



Recommendations for Management of Influenza and Other Community Viral Respiratory Diseases Winter 2009-2010 (October 14, 2009)

Influenza Management Recommendations:

Outpatient Management:

In previously healthy children, adolescents, and adults; influenza is an acute illness with an abrupt onset of systemic symptoms that include fever, chills, headache, relatively severe myalgias, malaise and anorexia. In the vast majority of individuals the illness is generally self-limited with symptoms resolving over five to seven days followed by a convalescent period lasting one to two weeks. Patients should receive symptomatic treatment, be advised to limit contact with others during the first four to five days of illness when viral shedding is at its peak, and stay out of work or school until 24 hours after symptoms resolve. They should be counseled to re-contact their healthcare provider should they develop persistent fever, difficulty with breathing or other unexpected or unusually severe symptoms. The sensitivity of rapid antigen detection tests for influenza is at best 75-80%, and for the novel H1N1 was only approximately 50%. For previously healthy individuals who are not severely ill, there is limited benefit to performing these tests. If antiviral medications are started in the first 48 hours they can shorten the period of illness by approximately one to two days (with the greatest benefit seen in patients where antiviral therapy is started in the first 24 hours). However, persons who are not at higher risk of complications or do not have severe influenza requiring hospitalization generally do not require antiviral medications for treatment or prophylaxis.

Patients who are at higher risk of complications of influenza should be encouraged to notify their healthcare provider if they develop symptoms of influenza, so that they may be treated promptly and evaluated for the need for hospitalization and additional treatment. This includes individuals who are pregnant, have severe cardiac or respiratory disease, or who are immunosuppressed from cancer chemotherapy, bone marrow transplantation, or solid organ transplantation,

Antiviral treatment should be given to infants and children age < 2 yr, elderly > 65, those with chronic co-morbid conditions, immunosuppressed individuals and pregnant women. Diagnostic testing for influenza to confirm the diagnosis should be considered in these individuals as well as anyone being considered for hospitalization. However, in these situations treatment should be given as early as possible, and given the low sensitivity of rapid tests antiviral treatment should not be delayed awaiting the results of these tests. Detailed information on diagnostic testing through the UMass Memorial laboratory is delineated on the OurNet flu information site.

As noted above, the differing circulating influenza viruses have differing susceptibilities to the available antiviral medications, and the optimal choice of antiviral agents to use needs to be put in context with knowledge of the predominant circulating influenza viruses. It is possible that the optimal agents to use will change during the course of the influenza seasons. Current

recommendations on the use antiviral agents to treat influenza are delineated in the accompanying information sheet posted on OurNet entitled “Updated Interim Recommendations for the Use of Antiviral Therapy for Treatment and Prophylaxis of Influenza in the 2009-2010 Season.” These recommendations will be updated as necessary.

Chemoprophylaxis

There is a concern on the overall availability of antiviral agents. At present the CDC has recommended that antiviral chemoprophylaxis for influenza should be reserved for persons at higher risk for influenza who have had contact with someone likely to have been infected with influenza. Current recommendations on the dosage of antiviral agents for chemoprophylaxis are delineated the accompanying information sheet posted on OurNet entitled “Updated Interim Recommendations for the Use of Antiviral Therapy for Treatment and Prophylaxis of Influenza in the 2009-2010 Season”. These recommendations will be updated as necessary.

Emergency Department Management:

Cases presenting to the ED with a picture consistent with acute influenza should be treated in negative pressure rooms whenever possible (or in a private room if no negative pressure room is available). Droplet precautions should be instituted in accordance with the Medical Center infection control policies.

Inpatient Management:

Patients who are very ill with a flu-like illness suggestive of influenza or RSV and who have significant co-morbid conditions should be admitted (regular admission) to inpatient beds for supportive care. Appropriate droplet precautions consistent with Medical Center policy should be followed at all times.

- **Diagnostic testing for influenza should be performed using rapid direct antigen testing with follow up respiratory virus panel molecular testing for all patients who are being admitted with potential influenza.** In patients younger than 18 years of age, rapid testing for RSV should also be performed. This test is not approved for adults.
- **All patients with either confirmed or suspected influenza should be on Droplet Precautions and placed in a negative pressure room if available (private room, if negative pressure room is not available). Staff should wear N95 respirators if involved in cough-inducing procedures (endotracheal intubation, bronchoscopy, endoscopy).** Patients with confirmed RSV require contact precautions as this virus can be readily acquired from surfaces contaminated with respiratory secretions. Additionally healthcare workers should wear a mask and eye protection during cough generating procedures.
- **Confirmed cases (positive culture or direct test) of influenza or RSV may be “cohorted” with other patients with confirmed infection with the same virus** (admitted to semi-private rooms-negative pressure preferred-with another known influenza patient) on admission to optimize the availability of inpatient beds for non-flu patients.