



Dear IEHP Providers,

This letter is a reminder that as we enter the flu season we face unprecedented new challenges with the emergence of the **H1N1 flu virus**. IEHP is currently monitoring the latest information regarding clinical and treatment guidance and will post any new information on our website at: [www.iehp.org](http://www.iehp.org). We encourage our providers to monitor the latest guidance from the Centers for Disease Control (CDC) and the World Health Organization (WHO).

**Recent Updates and News from the Centers for Disease Control (CDC)**

<http://www.cdc.gov/H1n1flu/update.htm>, last updated 9/25/09

- Visits to doctors for influenza like illness are increasing nationally and are higher than expected. The number of visits has been steadily increasing for six consecutive weeks and is considered “unusual” for this time of year.
- Hospitalization rates for adults and children are similar or lower than seasonal influenza rates, but are higher than expected for this time of year.
- Almost all of the influenza viruses identified so far are “2009 H1N1 influenza A virus” and remain susceptible to the antiviral drugs oseltamivir and zanamivir with rare exception.

**IEHP Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season adapted from current CDC guidelines**

<http://www.cdc.gov/h1n1flu/recommendations.htm>, last updated 09/22/09

- Most healthy persons who develop an illness consistent with influenza, or persons who appear to be recovering from influenza, do not need antiviral medications for treatment or prophylaxis. However, persons presenting with suspected influenza and more severe symptoms such as evidence of lower respiratory tract infection or clinical deterioration requiring hospitalization should receive prompt empiric antiviral therapy, regardless of previous health or age.
- Early empiric treatment with **TAMIFLU**® (oseltamivir) or **RELENZA**® (zanamivir) should be considered for persons with suspected or confirmed influenza who are at higher risk for complications including:
  - Children younger than 5 years old
  - Persons aged 65 years or older
  - Pregnant women
  - Persons of any age with certain chronic medical or immunosuppressive conditions
  - Persons younger than 19 years of age who are receiving long-term aspirin therapy
- Treatment, when indicated, should be initiated as early as possible because studies show that treatment initiated early within 48 hours of illness onset is more likely to provide benefit.

If you have any questions please feel free to contact us.