

# Guidance on Treatment for Suspected Cases of 2009 H1N1 Influenza (Swine Flu) Infection

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- ◆ Anti-viral therapy should be considered for suspected cases of 2009 H1N1 influenza infection. However, indications for use of anti-viral agents during this outbreak should be similar to that during regular seasonal influenza season.
- ◆ The highest priority for initiation of anti-viral therapy should be hospitalized patients and those at high risk because the availability of anti-viral agents is limited. CDC currently recommends the indication of anti-viral therapy be as below.
  - ◇ All hospitalized patients with confirmed, probable or suspected novel influenza (2009 H1N1).
  - ◇ Patients who are at a higher risk for seasonal influenza complications.
- ◆ Anti-viral treatment for 2009 H1N1 influenza infection should be initiated as soon as possible after onset of symptoms. Evidence for benefits from treatment in studies in seasonal influenza is strongest when treatment is started within 48 hours after onset of symptoms.
- ◆ Some studies have demonstrated benefit even when therapy for seasonal influenza is started >48 hours after onset of illness. Initiation of treatment for suspected case of 2009 H1N1 influenza infection should be considered for hospitalized patients even >48 hours after onset of illness.

## High Risk Groups Who Are Priorities for Therapy (as of 05/06/09)

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- ◆ Children younger than 5 years old. The risk for severe complications from seasonal influenza is highest among children younger than 2 years old.
- ◆ Adults 65 years of age or older.
- ◆ Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular or metabolic disorder (including diabetes mellitus).
- ◆ Immunosuppression, including that caused by medication or by HIV.
- ◆ Pregnant women.
- ◆ Persons younger than 19 years of age who are receiving long term aspirin therapy.
- ◆ Residents of nursing homes and other chronic-care facilities.

## Treatment Choices

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**Oseltamivir** - Preferred choice for adults and pediatric patients, including age less than 7 year old

**Zanamivir** - Choice for adults and pediatric patients age  $\geq 7$  year old. Contraindication in patients with asthma, chronic obstructive pulmonary disease and pediatric patients age <7 years old (FDA approval for indication  $\geq 7$  years old)

*Although both oseltamivir and zanamivir are pregnancy category C, no adverse effects have been reported among women who received oseltamivir or zanamivir during pregnancy or among infants who were exposed while in utero.*

Agent, group		Treatment
<b>Oseltamivir</b>		
Adults		75 mg capsule twice per day for 5 days
Children (age 12 months or older), weight:	15 kg or less	60 mg per day, divided into 2 doses
	15-23 kg	90 mg per day, divided into 2 doses
	24-40 kg	120 mg per day, divided into 2 doses
	>40 kg	150 mg per day, divided into 2 doses
<b>Zanamivir</b>		
Adults		Two 5 mg inhalations (10 mg total) twice per day
Children		Two 5 mg inhalations (10 mg total) twice per day (age - 7 years or older)

**Dosing recommendations for anti-viral treatment of children younger than 1 year using Oseltamivir**

Age	Recommended treatment dose for 5 days
<3 months	12 mg twice daily
3-5 months	20 mg twice daily
6-11 months	25 mg twice daily