

TO: Vermont Health Care Providers and Facilities
DATE: December 22, 2022
FROM: Patsy Kelso PhD, State Epidemiologist

Prioritizing Influenza Testing and Treatment

BACKGROUND

Seasonal influenza activity is high in the United States. Flu [activity in Vermont](#) has risen in recent weeks and is currently high. There are reports nationally and in Vermont of sporadic availability issues for generic oseltamivir. This might continue to occur in some communities as influenza activity continues. This Health Advisory provides guidance for prioritizing oseltamivir for treatment, and information on other influenza antivirals when oseltamivir is temporarily unavailable.

Four FDA-approved prescription [antiviral medications](#) (oral oseltamivir, oral baloxavir, inhaled zanamivir, and intravenous peramivir) are available for early treatment of outpatients with influenza. These antivirals have different formulations, routes of administration, dosing, duration of treatment, and recommendations for administration by age group. The clinical benefit of antiviral treatment of influenza is greatest when treatment is started early (within 2 days of illness onset) in people with mild, uncomplicated illnesses who are at increased risk for severe disease. Oseltamivir treatment also is [recommended](#) as soon as possible for suspected or confirmed influenza requiring hospitalization, and to help control institutional influenza outbreaks.

[Available information](#) suggests that current local antiviral availability issues are due to limited availability of **generic** oseltamivir, specifically.

- If available, brand-name oseltamivir (Tamiflu) can be used to treat outpatients and hospitalized patients with influenza.
- If oseltamivir is unavailable, [oral baloxavir, inhaled zanamivir, or intravenous peramivir](#) can be used for early treatment of outpatients at increased risk for complications who present with uncomplicated influenza, depending upon age and contraindications.
- When there is limited availability of oseltamivir or other antivirals, antiviral treatment should be prioritized for patients with influenza who are at the highest risk of severe disease and those who are hospitalized.
- Antiviral treatment of outpatients should be prioritized for people who test positive for influenza within 2 days of illness onset.
- When there is limited availability of oseltamivir or other antivirals, patients with clinically mild influenza, who are otherwise healthy and not at increased risk of influenza complications, can be managed with supportive care without antiviral treatments.

GUIDANCE FOR PRIORITIZATION WHEN ANTIVIRAL SUPPLIES ARE LIMITED

Influenza testing supplies are limited due to national demand. When oseltamivir is limited, treatment of suspected influenza **without** a positive test result should be reserved to those who are being hospitalized with suspected influenza, or patients highly suspected to have influenza (e.g., an ill patient who has a household member with laboratory-confirmed influenza). See the flowchart (page 3) when deciding whether testing or antivirals are indicated.

Hospitalized Patients

Prioritize oseltamivir treatment as soon as possible for hospitalized patients with suspected or laboratory-confirmed influenza, such as in the emergency department.

Outpatients

Prioritize antiviral treatments for outpatients who test positive for influenza as follows:

- Patients at [increased risk](#) of influenza complications and who test positive for influenza within 2 days of illness onset.
- Patients who have progressive or severe influenza not requiring hospitalization, even if they test positive for influenza more than 2 days from illness onset.
- Patients who are pregnant, less than 2 weeks postpartum, or immunocompromised.
- Children less than 2 years of age.

Institutional Settings

- When an influenza outbreak is not occurring, prioritize oseltamivir for early treatment of influenza in residents who test positive in congregate settings, such as long-term care facilities (LTCFs).
- For laboratory-confirmed [influenza outbreaks in LTCFs](#), early empiric antiviral treatment of suspected influenza in residents **and** post-exposure antiviral chemoprophylaxis of exposed residents are [recommended](#).

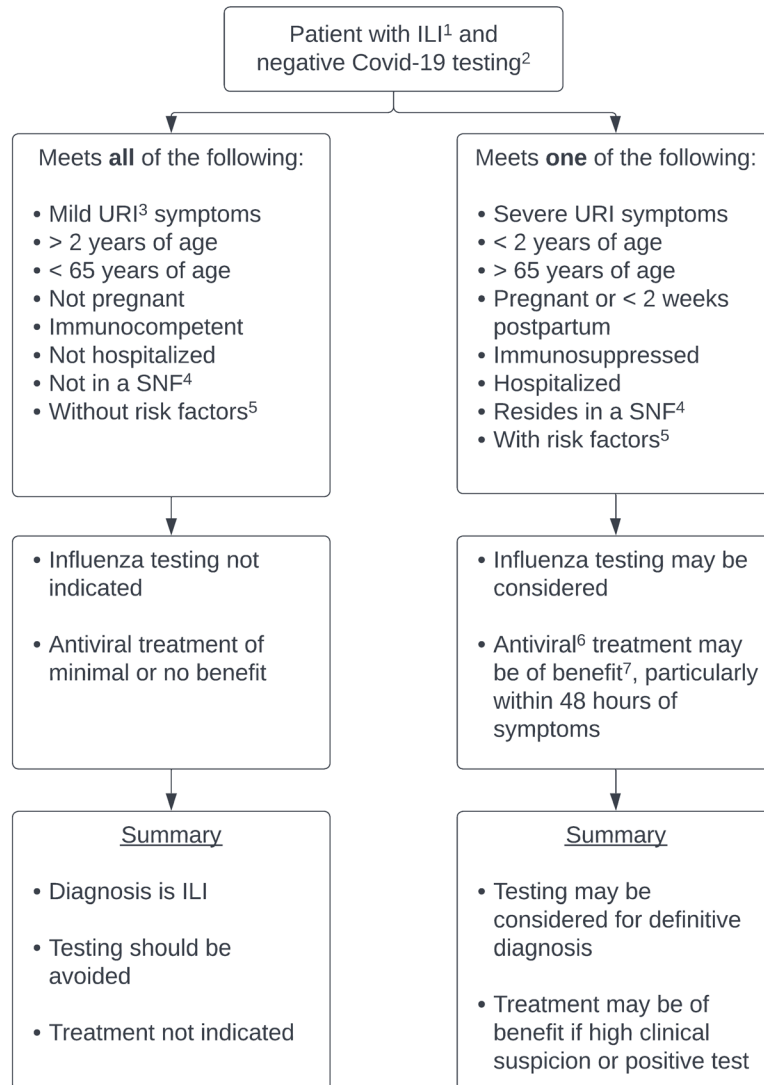
REQUESTED ACTIONS

1. Follow this guidance, with additional detail in the CDC Health Advisory (linked below), to prioritize influenza treatment when disease prevalence is high and antiviral medications are in short supply.
2. Use the flowchart below (page 3) to facilitate communications with patients about influenza testing and treatment.

ADDITIONAL INFORMATION

CDC Health Advisory: [Interim Guidance for Clinicians to Prioritize Antiviral Treatment of Influenza in the Setting of Reduced Availability of Oseltamivir](#)

Prioritizing influenza testing and treatment when disease prevalence is high and testing materials and antiviral medications are in short supply



1 Influenza-like illness
 2 Coinfection is rare due to the short duration of both viruses but may be considered in patients with severe illness
 3 Upper respiratory infection
 4 Skilled nursing facility
 5 CDC defined risk factors that increase risk of severe complications from influenza <https://www.cdc.gov/flu/highrisk/index.htm>
 6 Oseltamir is the best studied antiviral for the treatment of influenza; other antivirals have limitations but may be indicated if oseltamivir is not an option
 7 Effectiveness wanes significantly 48 hours after symptom onset

If you have any questions, please contact Patsy Kelso at: patsy.kelso@vermont.gov.

To be removed from the HAN or have your information updated
please email the Vermont HAN Coordinator at: vthan@vermont.gov.

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.