VERMONT
DEPARTMENT OF HEALTH

Health Advisory
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Seasonal Influenza A(H3N2) Activity and Antiviral Treatment of Patients with Influenza

To: Vermont Health Care Providers, Hospitals and Clinics
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Influenza activity is increasing nationally and in Vermont, with influenza A(H3N2) viruses predominating this season. In the past, A(H3N2) virus-predominant influenza seasons have been associated with more hospitalizations and deaths in people age 65 and older and young children compared to other age groups. In addition, influenza vaccine effectiveness (VE) in general has been lower against A(H3N2) viruses than against influenza A(H1N1) or influenza B viruses.

For this reason, the use of antiviral medications for treating influenza becomes even more important than usual. The neuraminidase inhibitors are most effective in treating influenza and reducing complications when treatment is started early. Three prescription neuraminidase inhibitors are recommended for use during the 2017–2018 influenza season: oseltamivir (available as a generic version or under the trade name Tamiflu®), zanamivir (Relenza®), and peramivir (Rapivab®). There are no current national shortages of neuraminidase inhibitors, and manufacturers expect to meet projected seasonal demands.

Adamantanes (rimantadine and amantadine) are not currently recommended for antiviral treatment or chemoprophylaxis of influenza A because of high levels of resistance among circulating influenza A viruses.

Actions Requested:

- **Treat all hospitalized, severely ill, and high-risk patients with suspected or confirmed influenza with antivirals.**
  Patients at higher risk for influenza complications include children younger than 2 years, adults age 65 and older, people with chronic pulmonary, cardiovascular, renal, hepatic, hematological, and metabolic disorders, people with immunosuppression, women who are pregnant or postpartum (within 2 weeks after delivery), people with extreme obesity, and residents of nursing homes and other chronic care facilities.

- **Start antiviral treatment as soon as possible after illness onset. Do not delay even for a few hours to wait for test results.**
  Ideally, treatment should be initiated within 48 hours of symptom onset, but later treatment can still be beneficial for some patients. A negative point-of-care test does not exclude a diagnosis of influenza when there is influenza activity in the community.

Additional guidance can be found at: https://www.cdc.gov/flu/professionals/index.htm