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Region IV Public Health
Clark, Cowlitz, Skamania, Wahkiakum counties
and Cowlitz Tribe

Health Update

Please deliver a copy of the accompanying update to each provider in your organization. Questions regarding this update may be directed to the following Region IV health officers:

Alan Melnick, MD, MPH, CPH
Clark County Public Health, (360) 397-8412

Sarah D. Present MD, MPH
Skamania County Community Health, (509) 427-3850
Wahkiakum County Health & Human Services, (360) 795-8630

Jennifer Vines, MD, MPH
Cowlitz County Health & Human Services, (360) 414-5599

Please distribute

Categories of Health Alert messages:

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

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

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.



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HEALTH UPDATE

January 9, 2015

TO: Physicians and other Health Care Providers

FROM: Alan Melnick, MD, MPH, CPH, Health Officer
Sarah Present, MD, MPH, Health Officer
Jennifer Vines, MD, MPH, Health Officer

RE: **With indications pointing to a severe flu season, CDC reminds providers that antivirals are underutilized and can prevent hospitalizations and save lives. Don't wait for confirmation of flu to prescribe antivirals.**

The following is a summary of today's CDC update, which can be seen in its entirety at <http://content.govdelivery.com/accounts/USCDC/bulletins/e83fcd>.

Summary

Widespread influenza activity is being reported in the U.S., with influenza A (H3N2) viruses most common. H3N2-predominant flu seasons are associated with more hospitalizations and deaths in older people and young children. In addition, approximately two-thirds of H3N2 viruses that have been tested at CDC are antigenically or genetically different from the H3N2 vaccine virus, suggesting reduced vaccine effectiveness this season. High hospitalization rates are similar to what was seen during the 2012-2013 influenza season. Hospitalization rates are especially high among people 65 years and older. In this context, the use of influenza antiviral drugs as an adjunct to vaccination becomes even more important than usual in protecting people from influenza. Antiviral medications are effective in treating influenza and reducing complications, but evidence from the current and previous influenza seasons suggests that they are severely underutilized.

All hospitalized patients and all high-risk patients with suspected influenza should be treated as soon as possible with one of three available influenza antiviral medications (neuraminidase inhibitors). This should be done without waiting for confirmatory influenza testing. While antiviral drugs work best when given early, therapeutic benefit has been observed even when treatment is initiated later.

Timing of Treatment

Clinical benefit is greatest when antiviral treatment is initiated within 48 hours of illness onset. However, treatment might still be beneficial when initiated up to 4 or 5 days after

symptom onset. Clinical judgment, on the basis of the patient's disease severity and progression, age, underlying medical conditions, likelihood of influenza, and time since onset of symptoms, is important when making antiviral treatment decisions for outpatients.

Because of the importance of early treatment, decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza. Therefore, treatment should generally be initiated empirically. Health care providers should advise high risk patients to call their provider promptly if they have symptoms of influenza.

Antivirals in Non-High Risk Patients with Uncomplicated Influenza

Antiviral treatment may be prescribed on the basis of clinical judgment for any previously healthy (non-high risk) outpatient with suspected or confirmed influenza. Neuraminidase inhibitors reduce the duration of symptoms by ~1 day in healthy persons with uncomplicated influenza.

Antiviral Medications

Three prescription neuraminidase inhibitor antiviral medications are recommended by the U.S. Food and Drug Administration (FDA) for use during the 2014-2015 influenza season: oseltamivir (Tamiflu®), zanamivir (Relenza®), and peramivir (Rapivab®).

- Oral oseltamivir is FDA-approved for treatment of influenza in persons aged 2 weeks and older, and for chemoprophylaxis to prevent influenza in people 1 year of age and older. Although not part of the FDA-approved indications, use of oral oseltamivir for treatment of influenza in infants younger than 14 days old, and for chemoprophylaxis in infants 3 months to 1 year of age, is recommended by the CDC and the American Academy of Pediatrics. Due to limited data, use of oseltamivir for chemoprophylaxis is not recommended in children < 3 months unless the situation is judged critical.
- Inhaled zanamivir is FDA-approved for treatment of persons 7 years and older and for prevention of influenza in persons 5 years and older.
- Intravenous peramivir was approved on December 19, 2014, for the treatment of acute uncomplicated influenza in persons 18 years and older. An FDA press release related to this announcement is available at <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm427755.htm>.
- Adamantanes (rimantadine and amantadine) are not currently recommended for treatment or prevention of influenza because of high levels of resistance among circulating influenza A viruses.

There are no current national shortages of neuraminidase inhibitors (oseltamivir, zanamivir, and peramivir). However, local spot shortages have been reported for some

formulations. Therefore, it may be necessary to contact more than one pharmacy to fill a prescription for an antiviral medication.

If you have questions, please call:

- Clark County Public Health: (360) 397-8182
- Cowlitz County Health Department: (360) 414-5599
- Skamania County Community Health: (509) 427-3850
- Wahkiakum County Health and Human Services (360) 795-6207