



# Arkansas Department of Health

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**Governor Mike Beebe**

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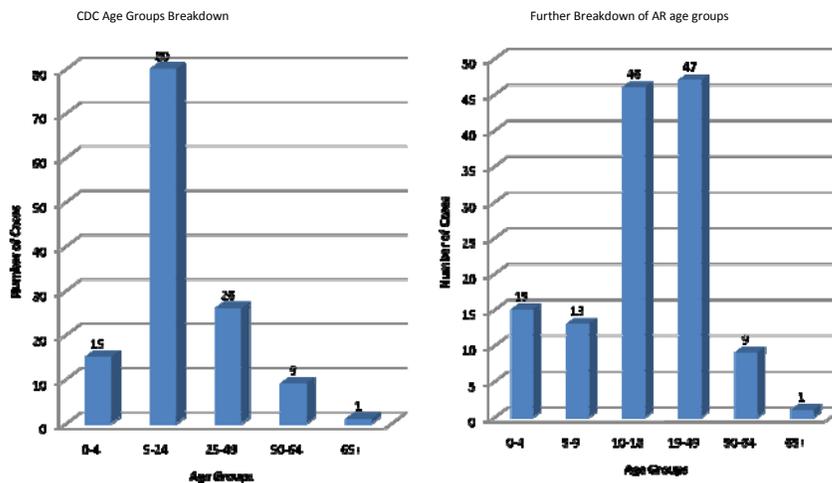
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## Pandemic Influenza Update

As of today, Arkansas has received reports of 131 positive H1N1 tests, with many other reports of influenza like illness through the state. Six of these are health care workers, 9 of these patients were hospitalized, and 4 patients were pregnant. No deaths have been reported.

### Age Breakdown of Cases:

## Lab confirmed H1N1 cases in Arkansas



Please let me remind you that the CDC is recommending treatment for the following high risk patients:

- Children younger than 5 years old. The risk for severe complications from seasonal influenza is highest among children younger than 2 years old.
- Adults 65 years of age and older.
- Persons 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;
- Persons younger than 19 years of age who are receiving long-term aspirin therapy;
- Residents of nursing homes and other chronic-care facilities

Treatment is recommended 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 above).

If a patient is not in a high-risk group or is not hospitalized, healthcare providers should use clinical judgment to guide treatment decisions, and when evaluating children should be aware that the risk for severe complications from seasonal influenza among children younger than 5 years old is highest among children younger than 2 years old. Many patients who have had novel influenza (H1N1) virus infection, but who are not in a high-risk group have had a self-limited respiratory illness similar to typical seasonal influenza. For most of these patients, the benefits of using antivirals may be modest. Therefore, testing, treatment and chemoprophylaxis efforts should be directed primarily at persons who are hospitalized or at higher risk for influenza complications.

Once the decision to administer antiviral treatment is made, treatment with zanamivir or oseltamivir should be initiated as soon as possible after the onset of symptoms. Evidence for benefits from antiviral treatment in studies of seasonal influenza is strongest when treatment is started within 48 hours of illness onset. However, some studies of oseltamivir treatment of hospitalized patients with seasonal influenza have indicated benefit, including reductions in mortality or duration of hospitalization even for patients whose treatment was started more than 48 hours after illness onset. Recommended duration of treatment is five days. Antiviral doses recommended for treatment of novel H1N1 influenza virus infection in adults or children 1 year of age or older are the same as those recommended for seasonal influenza

Post exposure antiviral chemoprophylaxis with either oseltamivir or zanamivir can be considered for the following:

1. Close contacts of cases (confirmed, probable, or suspected) who are at high-risk for complications of influenza
2. Health care personnel, public health workers, or first responders who have had a recognized, unprotected close contact exposure to a person with novel (H1N1) influenza virus infection (confirmed, probable, or suspected) during that person's infectious period.

If you have any questions please feel free to contact Dr. Sandy Snow at 501-661-2169 or fax to 501-661-2300 or e-mail to [Sandra.snow@arkansas.gov](mailto:Sandra.snow@arkansas.gov)

