

## CDC Health Alert Network Highlights Guidance on Use Of Influenza Antivirals

### Summary

As influenza activity increases in the United States, clinicians are urged to consult CDC guidance on the use of influenza antiviral agents and rapid influenza diagnostic tests this season. Updated recommendations on the use of antiviral medications will be published in an upcoming Morbidity and Mortality Weekly Report (MMWR), but an interim version of the recommendations is currently available on CDC's website at <http://www.cdc.gov/flu/professionals/antivirals/index.htm>. The updated guidance for health care professionals on the use of rapid influenza diagnostic tests is available at [http://www.cdc.gov/flu/professionals/diagnosis/clinician\\_guidance\\_ridt.htm](http://www.cdc.gov/flu/professionals/diagnosis/clinician_guidance_ridt.htm). For the most recent summary of influenza activity in the United States, consult the CDC influenza surveillance report FluView at <http://www.cdc.gov/flu/weekly/fluactivitysurv.htm>.

### Recommendations

#### Antiviral Agents Guidance:

The recommendations on the use of influenza antiviral agents contain information on treatment and chemoprophylaxis of influenza virus infection, and also provide a summary of the effectiveness and safety of antiviral medications. Highlights include recommendations for the following:

- 1) early empiric antiviral treatment of suspected or confirmed influenza among people with **severe, complicated, or progressive illness or those hospitalized for influenza**;
- 2) early empiric antiviral treatment of suspected or confirmed influenza among people at [higher risk](#) for influenza complications;
- 3) use of either oseltamivir or zanamivir for influenza A and B treatment or chemoprophylaxis, and recommendations *not* to use rimantadine or amantadine as influenza antiviral medications due to high levels of resistance to these medications among circulating influenza A viruses;
- 4) use of antiviral medications among children younger than 1 year of age;
- 5) use of local data on influenza virus circulation and influenza testing of respiratory specimens from patients with suspected influenza, when available, to help inform clinicians about influenza circulation; and
- 6) consideration of antiviral treatment for any previously healthy, non high-risk symptomatic outpatient with confirmed or suspected influenza, based upon clinical judgment, if treatment can be initiated within 48 hours of illness onset.