

CDC Updates Antiviral Recommendations

BY MIRIAM E. TUCKER

ATLANTA — The Centers for Disease Control and Prevention's vaccine advisory panel voted to update its guidelines on antiviral treatment of influenza to include new information about antiviral resistance of seasonal influenza and address influenza caused by the newly-emerging pandemic strain of H1N1.

At the time of the Advisory Committee on Immunization Practice's June meeting, all pandemic H1N1 viruses tested were sensitive to oseltamivir and zanamivir and resistant to adamantanes. In contrast, seasonal H1N1 influenza is resistant to oseltamivir but susceptible to the other two antivirals. As of now, all circulating seasonal influenza H3N2 and B strains are susceptible to zanamivir, Dr. Anthony J. Fiore of the CDC's Influenza Division said at the meeting.

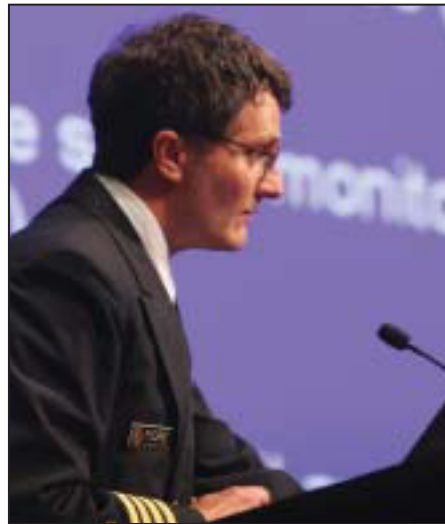
Subsequent to the meeting, a patient with oseltamivir-resistant novel H1N1 was identified in Denmark. This does not change the recommendations the committee voted on, CDC spokesman Tom Skinner said in an interview.

Antiviral treatment should be started as soon as possible after illness onset. Persons for whom antiviral treatment should be considered include those with influenza viral pneumonia or influenza and complicating bacterial pneumonia. The treatment also should be considered for

patients hospitalized with influenza and those at higher risk for influenza complications, regardless of illness severity.

Zanamivir is recommended if laboratory testing is not done or is negative but there is clinical suspicion of influenza. The antiviral also is recommended if a patient tests positive for influenza A, influenza A and B, or seasonal A (H1N1).

Combined treatment with oseltamivir plus rimantadine is an acceptable alternative if zanamivir is unavailable or can't be tolerated. Either oseltamivir or zanamivir is recommended for positive A (H3N2), novel A (H1N1), or B strains.



All flu strains appear susceptible to zanamivir, Dr. Anthony J. Fiore said.

Other information providers should consider includes:

► Recommended neuraminidase inhibitors are not licensed for chemoprophylaxis of children aged less than 1 year (oseltamivir) or aged less than 5 years (zanamivir).

► A recent Emergency Use Authorization provides information on use of oseltamivir for children aged less than 1 year.

► Some experts prefer weight-based dosing for children who are less than 1 year of age, particularly for very young or premature infants.

► When weight-based dosing is used for chemoprophylaxis in infants aged less than 1 year, those 6 months or older should receive 3.5 mg/kg per dose twice daily, and those aged less than 6 months should receive 3.0 mg/kg per dose twice daily.

Rather than voting simultaneously on recommendations for chemoprophylaxis—as has been done previously with seasonal influenza—ACIP decided instead to include a short paragraph within the treatment guidelines about chemoprophylaxis that will include the address for the CDC's H1N1 Web page (www.cdc.gov/H1N1). Information on that site is updated frequently, and the need for chemoprophylaxis is expected to change as more becomes known about transmission of the novel H1N1 virus and vaccine availability, ACIP member Dr. Kathleen Neuzil said in an interview. ■

Panel Issues Flu Vaccine Guidelines

BY JONATHAN GARDNER

Health care workers should be the top priority to receive immunization with the pandemic influenza vaccine, and individual countries should take their nations' domestic needs into account when determining how to prioritize inoculating subgroups vulnerable to the virus, a top international health panel has decided.

The World Health Organization's Strategic Advisory Group of Experts on Immunization has said that vaccinating health care workers is necessary to maintain a functioning health care system and prevent infection with the pandemic influenza A (H1N1) virus in people who have pre-existing illnesses, Dr. Marie-Paule Kieny, director of WHO's initiative for vaccine research, said in a press teleconference.

