

**Interim CDC Recommendations for Influenza Antiviral Medications**

To: Vermont Hospitals and Healthcare Providers  
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Although influenza activity is low in the U.S. to date, preliminary data from a limited number of states indicate that the prevalence of influenza A (H1N1) virus strains resistant to oseltamivir is high. Therefore, CDC is issuing interim recommendations for antiviral treatment and chemoprophylaxis of influenza.

Of the 50 H1N1 viruses tested to date from 12 states, 98% were resistant to oseltamivir; all were susceptible to zanamivir, amantadine and rimantadine. Influenza A (H3N2) and B viruses remain susceptible to oseltamivir. Review influenza virus surveillance data (<http://www.cdc.gov/flu/weekly/>) weekly to determine which types and subtypes of influenza A virus (H3N2 or H1N1) are currently circulating. Surveillance data might not be timely enough to provide information useful to clinicians.

Oseltamivir-resistant H1N1 viruses are antigenically similar to the H1N1 virus strain represented in 2008-09 influenza vaccine. Since influenza activity remains low and is expected to increase in the weeks and months to come, CDC recommends that influenza vaccination efforts continue.

**Interim recommendations for the selection of antiviral treatment using laboratory test results and viral surveillance data, United States, 2008-09 season†**

<b>Rapid antigen or other laboratory test</b>	<b>Predominant virus(es) in community</b>	<b>Preferred medication(s)</b>	<b>Alternative (combination antiviral treatment)</b>
Not done or negative, but clinical suspicion for influenza	H1N1 or unknown	Zanamivir	Oseltamivir + Rimantadine*
Not done or negative, but clinical suspicion for influenza	H3N2 or B	Oseltamivir or Zanamivir	None
Positive A	H1N1 or unknown	Zanamivir	Oseltamivir + Rimantadine*
Positive A	H3N2 or B	Oseltamivir or Zanamivir	None
Positive B	Any	Oseltamivir or Zanamivir	None
Positive A+B**	H1N1 or unknown	Zanamivir	Oseltamivir + Rimantadine*
Positive A+B**	H3N2 or B	Oseltamivir or Zanamivir	None

\*Amantadine can be substituted for rimantadine but has increased risk of adverse events. Human data are lacking to support the benefits of combination antiviral treatment of influenza; however, these interim recommendations are intended to assist clinicians treating patients who might be infected with oseltamivir-resistant influenza A (H1N1) virus.  
 \*\*Positive A+B indicates a rapid antigen test that cannot distinguish between influenza and influenza B viruses  
 † Influenza antiviral medications used for treatment are most beneficial when initiated within the first two days of illness. Clinicians should consult the package insert of each antiviral medication for specific dosing information, approved indications and ages, contraindications/warnings/precautions, and adverse effects.