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IN BRIEF

Influenza in 2015
The CDC has announced that the most common influenza viruses circulating now are influenza A H3N2, which tend to cause more severe disease, and that about half of these viruses are antigenically different from the H3N2 strain in this year’s flu vaccine.1 Vaccination may still have a protective effect, even against drifted variants, and patients who have not received this year’s vaccine2 should be encouraged to do so.

Prompt treatment of confirmed or suspected influenza illness with antiviral drugs is recommended for hospitalized patients, for those with severe, complicated, or progressive illness, and for persons at high risk of complications: children <2 years old, adults ≥65 years old, women who are pregnant or ≤2 weeks postpartum, persons <19 years old receiving long-term aspirin therapy, morbidly obese persons (BMI ≥40), persons of American Indian/Alaskan Native heritage, residents of nursing homes or chronic-care facilities, and patients who are immunosuppressed or have chronic diseases such as asthma, diabetes, or heart, lung, or kidney disease.

The neuraminidase inhibitors oseltamivir (Tamiflu), which is taken orally, and zanamivir (Relenza), which is inhaled, taken within 48 hours after the onset of illness can decrease the duration of fever and symptoms in uncomplicated influenza and may reduce the incidence of pneumonia and death in high-risk patients.3 All of the influenza viruses tested to date for resistance to neuraminidase inhibitors this season have been susceptible to both oseltamivir and zanamivir.1