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Dear provider of pharmaceutical services,

As you may know, influenza has a considerable impact on public health every year, causing hundreds of illnesses, medical visits, hospitalizations and deaths, especially in people who are at high risk for complications. Therefore, the Infectious Diseases Society of America (IDSA) has updated its 2009 Influenza Clinical Practice Guidelines, taking into consideration a sizable group of patients at high risk. The following communication summarizes important information regarding this topic.

You can find more information and resources regarding influenza management visiting the websites of the Infectious Diseases Society of America (IDSA) and/or the Centers for Disease Control and Prevention (CDC).

On PharmPix we are compromised with the health and wellness of our insured. It is our priority to offer high quality services and to promote practices for health promotion and diseases prevention. If you have any doubt or wish to have more information regarding this document, you can call us to 787-522-5252, extension 137.

Regards,

Pharmacy Department

Which patients with suspected or confirmed influenza should be treated with antivirals?¹

Clinicians **should start** antiviral treatment as soon as possible for **adults and children** with documented or suspected influenza, irrespective of influenza vaccination history, who meet the following criteria:

- Persons of any age who are hospitalized with influenza, regardless of illness duration prior to hospitalization.
- Outpatients of any age with severe or progressive illness, regardless of illness duration.
- Outpatients who are at high risk of complications from influenza, including those with chronic medical conditions and immunocompromised patients.
- Children younger than 2 years and adults ≥ 65 years.
- Pregnant women and those within 2 weeks postpartum.

Clinicians can **consider** antiviral treatment for adults and children who are **not at high risk** of influenza complications, with documented or suspected influenza, irrespective of influenza vaccination history, who are either:

- Outpatients with illness onset ≤ 2 days before presentation.
- Symptomatic outpatients who are household contacts of persons who are at high risk of developing complications from influenza, particularly those who are severely immunocompromised.
- Symptomatic healthcare providers who care for patients who are at high risk of developing complications from influenza, particularly those who are severely immunocompromised.

Antiviral treatment for suspected or confirmed influenza^{1,3}

	Antiviral treatment	Route of administration	Treatment duration
<i>Neuraminidase inhibitors (NAI)</i>	Oseltamivir	Oral	5 days*
	Zanamivir	Inhaled	5 days*
	Peramivir	Intravenous	Single dose*
<i>Endonuclease inhibitor</i>	Baloxavir marboxil**	Oral	Single dose

*Clinicians can consider **longer duration** of treatment for patients with a documented or suspected immunocompromising condition or patients requiring hospitalization for severe respiratory tract disease.

**New FDA-approved prescription medication used to treat the flu in patients 12 years of age and older who have had flu symptoms for no more than 48 hours. Dose depends on weight. Is not known if this medication is safe and effective in children younger than 12 years of age or weighing less than 88 pounds (40 kg).

Who should be considered for pre-exposure chemoprophylaxis?¹

Adults and children aged ≥ 3 months:

- At high risk of developing complications from influenza.
- When influenza vaccination is contraindicated, unavailable, or expected to have low effectiveness.

Antiviral chemoprophylaxis for the duration of the influenza season

Unvaccinated adults and children aged ≥ 3 months:

- At high risk of developing complications from influenza in whom the vaccination is expected to be effective (but not yet administered) when influenza activity has been detected in the community.
- Who are in close contact with persons at high risk of developing influenza complications during periods of influenza activity when influenza vaccination is contraindicated or unavailable and these high-risk persons are unable to take antiviral chemoprophylaxis.

Short-term antiviral chemoprophylaxis + prompt administration of inactivated influenza vaccine

Short-term antiviral chemoprophylaxis

- Clinicians should use an **NAI (oral oseltamivir or inhaled zanamivir)** if pre-exposure chemoprophylaxis for influenza is administered.¹
- Clinicians should test for influenza and switch to antiviral **treatment dosing** in persons receiving pre-exposure antiviral chemoprophylaxis who become symptomatic, preferably with an antiviral drug with a different resistance profile, if not contraindicated.¹

Persons at High Risk of Complications ¹
Children aged <5 years, and especially aged <2 years
Adults aged ≥65 years
Persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematologic (including sickle cell disease), or metabolic disorders (including diabetes mellitus) or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy, stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury)
Persons with immunosuppression, including that caused by medications or by HIV infection
Women who are pregnant or postpartum (within 2 weeks after delivery)
Children and adolescents through 18 years who are receiving aspirin- or salicylate-containing medications and who might be at risk for experiencing Reye syndrome after influenza virus infection
American Indian/Alaska Native people
Persons with extreme obesity (i.e., body mass index ≥ 40 kg/m²)
Residents of nursing homes and other chronic care facilities

How to differentiate influenza from a common cold?^{1,2}

Signs and symptoms	Common cold	Influenza ^a
Fever	Rare	Usual ^b
Chills	Uncommon	Fairly common
Malaise	Slight	Usual
Fatigue, weakness	Sometimes	Usual
Headache	Rare	Common
Sneezing	Common	Sometimes
Chest discomfort, cough	Mild to moderate	Common ^c
Stuffy nose	Common	Sometimes
Sore throat	Common	Sometimes

Influenza

^a Abrupt onset of respiratory and systematic signs and symptoms, with or without fever.

^b Fever, nasal congestion, rhinorrhea, and diarrhea may be present among infants and young children.

^c Non-productive cough.

References:

1. Uyeki T, Bernstein H, Bradley J et al. Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza. Clinical Infectious Diseases. 2018. doi:10.1093/cid/ciy866
2. Cold Versus Flu | CDC. Cdc.gov. <https://www.cdc.gov/flu/about/qa/coldflu.htm>. Published 2019. Accessed February 22, 2019.
3. What is XOFLUZA™ (baloxavir marboxil)? Xofluza.com. <https://www.xofluza.com/patient/about-xofluza.html>. Published 2019. Accessed February 25, 2019.