



Interim ADHS Recommendations for 2008-2009 Influenza Season

Influenza resistance to antivirals has been increasing over the last few years. During the 2007-2008 Arizona influenza season, resistance among influenza isolates to oseltamivir was 10% overall and 16.4% among influenza A (H1) virus isolates tested. This season, CDC reports preliminary data showing that 45 of the 46 influenza A (H1N1) viruses tested were resistant to oseltamivir and all H1N1 viruses were susceptible to zanamivir.

For the last several years, CDC has recommended either oseltamivir (Tamiflu®) or zanamivir (Relenza®) for prophylaxis and/or treatment of both influenza A and B. However, if the current resistance patterns were to continue, **only zanamivir would be expected to be effective against all circulating influenza strains.** Oseltamivir would be expected to be effective against influenza B strains and non Influenza A (H1) strains. However, in order to have full influenza A coverage, a combination of oseltamivir and either amantadine (Symmetrel®) or rimantadine (Flumadine®) would be needed.

Influenza chemoprophylaxis is indicated for patients at high risk of complications from influenza or those with close contacts at high risk of complications from influenza. Antiviral treatment is most effective within 48 hours after illness onset. Persons for whom antiviral treatment should be considered include:

- persons hospitalized with laboratory-confirmed influenza (limited data suggests benefit even for persons whose antiviral treatment is initiated >48 hours after illness onset);
- persons with laboratory-confirmed influenza pneumonia;
- persons with laboratory-confirmed influenza and bacterial coinfection;
- persons with laboratory-confirmed influenza infection who are at higher risk for influenza complications, including infants and young children; and
- persons presenting to medical care with laboratory-confirmed influenza within 48 hours of influenza illness onset who want to decrease the duration or severity of their symptoms and transmission of influenza to others at higher risk for complications.

Therefore, the Arizona Department of Health Services (ADHS) recommends the following:

- Use zanamivir (Relenza®) for influenza treatment, unless the influenza type and/or subtype is known or unless zanamivir is contraindicated.*
- In situations where zanamivir cannot be used and influenza A cannot be excluded, a combination of oseltamivir and an adamantane, such as either amantadine (Symmetrel®) or rimantadine (Flumadine®) would be needed to provide full empiric influenza coverage.

For more information, see Prevention of Influenza. Morbidity and Mortality Weekly Report, August 8, 2008 for more details <http://www.cdc.gov/mmwr/PDF/rr/rr5707.pdf> and Update: Influenza Activity --- United States, September 28--November 29, 2008. Morbidity and Mortality Weekly Report, December 12, 2008 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5749a3.htm>.

* Zanamivir is not licensed for chemoprophylaxis in children under 5 years old, or for treatment of patients under 7 years old, and it is not recommended in patients with chronic cardiopulmonary conditions

This message is being sent to health departments, Infection Preventionists, infectious disease doctors, emergency departments, and medical associations.

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