



Resistant H1N1 Virus in West Virginia

TO: West Virginia Healthcare Providers, Hospitals and other Healthcare Facilities
FROM: Letitia Tierney, MD JD, Commissioner for Public Health and State Health Officer, WVDHHR, Bureau for Public Health
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LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

On March 6, 2014 the West Virginia Bureau for Public Health, Division of Infectious Disease Epidemiology (DIDE) received notification from the Centers for Disease Control and Prevention (CDC) of a West Virginia (WV) resident with oseltamivir (trade name Tamiflu®) resistant H1N1pdm09 virus. Oseltamivir resistance remains rare and of public health concern. At this time oseltamivir is the first line drug. Please use oseltamivir per CDC guidelines for the treatment of influenza. Clinicians should consider oseltamivir-resistant viruses in patients with severe or progressive illness who are not responding to treatment.

Here is a summary of the CDC guidelines for use of antivirals for treatment of influenza:

Population	Pandemic influenza A (H1N1) 2009 and other seasonal influenza viruses	Influenza viruses known or suspected to be oseltamivir resistant
UNCOMPLICATED CLINICAL PRESENTATION		
Patients in higher risk groups	Treat with oseltamivir or zanamivir as soon as possible	Treat with zanamivir as soon as possible
SEVERE OR PROGRESSIVE CLINICAL PRESENTATION		
All patients (including children and adolescents)	Treat with oseltamivir as soon as possible (zanamivir should be used if oseltamivir unavailable)	Treat with zanamivir as soon as possible
Patients with severe immunosuppression	Treat with oseltamivir as soon as possible. Consider higher doses and longer duration of treatment	Treat with zanamivir as soon as possible

Note: Per CDC guidance: “Zanamivir is the treatment of choice for all patients where oseltamivir resistance is demonstrated or highly suspected. Intravenous zanamivir may be considered where available.”

Influenza activity is now low in WV, therefore when clinically indicated Reverse Transcription-Polymerase Chain Reaction (RT-PCR) is recommend especially for hospitalized or severely ill persons – late season isolates are of special interest for influenza surveillance and may be referred to the Office of Laboratory Services (OLS) at (304)-558-3530 for confirmation and on to CDC for antiviral resistance testing. Rapid tests have the potential for false positive results when disease prevalence is low.

For more information on influenza including diagnosis and treatment, please visit the DIDE influenza website at <http://www.dhhr.wv.gov/oeps/disease/flu/Pages/default.aspx>. For more information, contact your local health department or DIDE at (800)-423-1271, ext. 1 or (304)-558-5358, ext. 1.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

Categories of Health Alert messages:

Health Alert: Conveys the highest level of importance. Warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation. May not require immediate action.

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