

Diagnosing, Treatment, and Prevention

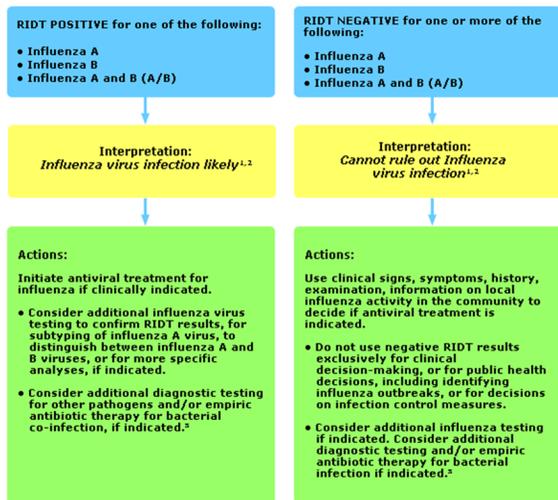
Differences between the Flu and the Common Cold

The flu and the common cold are both respiratory illnesses that present with different symptoms. In general the symptoms for flu may vary across age groups and may not appear exactly as presented in the table below. This is a guide to assist you.

Signs and Symptoms	Influenza	Cold
Symptom onset	Abrupt, symptoms can appear within 3 to 6 hours	Gradual
Fever	Usual; lasts 3-4 days	Rare
Aches	Usual; often severe	Slight
Chills	Fairly common	Uncommon
Fatigue, weakness	Usual	Sometimes
Sneezing	Sometimes	Common
Stuffy nose	Sometimes	Common
Sore throat	Sometimes	Common
Chest discomfort, cough	Common; can be severe	Mild to moderate; hacking cough
Headache	Common	Rare
Tiredness	Moderate to severe	Mild
Vomiting and Diarrhea	More common in children than adults	Never

Source: FluFacts < <http://www.flufacts.com/hcp/diagnosis/> >

Testing for Influenza



Use rapid diagnostic tests to diagnose and manage symptoms.

Understand the reliability and interpretation of rapid test results.

Follow (CDC) guidelines to maximize test reliability and minimize false results.

Influenza can be present even when a test is negative.

“Take 3” from the CDC

Vaccinate all appropriate patients.

Prevent the spread of germs.

Treat and prevent with antivirals when directed.

References:

1. *FluFacts*, <http://www.flufacts.com/hcp/diagnosis/>
2. *Centers for Disease Control and Prevention*: <http://www.cdc.gov/flu/professionals/diagnosis/rapidclin.htm>
3. *Centers for Disease Control and Prevention*: <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

Treating and Preventing Influenza

When indicated treat and prevent influenza illness with antiviral therapy.

Treat with antivirals as soon as possible; ideally within 48 hours of onset of symptoms.

Oseltamivir (Tamiflu) and Zanamivir (Relenza) are recommended effective antivirals.

Consider antivirals for those living and working closely with people with influenza.

Treatment should not wait for laboratory confirmation.

Table 1. Antiviral Medications Recommended for Treatment and Chemoprophylaxis of Influenza

Antiviral Agent	Activity Against	Use	Recommended For	Not Recommended for Use in	Adverse Events
Oseltamivir (Tamiflu®)	Influenza A and B	Treatment	Any age ¹	N/A	Adverse events: nausea, vomiting. Postmarketing reports of skin reactions and sporadic, transient neuropsychiatric events (injury or delirium; mainly reported among Japanese adolescent adults).
		Chemo-prophylaxis	3 months and older ¹	N/A	
Zanamivir (Relenza®)	Influenza A and B	Treatment	7 yrs and older	people with underlying respiratory disease (e.g., asthma, COPD) ²	Allergic reactions: oropharyngeal or facial edema. Adverse events: diarrhea, nausea, sinusitis, nasal signs and symptoms, bronchitis, cough, headache, dizziness, and ear, nose and throat infections.
		Chemo-prophylaxis	5 yrs and older	people with underlying respiratory disease (e.g., asthma, COPD) ²	
Peramivir (Rapivab®)	Influenza A and B ³	Treatment	18 yrs and older	N/A	Adverse events: diarrhea. Postmarketing reports of serious skin reactions and sporadic, transient neuropsychiatric events (self or delirium; mainly reported among Japanese adolescents and adults).
		Chemo-prophylaxis	N/A	N/A	

Abbreviations: N/A = not applicable, COPD = chronic obstructive pulmonary disease.
¹ Oral oseltamivir is approved by the FDA for treatment of acute uncomplicated influenza in persons 14 days and older, and for chemoprophylaxis in persons 1 year and older. Although not part of the FDA-approved indications, use of oral oseltamivir for treatment of influenza in infants less than 14 days old, and for chemoprophylaxis in infants from 1 to 1 year of age, is recommended by the CDC and the American Academy of Pediatrics. If a child is younger than 3 months old, use of oseltamivir for chemoprophylaxis is not recommended unless the situation is judged critical due to limited data in this age group.
² Relenza is contraindicated in patients with history of allergy to milk protein.
³ Peramivir efficacy is based on clinical trials in which the predominant influenza virus type was influenza A; a limited number of subjects infected with influenza B virus were enrolled.

Antiviral Agent	Use	Children	Adults
Oseltamivir (Tamiflu®)	Treatment (5 days)	If younger than 1 yr old ^{1,2} 3 mg/kg/dose twice daily ^{2,3} If 1 yr or older, dose varies by child's weight: 15 kg or less, the dose is 30 mg twice a day >15 to 23 kg, the dose is 45 mg twice a day >23 to 40 kg, the dose is 60 mg twice a day >40 kg, the dose is 75 mg twice a day	75 mg twice daily
		Chemo-prophylaxis (7 days)	If child is younger than 3 months old, use of oseltamivir for chemoprophylaxis is not recommended unless situation is judged critical due to limited data in this age group. If child is 3 months or older and younger than 1 yr old ² 3 mg/kg/dose once daily ² If 1 yr or older, dose varies by child's weight: 15 kg or less, the dose is 30 mg once a day >15 to 23 kg, the dose is 45 mg once a day >23 to 40 kg, the dose is 60 mg once a day >40 kg, the dose is 75 mg once a day
Zanamivir (Relenza®)	Treatment (5 days)	10 mg (two 5-mg inhalations) twice daily (FDA approved and recommended for use in children 7 yrs or older)	10 mg (two 5-mg inhalations) twice daily
		Chemo-prophylaxis (7 days)	10 mg (two 5-mg inhalations) once daily (FDA approved for and recommended for use in children 5 yrs or older)
Peramivir (Rapivab®)	Treatment (1 day)	N/A (FDA approved and recommended for use in adults 18 yrs and older)	One 600 mg dose, via intravenous infusion for 15-30 minutes
		Chemo-prophylaxis	N/A

