



Arkansas Department of Health

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Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

MEMORANDUM

DATE: September 16, 2009
TO: Arkansas Physicians
FROM: Sandra Snow, MD
RE: Appropriate use of anti-viral drugs in the treatment of H1N1 influenza

The intent of this message is to provide additional guidance regarding management of H1N1 influenza with anti-viral agents now that this illness is widespread throughout Arkansas.

Treatment or chemoprophylaxis with Tamiflu or Relenza is generally not recommended for persons who are not at high risk for complications or do not have severe influenza requiring hospitalization. Earlier communications were sent to you advising about those who should be treated or prophylaxed because of risk factors that warrant this action.

Conservative use of these anti-viral agents is advised for the following reasons:

- 1) Liberal use of these agents will increase the risk of drug-resistant of H1N1 strains becoming widespread.
- 2) These drugs are relatively expensive.
- 3) The illness for the great majority of patients who have no risk factors is relatively mild.

- 4) Drug side effects, although usually mild, develop in about 10% of patients. Drug side effects, although usually mild, develops in about 10% of patients. With Oseltamivir (Tamiflu), nausea and vomiting are the primary side effects. Zanamivir (Relenza) can produce increased airway obstruction in patients with underlying airway disease.
- 5) Anti-viral drugs for influenza are essentially ineffective if started after 48 hours of symptoms. Use after 48 hours should be limited and primarily in patients requiring hospitalization.