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HEALTH ADVISORY
SUPPLEMENT TO DECEMBER 2008 YHD BULLETIN
CDC'S INTERIM GUIDANCE FOR TREATMENT OF INFLUENZA

The recently published edition of the YHD Bulletin (December 2008) discussed the Centers for Disease Control and Prevention's (CDC's) preliminary findings of oseltamivir resistance among a high proportion of influenza A(H1N1) isolates nationally. However, the article noted that recommendations for clinical management in the light of these findings were not yet forthcoming. Today CDC distributed a health advisory reviewing the situation and providing interim guidance on clinical management with respect to concern for potential H1N1-associated oseltamivir resistance. The advisory can be viewed at <http://www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00279>.

Currently, statewide surveillance data are insufficient to determine what proportion of the small number of influenza isolates in Washington State are type H1N1. However, it is worthwhile to note that in the Pacific Region, 111 (96%) of 116 influenza A isolates have indeed been H1N1. As the influenza season unfolds, YHD encourages you to monitor influenza surveillance data regularly at the following websites:

<http://www.yakimacounty.us/health/commhealth/immproviders.htm>
<http://www.doh.wa.gov/EHSPHL/Epidemiology/CD/fluupdate.htm>
<http://www.cdc.gov/flu/weekly/fluactivity.htm>

Meanwhile, YHD recommends you consult the attached table from CDC's advisory when managing patients with influenza-like illness and also keep the following key points in mind:

- Whenever feasible, conduct testing among patients you intend to treat for influenza and consider use of tests that can distinguish influenza A from influenza B.
- Rapid influenza tests are useful, but are somewhat lacking in sensitivity; therefore, still consider empiric therapy despite negative results when clinical suspicion is high and influenza is circulating in the community (especially among patients with risk factors for severe illness).
- Zanamivir use should be considered the treatment of choice in cases of influenza A unless the patient has contraindications to its use (e.g., chronic underlying airways disease, age <7, unable to operate the device). Alternative therapy for influenza A is oseltamivir-plus-rimantidine (or amantadine).
- Empiric therapy for influenza of unknown type could include zanamivir alone or oseltamivir-plus-rimantidine (or amantadine).
- Therapy for proven influenza B can make use of either oseltamivir or zanamivir.
- Remember that antiviral therapy is usually only of significant clinical benefit if it is started within 48 hours of onset of the illness.

Thank you for your consideration of this matter. For additional information or questions related to influenza, please consult the aforementioned websites or call YHD at _____.

On behalf of our Board, administration, and all the dedicated staff at YHD, I wish you a happy holiday season.

Christopher Spitters, MD/MPH
Health Officer