

H1N1 Continues to Circulate in the Southeast

BY MIRIAM E. TUCKER

The 2009 pandemic influenza A(H1N1) virus has declined but continues to circulate, particularly in the southeastern United States.

Influenza-associated hospitalizations and deaths are still being reported, and the 2009 H1N1 vaccine is still recommended, the Centers for Disease Control and Prevention said (MMWR 2010;59:423-30).

From Aug. 30, 2009, through March 27, 2010, 21% of 422,648 specimens collected in the United States were positive for influenza. Nearly all (99.7%) were influenza A; of the 66,978 subtyped, nearly all (99.4%) were 2009 H1N1 viruses.

From Feb. 14 to March 27, H1N1 continued to account for nearly all cases. In that period, states in the Southeast—Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina,

and Tennessee—accounted for approximately 55% of the influenza positives reported but only 20% of the specimens tested, the CDC said. Georgia in particular has seen a steady rise in hospitalizations from mid February through March 27, with a median of 38 reported hospitalizations during the first 5 weeks. However, hospitalizations then dropped to just 16 during the week ending March 27.

A total of 64 oseltamivir-resistant 2009

H1N1 viruses have been identified in the United States since April 2009, with 55 of those identified since Aug. 30, 2009.

The percentage of outpatient visits for influenza-like illness peaked at 7.7% in the week ending Oct. 24, 2009, and has declined since. The rate was 1.6% for the week ending March 27, 2010.

The CDC is continuing to monitor and report influenza activity weekly at www.cdc.gov/flu/weekly. ■

For the many places patients may experience PHN pain LIDODERM® fits

Proven efficacy in 2 randomized, placebo-controlled clinical trials³⁻⁶

- In a 12-hour study, patients experienced pain relief at 30 minutes after the first dose vs observation cohort ($P=0.0001$; $N=35$)^{4,a}
 - Significant reduction in pain intensity vs placebo at hours 4-12 ($P<0.001$ to $P=0.038$)
- In a 2-week study, 84% of patients had moderate to complete pain relief at 2 weeks vs placebo ($P<0.001$; $N=32$)^{5,b,c}

Favorable safety profile³

- Nonnarcotic, nonsedating, nonscheduled
- May be used in patients who have comorbidities or are taking concomitant medications

Immediately discard used patches or remaining unused portions of cut patches in household trash in a manner that prevents accidental application or ingestion by children, pets, or others.

Before prescribing LIDODERM, please refer to the accompanying brief summary of full Prescribing Information.

^a A randomized, double-blind, placebo-controlled, 4-way crossover trial ($N=35$) assessed safety and efficacy of LIDODERM. Patients were allodynic with a mean age of 75 years and mean PHN duration of 48 months. Pain intensity measured with horizontal 100-mm Visual Analogue Scale: 0=no pain and 100=worst pain imaginable. Measurements were recorded before patch application, at 30 minutes, and hours 1, 2, 4, 6, 9, and 12. Least-squares means were used as the best unbiased estimate of patients' mean values.

^b Demonstrated over 14 days in a post hoc analysis of a randomized, enriched-enrollment, double-blind, placebo-controlled, crossover trial. Patients enrolled in the study had been using LIDODERM for ≥ 1 month (ie, enriched enrollment); mean age of 77.4 years and mean PHN duration of 7.3 years. Pain relief measured using 6-item verbal scale: 0 (worse), 1 (no relief), 2 (slight relief), 3 (moderate relief), 4 (a lot of relief), and 5 (complete relief). Patients exited the study if their verbal pain relief rating decreased more than 2 categories for any 2 consecutive days from baseline.

^c Results of enriched-enrollment studies can't be generalized to the entire population; subjects in such studies may be able to distinguish the active drug from placebo based on nontherapeutic features of the treatments.

References: 1. Cluff RS, Rowbotham MC. *Neurolog Clin.* 1998;16(4):813-832. 2. Weaver BA. *J Am Osteopath Assoc.* 2007;107(3 suppl 1):S2-S7. 3. Lidoderm Prescribing Information. Chadds Ford, PA: Endo Pharmaceuticals Inc; 2010. 4. Rowbotham MC et al. *Pain.* 1996;65(1):39-44. 5. Data on file, DOF-LD-02, Endo Pharmaceuticals Inc. 6. Galer BS et al. *Pain.* 1999;80(3):533-538.

10
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