1 WEST WILSON STREET

MADISON WI 53701-2659

State of Wisconsin Department of Health Services

Jim Doyle Governor

Karen E. Timberlake Secretary

608-266-1251 FAX: 608-267-2832 TTY: 888-701-1253

P O BOX 2659

dhs.wisconsin.gov

Date:

November 10, 2009

From:

To:

Communicable Diseases and Emergency Response

Visconsin physicians, pharmacists

1 Wisconsin physicians, pharmacists, local health department directors, tribal health

directors, and infection preventionists

Subject: New guidance for using antivirals in the treatment of influenza A (H1N1) 2009 illness

On November 6, 2009 the Centers for Disease Control and Prevention (CDC) released a Health Care Advisory titled, "Recommendations for Clinicians Concerning Antiviral Treatments for 2009 H1N1." (attached) These new treatment recommendations expand upon the October 16, 2009 recommendations Updated Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season which are located on the CDC web at http://www.cdc.gov/h1n1flu/recommendations.htm.

Points of emphasis in these new CDC recommendations include:

- When antiviral treatment is indicated, it should be started empirically and should not be delayed waiting for laboratory test results.
- It is not too late to treat patients with antivirals even if symptoms began more than 48 hours ago.
- Outpatients, particularly those with risk factors for severe illness who are not improving. might also benefit from treatment initiated more than 48 hours after illness onset.
- All hospitalized patients with suspected or confirmed 2009 H1N1 infection should receive antiviral treatment with a neuraminidase inhibitor—either oseltamivir or zanamivir—as early as possible.
- Some persons without risk factors for severe disease may also benefit from antivirals.

Influenza activity is currently widespread throughout Wisconsin and is substantially greater than expected during this time of year. Over 99% of influenza viruses subtyped at the Wisconsin State Laboratory of Hygiene since September 1 have been the 2009 influenza A (H1N1) virus. Confirmed cases of 2009 H1N1 infections have been documented among residents of 70 of Wisconsin's 72 counties. During August 30 through November 10, 2009, the Wisconsin Division of Public Health received reports of 288 hospitalizations and 11 deaths among persons diagnosed with influenza A (H1N1) 2009 virus infection.

Because the influenza A (H1N1) 2009 monovalent vaccine continues to be in limited supply and because of Wisconsin's increased H1N1 related morbidity and mortality, it is important for clinicians to anticipate and carefully evaluate use of antiviral agents in the management of influenza among patients who may benefit from them. Based upon the CDC guidance,

clinicians may consider antiviral treatment of individuals with moderate to severe illness, even in patients without risk factors for increased complications from influenza.

Peramivir, a neuraminidase inhibitor, is an <u>investigational</u> antiviral drug available in an intravenous formulation. Clinicians should be aware that intravenous (IV) peramivir is currently available through the CDC under an emergency use authorization for patients who require hospitalization because of severe influenza virus infection. In general, peramivir can be considered for use in patients not responding to either oral or inhaled antiviral therapy, or when drug delivery by a route other than IV is not expected to be dependable or is not feasible. More details on the use and procurement of peramivir can be found at http://emergency.cdc.gov/hlnlantivirals/.

Wisconsin has received antiviral medications from the Strategic National Stockpile (SNS) and has acquired a large volume of influenza antivirals (oseltamivir and zanimivir) in anticipation of increased demand for antiviral therapies during a pandemic. With this quantity of antivirals on hand, no person in Wisconsin should lack access to influenza antiviral therapy because of financial hardship. Information on obtaining free antiviral medications from Wisconsin's stockpile is available from the pandemic flu website at http://pandemic.wisconsin.gov/category.asp?linkcatid=3290&linkid=903&locid=106 or by sending an e-mail to DHSStockpile@wisconsin.gov.

The Wisconsin Division of Health Care Access and Accountability has also established an influenza H1N1 benefit program for the uninsured. Under this program, providers can bill the Department for the initial influenza related evaluation and treatment of uninsured patients presenting with influenza-like illness at participating clinical sites. Benefit details are available at http://pandemic.wisconsin.gov/category.asp?linkcatid=3124&linkid=903&locid=106. (Scroll down to "2009 H1N1 Benefit for the Uninsured".)

If you have questions regarding the H1N1 benefit for the uninsured, please e-mail DHSuninsured@dhs.wisconsin.gov.