

# STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department  
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## **Influenza Antiviral Resistance: Recommendations for Long Term Care Facilities**

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*These guidelines can be found on the CDPHE web site at: [www.cdphe.state.co.us/hf/Protocols.htm](http://www.cdphe.state.co.us/hf/Protocols.htm).*

Although influenza activity has been low in the United States and Colorado to date, preliminary data from a limited number of states indicate that the prevalence of influenza A (H1N1) virus strains resistant to the antiviral medication oseltamivir is high. Therefore, CDC issued interim recommendations (on December 19) for antiviral treatment and chemoprophylaxis of influenza during the 2008-09 influenza season. **When influenza A (H1N1) virus infection or exposure is suspected, zanamivir or a combination of oseltamivir and rimantadine are more appropriate options than oseltamivir alone.**

In Colorado, the most recent sub-typing results from the state laboratory indicate that both influenza A (H3N2) and A (H1N1) viruses are circulating, and there has been little influenza B virus detected so far. However, the proportion of influenza A (H1N1) viruses among all influenza A and B viruses that will circulate during the 2008-09 season cannot be predicted, and will likely vary over the course of the season and among communities.

The 2008-09 influenza vaccine is expected to be effective in preventing or reducing the severity of illness with currently circulating influenza viruses, including oseltamivir-resistant influenza A (H1N1) virus strains.

### **Interim Recommendations**

#### Confirmatory Testing & Sub-typing

- For the purposes of confirming an influenza outbreak, up to 3-5 residents with influenza-like illness should be tested within 1-2 days of symptom onset by rapid diagnostic testing.
- **Until further notice, collect 2 specimens from each of the residents with ILI who is being tested by rapid flu tests. The 2<sup>nd</sup> specimen is for CDPHE to perform influenza virus sub-typing (to guide prophylaxis decisions) and must be placed in viral transport media (and refrigerated).**
- Contact CDPHE to report all suspected outbreaks of influenza and to arrange for transport of specimens for confirmation and sub-typing at the state laboratory: (303-692-2700 during business hours; 303-370-9395 after hours).

#### Prophylaxis with antiviral medications

- In outbreaks, antiviral PROPHYLAXIS should be administered to all residents, regardless of whether they received influenza vaccine. Prophylaxis is also recommended for unvaccinated staff who provide patient care.
- **A combination of oseltamivir and rimantidine should be started unless confirmatory testing and sub-typing performed at the state laboratory indicates which single drug is appropriate.**
- Antiviral prophylaxis should be continued for at least two weeks AND until approximately 1 week after the onset of the last known case.
- LTCFs should remain alert for additional changes in recommendations that might occur as the 2008-09 influenza season progresses.

#### **Dosage of Antiviral Medications for Prophylaxis\***

	Age 13-64 years	Age $\geq$ 65 years
<b>Oseltamivir prophylaxis**</b>	75 mg/day	75 mg/day
<b>Rimantadine prophylaxis**</b>	100 mg twice daily	100 mg/day

\* for additional information about dosing see Table 7 in MMWR, July 29, 2005 (No. RR-8) at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5408a1.htm>

\*\* use for a minimum of two weeks and continue until one week after onset of last known case