

AAFP Triage Protocol for Suspected Novel H1N1 Influenza Infection

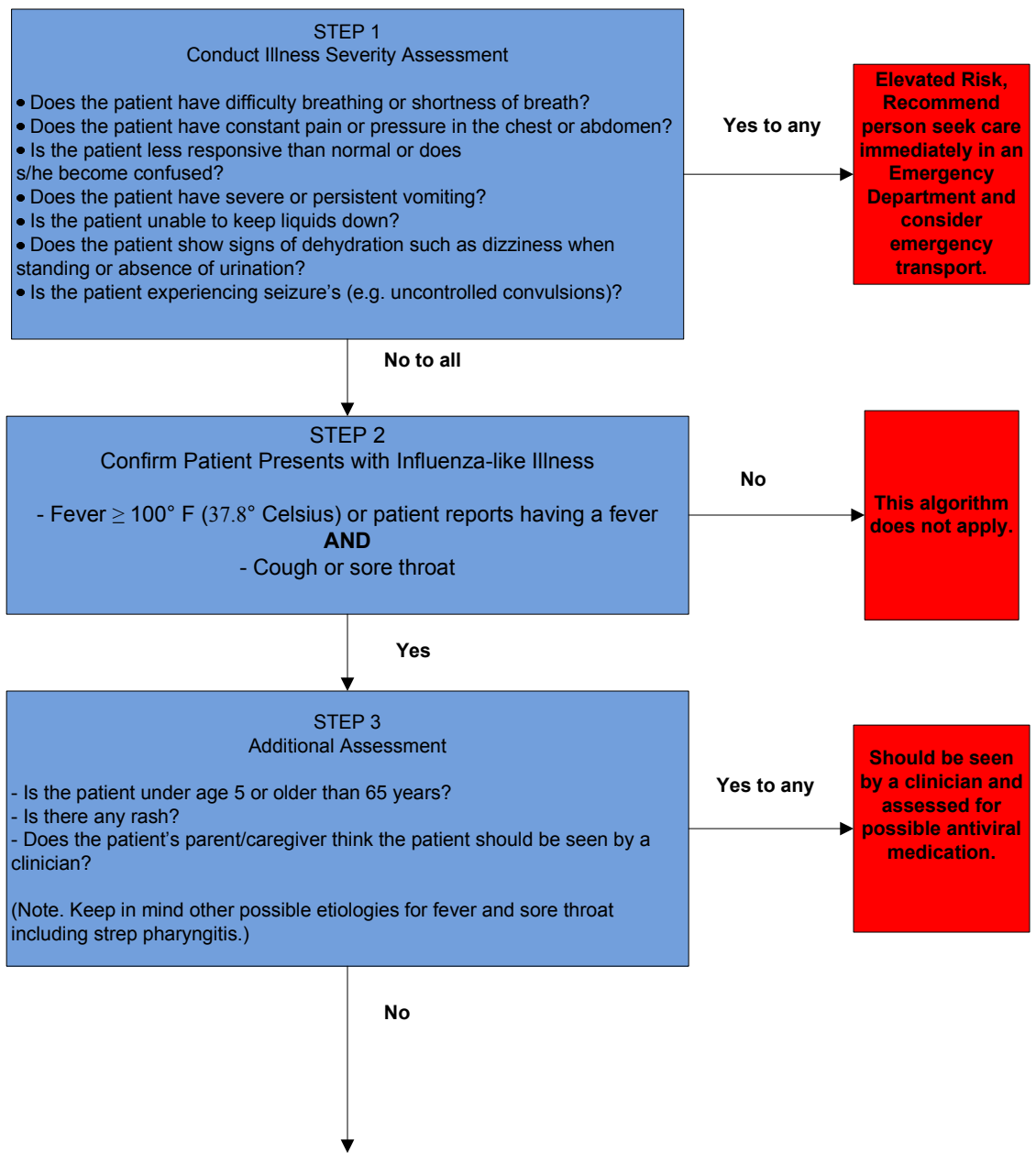
October 6, 2009

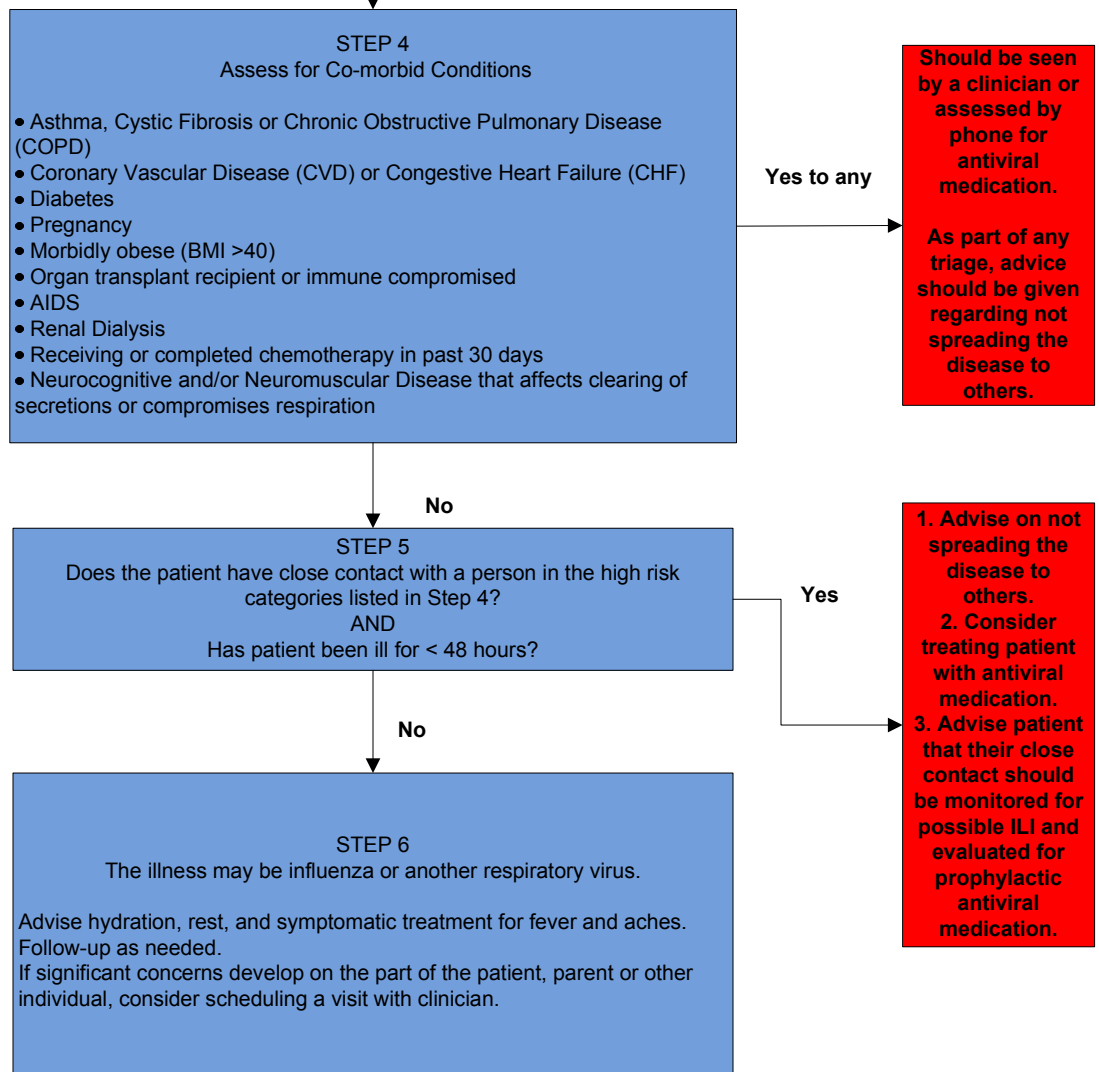
The purpose of this protocol is to assist clinicians to manage the expected surge of patients in the influenza pandemic. Clinical judgment is an important factor in the decision to initiate antiviral therapy for novel H1N1 influenza. Patients with suspected novel H1N1 influenza who present with an uncomplicated febrile illness typically do not require antiviral treatment unless they are at higher risk for influenza complications.

Antiviral treatment is recommended by the Centers for Disease Control (CDC) for:

1. All hospitalized patients with confirmed, probable or suspected novel influenza (H1N1).
2. Patients who are at higher risk for seasonal influenza complications (see below).
3. Children younger than 5 years old. The risk for severe complications from seasonal influenza is highest among children younger than 2 years old.
4. Adults 65 years of age and older.
5. Patients with the following conditions:
 - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
 - Immunosuppression, including that caused by medications or by HIV;
 - Pregnant women;
