COMMUNITY HEALTH
Postexposure Prophylaxis for Influenza

I. Purpose
To facilitate the provision of postexposure prophylaxis (PEP) for employees and students exposed to influenza.

II. Procedure
A. UW-Madison students or UHS employees who have a significant exposure to a person diagnosed with influenza (suspected, probable or confirmed) may be offered prophylactic treatment under specified conditions. Community Health and Epidemiology Program staff will be responsible for evaluating the risk of exposure to influenza in a UHS employee.

B. UHS will follow current guidelines from the Centers for Disease Control and Prevention (CDC) regarding indications for post-exposure prophylaxis.

Generally, prophylaxis is recommended for two groups of people:
1. Exposed persons who are at higher risk of developing complications from influenza, or
2. Healthcare workers who were exposed to a patient while not using personal protective equipment.

C. Diagnostic or screening tests are not indicated. A physical exam is not required. Prophylactic medications may be prescribed over the phone.

D. For persons determined to have had a significant exposure within the previous 48 hours, PEP should be offered if the person meets one of the groups listed in paragraph II(B) above. PEP should be initiated promptly, preferably within 1 to 2 days of exposure. Exposed employees will be provided with medications at no charge. Exposed students may be given a prescription to fill at their own expense.

E. Consult current CDC guidelines to determine the appropriate medication to use based on current antiviral susceptibility patterns. For antiviral chemoprophylaxis of novel (H1N1) influenza virus infection, either oseltamivir or zanamivir are recommended. Duration of antiviral chemoprophylaxis post-exposure is for 10 days after the last known exposure to influenza.

F. Prescribe one of the following medications:
   1. Oseltamivir (Tamiflu) 75 mg caps once daily X 10 days, qty 10, no refill (preferred regimen).
   2. Zanamivir (Relenza) Diskhaler 5 MG/blister in AEPB; two inhalations once daily for 10 days, qty 20, no refill.
   3. Rimantadine 200 mg per day, either as a single daily dose or divided into 2 doses, qty 10, no refill.
   4. Amantadine 200 mg per day, either as a single daily dose or divided into 2 doses, qty 10, no refill.

G. Exposed persons should watch for symptoms and signs of influenza for 7 days after their exposure. If a febrile illness develops, they should isolate themselves for a period specified by current CDC guidelines.

III. References
CDC. Interim Guidance on Antiviral Recommendations for Patients with Novel Influenza A (H1N1) Virus Infection and Their Close Contact. 2009 (May 6).

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