medications is warranted.

Antiviral treatment:

Oseltamivir
- Adults and adolescents (13 years and older) - 75 mg orally twice a day for 5 days.
- Pediatric patients (1 year and older) should be dosed by weight;

Zanamivir: Patients 7 years and older - twice daily inhalation for 5 days.

It is recommended to start antiviral medications as early as possible, ideally within 48 hours of symptom onset, for any patient with confirmed or suspected influenza who is hospitalized; has severe, complicated, or progressive illness; or is at higher risk for influenza complications. This includes:
- Children aged younger than 2 years and adults aged 65 years and older;

Date: Jan 9, 2014
To: Medical Care Providers
From: Karen Furst, MD, MPH
Health Officer
• Persons with chronic pulmonary, cardiovascular (except hypertension alone), renal, hepatic, hematological, metabolic disorders, or neurologic and neurodevelopment conditions;
• Persons with immunosuppression, including that caused by medications or by HIV infection;
• Women who are pregnant or postpartum (within 2 weeks after delivery);
• Persons aged younger than 19 years who are receiving long-term aspirin therapy;
• Persons who are morbidly obese (i.e., body-mass index is equal to or greater than 40);
• Residents of nursing homes and other chronic-care facilities;
• American Indians/Alaska Natives

More Information:
• Antiviral Agents for the Treatment and Chemoprophylaxis of Influenza - Recommendations of the Advisory Committee on Immunization Practices (ACIP): http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6001a1.htm.