

## Guidance for Treatment of 2009 H1N1 (pandemic strain)

For more detailed information, please refer to <http://www.cdc.gov/h1n1flu/recommendations.htm>.

Most people infected with H1N1 will have mild illness and no antiviral medical is needed. Patients should use non-aspirin containing products for symptomatic relief.

Treatment with an antiviral (Tamiflu or Relenza) is recommended for:

1. Hospitalized patients with influenza
2. Infected patients with high risk factors for complications:
  - a. Age < 5 years (particularly high if < 2 years)
  - b. Pregnant women
  - c. Patients on long term aspirin therapy
  - d. Immunosuppression
  - e. Chronic medical problems (except hypertension)

Do not treat outpatients if symptoms have been present for 48 hours or longer. If the supply of antivirals is depleted, it may not be possible to treat outpatients.

Offer prophylaxis for **close contacts** having high risk factors for complications. CDC defines close contact as living or caring for someone with H1N1, or high likelihood of sharing secretions/body fluids.

Treatment consists of 1 dose of Tamiflu or Relenza BID x 5 days.  
Prophylaxis is one per day x 10 days.

Please refer to the following charts for dosing by weight in children < 12 years of age. These charts are from the CDC website.

Table 1. Antiviral medication dosing recommendations for treatment or chemoprophylaxis of novel influenza A (H1N1) infection. (Table extracted from <a href="#">IDSA guidelines for seasonal influenza.</a> )			
Agent, group		Treatment	Chemoprophylaxis
<b>Oseltamivir</b>			
<b>Adults</b>		75-mg capsule twice per day for 5 days	75-mg capsule once per day
<b>Children ≥ 12 months</b>	15 kg or less	60 mg per day divided into 2 doses	30 mg once per day
	16-23 kg	90 mg per day divided into 2 doses	45 mg once per day
	24-40 kg	120 mg per day divided into 2 doses	60 mg once per day
	>40 kg	150 mg per day divided into 2 doses	75 mg once per day
<b>Zanamivir</b>			
<b>Adults</b>		Two 5-mg inhalations (10 mg total) twice per day	Two 5-mg inhalations (10 mg total) once per day
<b>Children</b>		Two 5-mg inhalations (10 mg total) twice per day (age, 7 years or older)	Two 5-mg inhalations (10 mg total) once per day (age, 5 years or older)

## Children Under 1 Year of Age

Children under one year of age are at high risk for complications from seasonal human influenza virus infection. The characteristics of human infection novel (H1N1) influenza virus are still being studied, and it is not known whether infants are at higher risk for complications associated with novel (H1N1) influenza virus infection compared to older children and adults. Oseltamivir is not licensed for use in children less than 1 year of age. However, limited safety data on oseltamivir treatment for seasonal influenza in children less than one year of age suggest that severe adverse events are rare.

Because infants experience high rates of morbidity and mortality from influenza, infants with novel (H1N1) influenza virus infections may benefit from treatment using oseltamivir. (Tables 2 and 3, Emergency Use Authorization of Tamiflu (oseltamivir)).

Table 2. Dosing recommendations for antiviral treatment of children younger than 1 year using oseltamivir.	
Age	Recommended treatment dose for 5 days
<3 months	12 mg twice daily
3-5 months	20 mg twice daily
6-11 months	25 mg twice daily

  

Table 3. Dosing recommendations for antiviral chemoprophylaxis of children younger than 1 year using oseltamivir.	
Age	Recommended prophylaxis dose for 10 days
<3 months	Not recommended unless situation judged critical due to limited data on use in this age group
3-5 months	20 mg once daily
6-11 months	25 mg once daily