



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

MEMORANDUM

To: Illinois physicians, other clinicians, infection control professionals, Emergency Departments, and other healthcare providers

Cc: Local health departments and regional office of IDPH

From: Communicable Disease Control Section
Illinois Department of Public Health

Subject: Influenza Evaluation Tool for Medical Offices

Date: January 30, 2015

Please share the following message with your healthcare providers.

Influenza activity continues to be reported in Illinois with influenza A (H3N2) viruses being most common. The Centers for Disease Control and Prevention's (CDC) initial estimate of the influenza vaccine's effectiveness for this season is 23 percent (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6401a4.htm>). Antiviral medications are recommended as an adjunct to vaccination, but their potential public health benefit is magnified in the context of reduced vaccine effectiveness. All hospitalized patients and all outpatients at high risk for serious complications from influenza should be treated as soon as possible with a neuraminidase inhibitor medication if influenza is suspected.

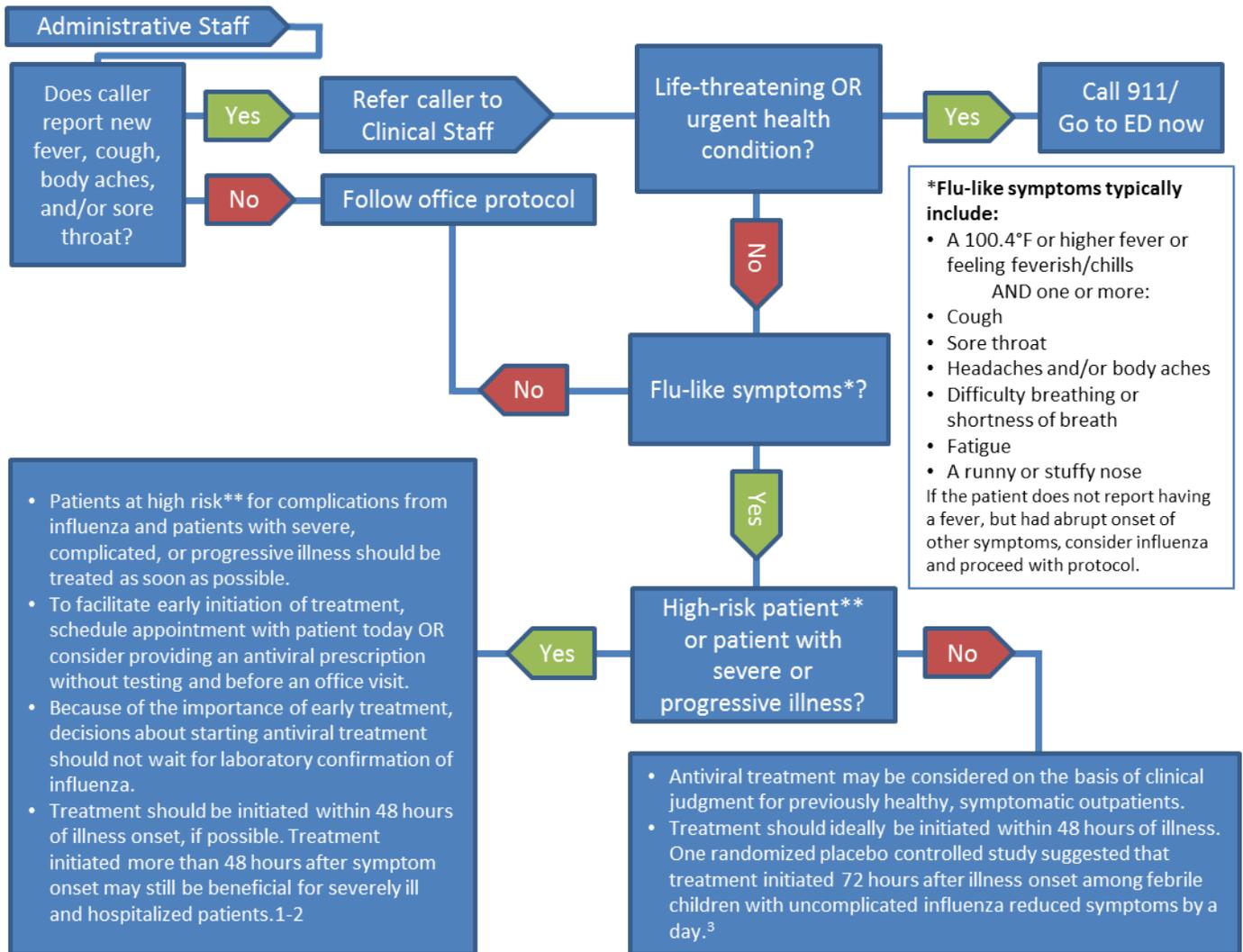
Attached is a tool created by CDC to assist medical staff with conducting telephone evaluation(s) of patients with possible influenza when influenza is circulating in the community. This tool can help identify when it might be appropriate to initiate antiviral treatment before an office visit.

Additional information on treatment of patients with influenza with antiviral medications is available at the following link: <http://emergency.cdc.gov/HAN/han00375.asp>.

Even when vaccine effectiveness is reduced, vaccination still prevents some illness and serious influenza-related complications. For this reason, persons aged ≥ 6 months who have not been vaccinated this season (including persons who might already have been ill with influenza this season) should be vaccinated.

Medical Office Telephone Evaluation of Patients with Possible Influenza

The flowchart below is designed to be used when influenza is circulating in the community. This tool may help medical office staff triage calls from patients with flu-like symptoms and identify when it might be appropriate to initiate antiviral treatment before an office visit. Patient triage or prescribing of prescription medicines should be done under the direction of a licensed physician or other licensed health care provider.



**High-risk patients include:

- Children younger than 2 years (although all children younger than 5 years are considered at higher risk for complications from influenza, the highest risk is for those younger than 2 years);
- Adults aged 65 years and older;
- Persons with chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), and metabolic disorders (including diabetes mellitus), or neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability [mental retardation], moderate to severe developmental delay, muscular dystrophy, or spinal cord injury);
- Persons with immunosuppression, including that caused by medications or by HIV infection;
- Women who are pregnant or postpartum (within 2 weeks after delivery);
- Persons aged younger than 19 years who are receiving long-term aspirin therapy;
- American Indians/Alaska Natives;
- Persons who are morbidly obese (i.e., body-mass index is equal to or greater than 40); and
- Residents of nursing homes and other chronic-care facilities.

References:

1. Louie JK, Yang S, Acosta M, et al. Treatment with neuraminidase inhibitors for critically ill patients with influenza A (H1N1)pdm09. *Clin Infect Dis.* 2012; 55(9): 1198-204.
2. Yu H, Feng Z, Uyeki TM, et al. Risk factors for severe illness with 2009 pandemic influenza A (H1N1) virus infection in China. *Clin Infect Dis.* 2011; 52(4): 457-65.
3. Fry AM, Goswami D, Nahar K, et al. Efficacy of oseltamivir treatment started within 5 days of symptom onset to reduce influenza illness duration and virus shedding in an urban setting in Bangladesh: a randomised placebo-controlled trial. *Lancet Infect Dis.* 2014; 14(2): 109-18.

For more information, see <http://www.cdc.gov/flu/professionals/antivirals/index.htm>.