Countries are advised to prioritize the vaccination of such vulnerable groups as the chronically ill and children depending on each country's domestic needs, Dr. Kieny said. For example, countries whose first priority is reducing sickness and death may choose to focus on inoculating the elderly and chronically ill first, while those countries whose priority is reducing the spread of infection may decide to inoculate schoolchildren first, she said.

The expert panel made its recommendations after a meeting in July, and WHO Director-General Dr. Margaret Chan, endorsed the recommendations.

The panel also concluded that at this time there is no concern regarding the safety of the tested pandemic influenza vaccine, but there is still an "urgent need" to collect more safety data on subgroups, Dr. Kieny said.

New adjuvants are being used in some of the pandemic vaccines that have not been fully tested, so post-marketing surveillance must also be effective, according to the panel.

In addition, the panel said that data on immunogenicity and post-marketing safety and surveillance studies need to be shared among the countries to allow for adjustments in immunization policy, she said.

The panel added that countries in the Northern Hemisphere should proceed with their plans for seasonal influenza vaccination as if there were no pandemic because production of the seasonal vaccine is almost complete, Dr. Kieny added. ■

Leaders Urge Preparedness for H1N1 Surge

BY HEIDI SPLETE

BETHESDA, MD. — President Obama joined other U.S. government and health leaders at a preparedness summit in urging Americans to plan now for a likely surge in cases of the 2009-H1N1 influenza this fall.

"We want to make sure that we are not promoting panic, but we are promoting vigilance and preparation," President Obama, who was in Italy, said by phone during the summit at the National Institutes of Health in Bethesda, Md.

"Our goals are straightforward; to reduce illness and death and minimize social disruption," said Dr. Thomas R. Frieden, director of the Centers for Disease Control and Prevention.

Dr. Frieden, along with Kathleen Sebelius, secretary of the Department of Health and Human Services, Janet Napolitano, secretary of the Department of Homeland Security, and Arne Duncan, secretary of the Department of Education, reviewed the status of the government's efforts to prepare for an anticipated surge in volume of cases of the 2009-H1N1 flu in the fall.

Secretary Sebelius summarized the government's four-pronged strategy of surveillance, community mitigation, vaccination, and communication. She encouraged all Americans to visit the government's flu-specific Web site, flu.gov. The site will be updated regularly, and it reinforces ways to prevent spreading the

flu, such as following proper handwashing techniques, coughing into your sleeve, and staying home when ill. And in an effort to engage an Internet-savvy population in public health, the site enables visitors to create a 60-second H1N1 public service announcement.

Of all the announcements submitted, one will be chosen by the government for widespread distribution, she said. A \$2,500 prize will go to the maker of the winning video, according to the site.

In addition, Secretary Sebelius outlined the government's intentions for minimizing the impact of H1N1. The H1N1 vaccine, if it is found to be safe and effective, will be purchased by the federal government, she said, and medical and scientific experts will help prioritize vaccination efforts and "get the shots in the arms of the people who need them most." A vaccine is currently being evaluated in clinical trials, and safety and effectiveness information should be available this month, she said.

If the vaccine is found to be safe and effective, it should be available in limited amounts in October. Based on current evidence, likely high-risk groups that would be the first candidates for the H1N1 vaccine might include younger adults with comorbid conditions, children, and pregnant women.

Federal grants for state health departments to help with preparedness are available, Secretary Sebelius also announced. She added that \$90 million will be avail-

able for hospitals to help them prepare for the potential surge in flu-related activity.

The Department of Homeland Security is focusing on the importance of maintaining essential services if widespread illness contributes to widespread absenteeism, Secretary Napolitano said. She stressed the need to "make sure that

Read how to prepare your practice for H1N1 in this month's The Office on page 8.

plans are in place so the functions of government continue," and encouraged state and local leaders to host their own local flu preparedness summits to be sure that backups for essential services are in place.

Because the 2009-H1N1 virus has disproportionately affected children, it is important to "get clear guidance out early," to schools, said Secretary Duncan. School-closing decisions should be made at the local level, on a school-by-school basis, and only as a last resort, he said.

Secretary Napolitano said that even if the 2009-H1N1 flu is less severe than expected, the procedures being put in place will improve the public health system for future emergencies.

It's possible that the 2009-H1N1 virus won't be as bad as anticipated, Secretary Sebelius said, but it's wise to prepare for a worst-case scenario.

For the latest information on H1N1 preparedness, visit flu.gov. ■