

Influenza Update & Antiviral Recommendations

To: Health Care Providers, Hospitals, and Ambulatory Care Centers
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– Please Distribute Widely –

Influenza is currently widespread in Vermont and cases of influenza-like illness (ILI) are higher than in recent years. Last week sentinel influenza practices in Vermont reported that 7 percent of their visits were due to patients with ILI, a measure that typically peaks between 3 percent and 4 percent in non-pandemic years. Emergency room visits due to respiratory illnesses are also currently above average. Hospitals contributing to the Health Department's syndromic surveillance program reported that 18 percent of all emergency room visits were due to respiratory illness last week – 12 percent of visits is typical for this time of year.

This period of elevated flu activity has also started earlier than usual. When influenza activity will peak is unknown, but flu season typically lasts until the spring.

Administration of antiviral medication soon after the onset of influenza symptoms continues to be of both clinical and public health benefit. Evidence suggests that early antiviral treatment may:

- Shorten the duration of fever and illness symptoms
- Reduce the risk of complications and death
- Shorten the duration of hospitalization

Advice For Clinicians

Treatment with antiviral medications is recommended for patients with suspected or confirmed influenza. The clinical benefit of these medications is greatest when they are administered as soon as possible after symptom onset (ideally within 48 hours).

It is therefore not recommended that you wait for confirmatory lab results before beginning treatment.

Antiviral treatment initiated 48 hours or later after symptom onset may still benefit those patients with severe, complicated or progressive illness or those who are hospitalized. Antiviral treatment is recommended as early as possible for any patient with suspected or confirmed influenza who:

- Is hospitalized
- Has severe, complicated or progressive illness

- Is at higher risk for influenza complications, such as:
 - Children 2 years of age or younger*
 - Adults 65 years or older
 - People with chronic pulmonary, cardiovascular, renal, hepatic, hematological, metabolic, neurologic conditions or those who are morbidly obese
 - People who are immunosuppressed
 - Anyone younger than 19 years who are receiving long-term aspirin therapy
 - Women who are pregnant or two weeks or less postpartum
 - Residents of long-term care facilities or other chronic care facilities

Based on clinical judgment, antiviral treatment can also be considered for those previously healthy patients who present with influenza-like symptoms, if treatment can be started within 48 hours of illness onset.

Influenza vaccination is still the best way to prevent the flu. However, a recent history of influenza vaccination does not rule out the possibility of influenza infection in symptomatic patients.

For more information on antiviral treatment:

<http://www.cdc.gov/flu/professionals/antivirals/index.htm>

For more information on guidelines for the prevention and treatment of influenza in long-term care facilities:

<http://www.healthvermont.gov/prevent/flu/documents/2012guidelinesLTCF.pdf>

*On December 21, 2012, the U.S. Food and Drug Administration (FDA) approved the antiviral medication oseltamivir (trade name Tamiflu®) for the treatment of influenza in people aged 2 weeks and older.

FDA press release:

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm333205.htm>