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Antigenic Drift of circulating Flu virus (H3N2) and the use of antiviral medications

This year, the predominantly circulating flu virus in the United States is H3N2. H3N2 virus strains are associated with higher overall hospitalization rates and increased mortality among older persons, in the very young, and persons with certain chronic medical conditions. Currently, Influenza activity overall in the US is low, but expected to increase.

Influenza viral characterization data indicates that approximately 52% of the influenza A (H3N2) viruses collected and analyzed in the United States from October 1 through November 22, 2014 were antigenically different (drifted) from the 2014-2015 influenza A (H3N2) vaccine component. When predominant circulating influenza viruses have been antigenically drifted in past seasons, decreased vaccine effectiveness has been observed. However, vaccination has been found to provide some protection against drifted viruses. In addition, vaccination will offer protection against circulating influenza strains that have not undergone significant antigenic drift from the vaccine viruses (such as influenza A (H1N1) and B viruses).

Because of the detection of these drifted influenza A (H3N2) viruses, the CDC has issued an advisory to re-emphasize the importance of the use of neuraminidase inhibitor antiviral medications when indicated for treatment and prevention of influenza, as an adjunct to vaccination. Vaccination is still encouraged for all persons 6 months and older who have not yet received a flu vaccine this season. Clinicians should encourage all persons with influenza-like illness who are at high risk for influenza complications to seek care promptly to determine if treatment with influenza antiviral medications is warranted.

When indicated, antiviral treatment for flu should be started as soon as possible after illness onset, ideally within 48 hours of symptom onset. Antiviral treatment with oseltamivir or zanamivir is recommended as early as possible for any patient with confirmed or suspected influenza who:

1. Is hospitalized;
2. has severe, complicated, or progressive illness; or
3. is at higher risk for influenza complications.

More information can be found at www.cdc.gov/flu/ .

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