

USE OF ANTIVIRALS FOR INFLUENZA TREATMENT AND PROPHYLAXIS
2009 Swine-Origin Influenza Outbreak
Milwaukee Health Department Recommendations for Clinicians

- A. Influenza Treatment:** In response to the current public health emergency involving swine-origin influenza, treatment with antivirals (duration typically 5 days) should be considered for individuals who
- have laboratory evidence of meeting the CDC's confirmed or probable case definition for swine-origin influenza A (H1N1) virus (S-OIV), and
 - have "moderate to severe" symptoms (see description below) *or* who have only mild symptoms but who are at high risk for complications of influenza (see list next page), and
 - have had influenza symptoms for no more than 5 days (*ideally* treatment would be started within 2 days of symptom onset)

"Moderate to severe symptoms" is determined through clinical judgment, but would generally include

- temperature ≥ 101.5 °F (38.6 °C), and
- significant symptoms consistent with respiratory illness (e.g., cough, sore throat, nasal congestion or rhinorrhea), and
- significant constitutional symptoms (e.g., headache, myalgias, chills, fatigue or lethargy)

- B. Influenza Post-Exposure Prophylaxis:** Individuals who have had close contact to a confirmed or probable case of swine-origin influenza A (H1N1) virus (S-OIV) and who are at high risk of complications from influenza should receive antiviral post-exposure prophylaxis (duration typically 10 days after last exposure). These high risk individuals include:

- Close contacts in household or daycare settings who are at high risk for complication of influenza (e.g., chronic medical conditions, >65 years of age or < 5 years old), or who are caregivers for those at high risk of complications from influenza. See detailed list next page.
- Close contacts who are healthcare workers who were not using appropriate personal protective equipment at the time of the contact.
- Close contacts in any setting who have moderate or severe immune compromising conditions.

- C. Influenza Pre-Exposure Prophylaxis:** Certain very high-risk individuals, such as those with severe immune deficiency, should be considered for ongoing pre-exposure prophylaxis when disease is circulating in a community, particular in the absence of available vaccine. Based on clinical judgment, this pre-exposure prophylaxis could include the household contacts of these very high-risk individuals as well.

D. Persons at higher risk for complications from seasonal influenza include:

- Persons aged 65 years or older, and children under age 5 years.
- Residents of nursing homes and other long-term care facilities that house persons of any age who have chronic medical conditions.
- Adults and children who have chronic disorders of the pulmonary or cardiovascular systems (not including hypertension), including emphysema, chronic bronchitis, asthma, and congestive heart failure.
- Adults and children who have any condition that can compromise respiratory function, impair their ability to handle respiratory secretions, or increase their risk for aspiration. Examples of such conditions include certain spinal cord injuries, moderate or severe cognitive dysfunction, uncontrolled seizure disorder, or other neuromuscular disorders affecting the respiratory system.
- Persons infected with HIV.
- Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), hemoglobinopathies (e.g., sickle cell disease), immuno-suppression (including immunosuppression caused by medications), or renal dysfunction.
- Children and teenagers (aged 6 months - 18 years) who are receiving long-term aspirin therapy and therefore might be at risk for developing Reye syndrome after influenza.
- Pregnant women.

Note: It is unknown, as yet, if the same groups of people at risk of complications of seasonal influenza are at risk of complications from the novel swine-origin influenza. Until more is known about the swine-origin influenza virus, it is reasonable to consider the at-risk categories to be similar.

Providers are cautioned to consult the manufacturer's package insert and other guidance regarding dosing, contraindications, and precautions for use of specific antivirals in certain situations, including but not limited to children, pregnant women, and individuals with renal or hepatic disease.

These are guidelines and recommendations only. They do not replace clinicians' judgment, and they are likely to change as more becomes known about this virus and its behavior.

Use of *State-supplied* antiviral medications may be subject to restrictions not referenced in this document - - please consult WI DPH guidelines for further details.