



HEALTH ADVISORY #26

Recommendations for Healthcare Providers Caring for PREGNANT and POSTPARTUM WOMEN and OTHER PERSONS at HIGHER RISK of COMPLICATIONS from INFLUENZA

TO: West Virginia Healthcare Providers serving the above populations

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DATE: October 23, 2009

LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO APPLICABLE COMMUNITY HEALTH PROVIDERS AND HEALTH FACILITIES

OTHER RECIPIENTS: PLEASE DISTRIBUTE AS APPLICABLE

This Health Advisory serves two purposes. It requests immediate provider reporting of selected influenza complications in an effort to better understand the impact of influenza, and it provides updates and clarifications to antiviral recommendations issued previously.

REPORT UNUSUAL CASES

The West Virginia Bureau for Public Health (WVBPH), in collaboration with the Centers for Disease Control and Prevention (CDC), is working to better assess and learn about influenza complications. To do so, these two organizations request that you immediately report any of the following occurrences to the WVBPH by calling **(800) 423-1271** or **(304)-558-5358**:

- **Pregnant and post-partum (within 6 weeks of delivery) women** who either die or are admitted to an intensive care unit for treatment of any type of influenza.
 - CDC has extensive guidance regarding the care and treatment of pregnant women. Please see the following links: http://www.cdc.gov/h1n1flu/clinician_pregnant.htm
<http://www.cdc.gov/h1n1flu/recommendations.htm>
 - If you have questions about the above guidance for pregnant women or need further consultation, call CDC at 404-368-2133 to be directed to a subject matter expert.
- Persons who present with signs and symptoms of **hemorrhagic pneumonitis** who are suspected/confirmed to have influenza or have no identified cause of disease.

- Persons who present with signs and symptoms of **viral myocarditis or pericarditis** who are suspected/confirmed to have influenza or have no identified cause of disease.
- **Children** with suspected/confirmed influenza who **develop neurologic complications**.

ANTIVIRAL TREATMENT CLARIFICATIONS AND UPDATES

CDC antiviral recommendations were updated on October 16, 2009, to provide additional guidance for clinicians in prescribing antiviral medications for treatment and prevention of influenza. These can be found at <http://www.cdc.gov/H1N1flu/antivirals/> (general) and http://www.cdc.gov/h1n1flu/recommendations_pediatic_supplement.htm (pediatric).

Selected key points include the following:

Empiric antiviral treatment is recommended for all persons with suspected or confirmed influenza who are hospitalized as well as those with other evidence of severe illness such as symptoms of lower respiratory tract infection or clinical deterioration. This is regardless of previous health or age status. Clinicians are also reminded to consider the possibility of bacterial co-infections that can occur during or after an influenza illness.

Early empiric antiviral treatment should be considered for persons with suspected or confirmed influenza who are at higher risk for complications, including:

- Children less than 2 years old
- Adults 65 years and older
- Pregnant women and women up to 2 weeks postpartum (including after pregnancy loss)
- Persons with chronic pulmonary, cardiovascular, renal, hepatic, hematologic, or metabolic disorders or immunosuppression, including that caused by medications or HIV.
- Persons with compromised respiratory function or conditions increasing risk for aspiration
- Persons less than 19 years old who are receiving long-term aspirin therapy

When antiviral treatment is clinically indicated, initiate oseltamivir or zanamivir as soon as possible. Studies of seasonal influenza show that benefit from antiviral treatment is greatest when initiated within 48 hours of illness onset.

Clinical judgment is an important factor in treatment decisions. Treatment should not wait for laboratory confirmation of influenza because this can delay treatment initiation. Similarly, if clinically indicated, patients with a negative rapid influenza diagnostic test should still be considered for treatment. A negative rapid test result does not rule out influenza infection. The sensitivity of rapid tests in detecting 2009 H1N1 influenza has ranged from 10% to 70%.

As per prior guidance, most healthy persons who develop illness consistent with uncomplicated influenza or persons who appear to be recovering from flu do not need antiviral treatment. Antiviral prophylaxis is generally reserved for close contacts at high risk of complications. Early symptom recognition and initiation of treatment is also an alternative.

This message was directly distributed by the West Virginia Bureau for Public Health. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

Categories of Health Alert messages:

Health Alert: Conveys the highest level of importance, warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation. May not require immediate action.

Health Update: Provides updated information regarding an incident or situation. Unlikely to require immediate action.