West Virginia Department of Health and Human Resources Information for Physicians and Other Health Care Providers on Influenza and Influenza-like Illness

What is influenza-like illness (ILI)?

For surveillance purposes, influenza-like illness is defined as fever $\ge 100^{\circ}$ F (36° C) and cough or sore throat without another identified cause.

Why does the health department track cases of ILI?

The health department tracks cases of influenza-like illness (ILI) to determine *when* the influenza season begins, *where* outbreaks of influenza are occurring, and *how severe* the influenza season is compared to other years. This information is helpful in formulation of treatment and prevention plans for individual patients.

Where does ILI data come form?

You! West Virginia legislative rule 64CSR7 requires all health care professionals and health care facilities to report numerical totals of Influenza-like Illness (ILI) weekly to their local health department.

How does the health department know if ILI is really influenza A or B?

That information comes from virology surveillance. Sentinel providers around the state submit nasopharyngeal swabs to the Department of Health and Human Resources' Office of Laboratory Services. The specimens are cultured in the lab, and typed. The Virology Surveillance System tells us *what type* of influenza virus is causing illness. Influenza isolates are further tested to determine if they are vaccine strain. Information from this system will be used to determine the composition of next year's influenza vaccine. If you would like to be a sentinel provider, contact your local health department.

How can I get information on influenza virus activity in my community?

During the 2003-2004 influenza season, information on influenza will be posted on the web at http://www.wvdhhr.org/bph/oehp/sdc/Flu_Surv.htm. Influenza-like illness and virology data will be posted within about two weeks of receipt. If you do not have web access, or need information more quickly, contact your local health department. Alternatively, contact the Infectious Disease Epidemiology Program at (304) 558-5358.

How can I use influenza surveillance data to improve care for my patients?

First, encourage your high risk patients and those who care for them to get influenza vaccine every year. Influenza vaccination season is October through November.

Even after influenza A and B strike your community, you can still offer influenza vaccine. Just remember, it will take two weeks after immunization for a protective antibody response to be formed. Any patient who has a serious underlying medical condition should be considered for antiviral preventive therapy during that two week period. Patients with chronic conditions who cannot receive influenza vaccine should also be considered for antiviral preventive therapy.

How do I know which antiviral to choose?

Amantadine is licensed for treatment and prevention of influenza A in adults and children ≥ 1 year of age. Rimantidine is licensed for prevention among individuals ≥ 1 year of age and treatment of individuals ≥ 13 years of age. There is more experience with these drugs, especially in nursing home populations. Both drugs are 70-90% effective in *preventing* illness from influenza A yet still allow an antibody response to occur.

Oseltamivir is licensed for treatment of influenza A and B in children and adults ≥ 1 year of age; and prevention of influenza A and B in children and adults aged ≥ 13 years.

Zanamivir is given by inhalation only and is licensed for *treatment* of influenza A and B in children and adults \geq 7 years of age. Patients will benefit from instruction in the use of this medication. Both Zanamivir and Oseltamivir are equally effective (82-84%) for preventing febrile, laboratory confirmed influenza in healthy adults; only Oseltamivir is approved for prophylaxis.

When administered within 2 days of illness to otherwise healthy adults, Amantadine and Rimantadine can reduce the duration of uncomplicated influenza A, and Zanamivir and Oseltamivir can reduce the duration of uncomplicated influenza A and B by approximately 1 day.

Drug	Trade Name	Influenza Virus Type	Approved Use	Treatment Age	Prevention Age
Amantidine	Symmetrel ®	А	Treatment and Prevention	<u>></u> 1 year	<u>></u> 1 year
Rimantidine	Flumadine®	А	Treatment and Prevention	Adults	<u>></u> 1 year
Zanamivir	Relenza®	A and B	Treatment	<u>></u> 7 years	n/a
Oseltamivir	Tamiflu®	A and B	Treatment and Prevention	<u>></u> 1 year	<u>></u> 13 years

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What side effects should I anticipate from antiviral medication?

Side effects for Amantadine and Rimantadine include CNS (nervousness, anxiety, difficulty concentrating, and lightheadedness) and GI (nausea, anorexia) effects. More severe side effects have occurred in persons with high plasma drug concentrations, and have been observed in persons with renal insufficiency, seizure disorders, or certain psychiatric disorders, and in some elderly persons who have been taking Amantadine as prophylaxis at a dosage of 200 mg/day.

Zanamivir is given by inhalation and may cause an exacerbation of asthma. This drug should only be used with caution in patients with chronic respiratory disease.

The major side effects of Oseltamivir are nausea and vomiting.

See the package inserts or (MMWR, April 25, 2003 / 52(RR08) for additional details.