

H1N1 Influenza Patient Fact Sheet

Not all patients diagnosed with H1N1 influenza require treatment with anti-viral medication: Below are the current recommendations for treatment.

- Most healthy persons who develop an illness consistent with uncomplicated influenza, or recovering from influenza **do not need antiviral medications for treatment or prophylaxis.**
- Persons presenting with severe symptoms, including lower respiratory tract disease or clinical deterioration **should be treated with prompt empiric antiviral therapy regardless of previous health or age.**
- Treatment with anti-viral medication is recommended for **all persons with suspected or confirmed influenza requiring hospitalization; in addition, treatment is recommended for persons with suspected or confirmed influenza who are at a higher risk for complication:**
 - Children younger than 2 years old
 - Persons 65 or older
 - Pregnant women, and women up to 2 weeks postpartum
 - Persons with chronic pulmonary disease including asthma
 - Persons with cardiovascular disease (except HTN), renal, hepatic hematologic (including sickle cell), and diabetes.
 - Persons with disorders that compromise clearing of respiratory secretions: spinal cord injuries, seizures, certain neuromuscular disorders.
 - Immunosuppression, including chemotherapy and HIV
 - Persons younger than 19 receiving long term aspirin therapy
- Only Tamiflu and Relenza are currently recommended for treating 2009-2010 Seasonal and H1N1 influenza type A
- Treatment should be started within 48 hrs of onset of fever for maximum effectiveness.
- At best, Tamiflu and Relenza can shorten the length of the illness by **12-24 hrs.** They may also lessen the severity of the illness.

See <http://www.cdc.gov/h1n1flu/recommendations.htm> for the entire 14 page guideline, as of October 16, 2009.