

# Triage of High-Risk Patients Is Key to Influenza Strategy

BY MICHELE G. SULLIVAN

While pandemic flu will probably be widespread throughout the country this fall and winter, the vast majority of people who contract pandemic influenza A(H1N1) will recover without testing and without any special treatment.

"On the other hand, if someone has an underlying condition or severe illness, it's really important that they get treated promptly," Dr. Thomas R. Frieden, director of the Centers for Disease Control and Prevention, said in a teleconference.

The message may be "complicated," he said, "but getting it right is not only going to be important for helping people stay healthy, it's [also] going to be very important for making sure that our hospitals and our emergency departments are available to the community and to the people who really need treatment."

Individuals who are at high risk for severe illness from pandemic influenza A(H1N1), such as those who are pregnant or who have chronic conditions, should be given antiviral treatment as soon as possible, even before confirmatory laboratory results are available, according to updated recommendations, said Dr. Anne Schuchat of the CDC.

Physicians should warn high-risk patients to actively seek treatment for flulike symptoms.

"If you have an underlying condition such as diabetes, pregnancy, heart disease, or lung disease, it's important to be seen promptly if you get a fever" so that antiviral treatment can be initiated within the first 48 hours of illness. "This can make a big difference in hastening your recovery, the difference between becoming seriously ill or recovering well," Dr. Frieden said.

Another red flag would be a recurrence of fever after a seeming recovery, he added. Ten of 36 children who died of H1N1 infection also had invasive bacteri-

al infections, probably picked up while they were recovering at home (MMWR 2009;58:941-7).

"An important message for doctors is that if someone has the flu, they get better, and then they get worse again with a high fever, that is a clue that maybe they should be treated with antibiotics," Dr. Frieden said.

The updated guidance recommends treatment with antivirals for hospitalized patients with confirmed, probable, or suspected pandemic flu, and for individuals who are at increased risk for flu-related complications.

The CDC recommends either oseltamivir (Tamiflu) or zanamivir (Relenza) for antiviral treatment of the pandemic flu.

Most people won't know whether their flulike symptoms are seasonal flu or pandemic flu, so the guidance encourages health care providers to use their judgment when treating high-risk patients.

Dr. Schuchat suggested that clinicians consider writing antiviral prescriptions in advance for patients in high-risk groups. This would allow an individual who develops flulike symptoms to call his or her physician, discuss the symptoms, and determine whether to fill the prescription. Antivirals are most effective when begun within 48 hours of symptom onset, Dr. Schuchat said.

While prompt treatment is important for very ill and high-risk patients, Dr. Schuchat emphasized that the CDC promotes "smart use of antivirals" to minimize the development of resistant strains, and added that most children and adults who become ill with the H1N1 virus will not need treatment with antivirals.

At press time, 13 cases of pandemic H1N1 flu that were resistant to oseltamivir had been reported, according to data from a media briefing by Tamiflu manufacturer Roche.

Heidi Splete contributed to this report.

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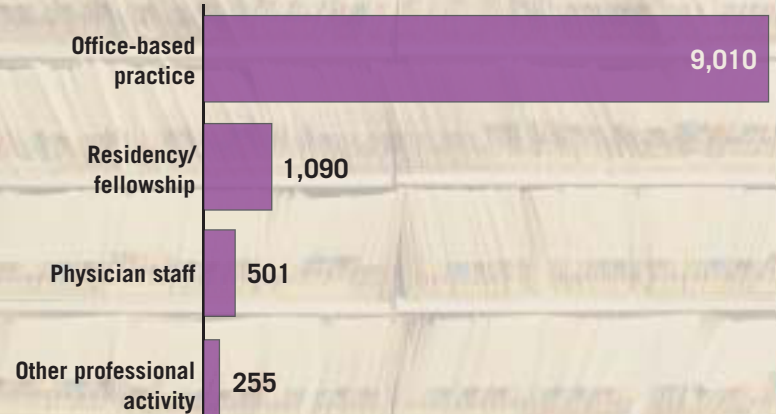


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