 - Patients younger than 19 years of age who are receiving long-term aspirin therapy;

Disclaimer: This algorithm is designed only to assist physicians and those under their supervision in identifying indicators of and responses to symptoms of flu-like illness (i.e., fever with cough or sore throat). It does not provide guidance for other medical conditions nor is it intended to substitute for professional medical advice. Like any printed material it may become out of date over time. This guidance is not intended for use by the general public and is not a substitute for sound clinical judgment. If you think you or someone in your care is severely ill or may have a medical emergency, call 911 immediately. AAFP does not warrant or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of this algorithm.





ANTIVIRAL THERAPY FOR NOVEL INFLUENZA A (H1N1)

--Evidence for benefits from antiviral medication is strongest when treatment is started within 48 hours of illness onset--

Medication Name	How Supplied	Usual Dosage	Schedule
Zanamivir (for ages 7+)	5mg powder	2 puffs	B.I.D. x 5d
Osetamivir (for ages 1+)	75 mg	75 mg	B.I.D. x 5d
< 15 kg	60mg/5cc	30 mg	B.I.D. x 5d
15-23 kg	60mg/5cc	45 mg	B.I.D. x 5d
23-40 kg	60mg/5cc	60 mg	B.I.D. x 5d
> 40 kg	75 mg	75 mg	B.I.D. x 5d