

Sample Influenza A Alert

<<Local Health Department Letterhead>>

TO: <<County>> Physicians

FROM: <<County>> Health Officer

RE: Influenza Alert

On {__/__/__} the first culture-confirmed case of influenza A, subtype {H_xN_y} was identified in a __ year old resident of {Name of} County.

This subtype {is/is not} included in this year's vaccine.

If the subtype is included in the vaccine:

Patients who have already been immunized this fall are protected against influenza A to the extent possible.

You can still protect your unimmunized high-risk patients through one of the following methods:

- Immunize high-risk patients against influenza now; and prescribe a two week course of an antiviral agent licensed for the prevention of influenza A (amantadine, rimantadine or oseltamivir). The antiviral agent confers protection during the time it takes to develop an immune response against influenza – two weeks after immunization is complete. Children receiving the two-dose series may require as much as six weeks of prophylaxis, i.e., antiviral therapy for four weeks after the first dose of vaccine followed by two weeks of therapy after the second dose is received.
- For high risk patients who cannot receive the vaccine, a licensed antiviral agent for prevention of influenza A may be prescribed during peak influenza season or for the duration of influenza season.

If the subtype is not included in the vaccine, consult WVDHHR for recommendations on wording.

Closing paragraphs for either alert:

Information on influenza is available from your local health department, or at the WVDHHR website at: http://www.wvdhhr.org/bph/oehp/sdc/flu_surv.htm

Prescribing information from the MMWR,2001; 50(No. RR-4) is attached.
{Attach the dosing table and footnotes, pg 24}