

Oseltamivir-Resistant Novel H1N1 Reported

BY MIRIAM E. TUCKER

Oseltamivir-resistant novel influenza A(H1N1) virus infection has been identified in the United States for the first time, in two severely immunosuppressed patients treated for leukemia in Seattle hospitals.

The teenaged male and a woman in her 40s had undergone hematopoietic stem cell transplants. Both were initially in-

fectured with oseltamivir-susceptible viruses that later developed resistance. The two patients were not linked epidemiologically. There was no evidence of transmission of the oseltamivir-resistant virus to health care providers, the Centers for Disease Control and Prevention reported.

In both patients, the viruses were susceptible to zanamivir. Sequence analysis showed that the oseltamivir resistance was not the result of gene reassortment

with seasonal influenza A(H1N1) virus.

Immunosuppressed patients should receive annual influenza vaccination. Clinicians caring for immunosuppressed patients infected with novel H1N1 should be aware of the potential for antiviral drug resistance and prolonged viral shedding, the CDC said.

The public health risk of virus transmission from these two cases appears to be low. Washington state, working with

the CDC, is conducting enhanced surveillance for oseltamivir resistance among novel H1N1 virus strains.

Oseltamivir or zanamivir are recommended for all hospitalized patients with suspected or confirmed novel H1N1 and for outpatients at increased risk for influenza-related complications. ■

For guidance on treating and preventing novel H1N1, go to www.cdc.gov/h1n1flu.

4 large trials involving more than 81,000 patients

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Important Risk Information

PLAVIX is contraindicated in patients with active pathologic bleeding such as peptic ulcer or intracranial hemorrhage. PLAVIX should be used with caution in patients who may be at risk of increased bleeding from trauma, surgery, or coadministration with NSAIDs or warfarin. (See **CONTRAINDICATIONS** and **PRECAUTIONS**.[§])

The rates of major and minor bleeding were higher in patients treated with PLAVIX plus aspirin compared with placebo plus aspirin in clinical trials. (See **ADVERSE REACTIONS**.[§])

Due to an expected reduction in drug levels and clinical efficacy, concomitant use of drugs that inhibit CYP2C19 (eg, omeprazole) should be discouraged. (See **PRECAUTIONS**.[§])

As part of the worldwide postmarketing experience with PLAVIX, there have been cases of reported thrombotic thrombocytopenic purpura (TTP), some with fatal outcome. TTP has been reported rarely following use of PLAVIX, sometimes after a short exposure (<2 weeks). TTP is a serious condition that can be fatal and requires urgent treatment including plasmapheresis (plasma exchange). (See **WARNINGS**.[§])

Based on literature, patients with genetically reduced CYP2C19 function have diminished antiplatelet responses and generally exhibit higher CV event rates following MI. (See **PRECAUTIONS**.[§])

In clinical trials, the most common clinically important side effects were pruritus, purpura, diarrhea, and rash; infrequent events included intracranial hemorrhage (0.4%) and severe neutropenia (0.05%). (See **ADVERSE REACTIONS**.[§])

[§]Please See Brief Summary of Full Prescribing Information on Adjacent Page.

Plavix[®]
(clopidogrel bisulfate) 75mg tablets

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US.CLO.09.06.010/June 2009
sanofi-aventis U.S. LLC

264US09AB19703-06-09
Printed in USA