

Clinical Symptoms – Does the patient meet the clinical definition of Influenza-like Illness (ILI)?

Usual symptoms: Sudden onset of cough and fever*

Common symptoms: Fatigue, arthralgia, myalgia, sore throat, headache, coryza, prostration

Sometimes present: Nausea, vomiting, diarrhea – especially in children

**fever may not be prominent especially in those under 5 years, over 65 and those who are immunocompromised*

Mild to moderate illness with no risk factors

- Pt to self isolate until symptom free and well enough to resume normal activities

- **Specimen collection not required**

**See Testing Requirements for Sentinel Practitioners*

- **No antivirals recommended**

- Educate: Advise all patients to monitor for worsening symptoms and to get re-assessed if severity indicators develop

Mild or Moderate illness with risk factors

- Pt to self isolate until symptom free and well enough to resume normal activities

- **Specimen collection not required**

**See Testing Requirements for Sentinel Practitioners*

- **Antivirals are indicated**

- For optimal treatment - initiate antiviral therapy 24-48 hours post onset of symptoms
- Educate: Advise all patients to monitor for worsening symptoms and to get re-assessed if severity indicators develop

Indicators for Severe Illness

- Shortness of breath, wheezing or difficulty breathing
- Chest pain
- dizziness/confusion/disorientation
- Severe or persistent vomiting
- High fever for over 3 days
- Bloody sputum
- abnormal vital signs
- Signs of pneumonia

Influenza Lab investigation:

- **Nasopharyngeal swab in viral transport media**

- **Antivirals are indicated**
- **Consider hospitalization and or close follow up**

Note: although people >65 are at low risk of being infected with pH1N1, when infected they have proportionally higher risk of being hospitalized and of dying

Contacts to influenza case:

- Asymptomatic: No isolation, no antivirals
- If symptoms develop: Assess as above
- If underlying medical conditions: Advise patient to report EARLY if develops symptoms of ILI.

Sentinel Physicians and Community Health Centres Participating in FluWatch - Testing Requirements:

- The same day you are collecting your ILI information for submission to FluWatch, please obtain a swab from a subset of patients you have seen that day (must fit the criteria for ILI) – Swab up to one to two persons per age category (0-4), (5-19), (20-64), and 64+ and aim for about 2-4 swabs collected over that day.
- A nasal swab is adequate when swabbing only for surveillance purposes (NP swab is still indicated for those individuals as outlined in the testing section above)

PLEASE NOTE: THIS ALGORITHM DOES NOT REPLACE CLINICAL JUDGEMENT

NOTE Antiviral medication must not be used as prophylaxis for anyone, and must not be used for early treatment for patients not fulfilling the criteria.

Risk factors for influenza-related complications include the following:

1. People of any age who are residents of nursing homes and other chronic care facilities.
2. People 65 years of age and over
3. Children under **5 years of age, especially those under 2**
4. Pregnant women especially second and third trimesters
5. Adults and children with selected chronic health conditions if significant enough to require regular medical follow-up or hospital care. These high-risk conditions include the following:
 - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis and asthma)
 - diabetes mellitus and other metabolic diseases
 - cancer, immunodeficiency, immunosuppression (due to underlying disease and/or therapy)
 - renal disease
 - Hepatic disease
 - Blood disorders (esp. sickle cell anemia or hemoglobinopathy)
 - Neurological and neurodevelopmental disorders
 - conditions that compromise the management of respiratory secretions and are associated with an -increased risk of aspiration
 - children and adolescents with conditions treated for long periods with acetylsalicylic acid
 - Severe obesity

Other considerations: Those of First Nations ancestry, as certain jurisdictions in Canada have seen more severe disease within this population. This is a factor to enter into individual clinical decision making, but should not be seen as a definitive risk factor in itself.

ANTIVIRAL DOSING:

1. **Adult Dosing:** Oseltamivir (Tamiflu®) is Drug of Choice due to Stockpile supply. If Relenza is being considered for whatever reason, please contact MOH.

Dosing recommendations for Oseltamivir in adults

For patients with normal creatinine clearance

Drug	Dosage	Frequency	Route	Duration of Therapy
Oseltamivir (Tamiflu®)	75 mg	Twice Daily	Oral	5 days

For patients with creatinine clearance between 10 mL and 30 mL/min

Drug	Dosage	Frequency	Route	Duration of Therapy
Oseltamivir (Tamiflu®)	75 mg	Once Daily	Oral	5 days

**Please consult with internist for dosing regimens in patients with end-stage renal disease.

Dosing recommendations for Zanamivir (Relenza®) * in adults

Zanamivir** (Relenza®) 2 inhalations (10 mg total dose) bid for 5 days

- RELENZA is not recommended for treatment or prophylaxis of influenza in individuals with underlying airways disease (such as asthma or chronic obstructive pulmonary disease).

1. Dosing for Children

A. Oseltamivir (Tamiflu®) (DRUG OF CHOICE FOR CHILDREN)

Children > 13 years or any child with body weight > 40 kg
Dose is 75 mg capsule bid for 5 days.

Children <13 years and body weight <40 kg
Dosage is 2mg/kg bid Tamiflu® Oral Suspension or capsules for 5 days.

Body Weight	Treatment (5 days)
≤ 15 kg	30 mg twice daily
15 – 23 kg	45 mg twice daily
23 – 40 kg	60 mg twice daily
AGE (Under 1 year)	Treatment
< 3 months	12 mg twice daily
3 – 5 months	20 mg twice daily
6 – 11 months	25 mg twice daily

Dosing recommendations for zanamivir (Relenza®)* in children

Age	Treatment (5 days)
≥ 7 years of age <i>Administration by inhalation using one 5 mg package for each inhalation</i>	10mg – in 2 inhalations twice daily x 5 days

*RELENZA is **not recommended** for treatment or prophylaxis of influenza in individuals with underlying airways disease (such as asthma or chronic obstructive pulmonary disease).

NOTE: Use Relenza® (zanamivir) only if Oseltamivir (Tamiflu®) is not available.

2. Guideline for Antiviral Agents in Pregnant Adults with H1N1 influenza

Although both oseltamivir and zanamivir may be considered for use during pregnancy, there are more safety data on oseltamivir than zanamivir in pregnant women. **Oseltamivir is the treatment of choice**; zanamivir may be preferred in pregnant women when nausea and vomiting are present.

Clinicians should strongly consider oseltamivir or zanamivir for all pregnant women who develop influenza-like (ILI) symptoms in their second and third trimesters or within 6 weeks post-partum.

All pregnant women should be informed of their increased risk of complications if they become ill with influenza, including the pandemic H1N1 virus and the need for a prompt assessment by a health care professional. This is especially important information for pregnant mothers of young children with ILI.

Due the anti-infective benefits of human milk for infants and the low dosages of antiviral passed to the baby through breast milk, **it is recommended that women continue to breastfeed their baby when taking antiviral medications**. Both oseltamivir and zanamivir are considered to be compatible with breastfeeding.

The treatment dosing is the same for pregnant women as other adults: oseltamivir (Tamiflu): 75 mg capsule twice/day for 5 days or zanamivir (Relenza): Two 5mg inhalations (10mg total) twice/day for 5 days.

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