

October 21, 2009

To: All Alberta Physicians

**RE: INFLUENZA ANTIVIRAL PRESCRIBING GUIDELINES FOR PANDEMIC (H1N1) 2009 AND AVAILABILITY THROUGH COMMUNITY PHARMACIES**

Dear Colleague:

A second wave of pandemic (H1N1) 2009 (pH1N1) influenza is beginning in Canada and is expected to last throughout the 2009 fall season. The Government of Alberta's antiviral stockpile is projected to include enough antivirals for the pH1N1 response and has been released on the approval of Alberta's Chief Medical Officer of Health (CMOH).

Albertans with clinical influenza-like illness who meet the conditions listed in this document are eligible for antivirals free of charge from the Government of Alberta's antiviral stockpile (see attached Clinical Decision-Making Tool).

You can write prescriptions for qualifying individuals on a regular prescription pad/form and the prescription will then be filled free of charge to the patient through community pharmacies.

### **PRESCRIBING ANTIVIRALS**

**To be most effective, antiviral medication should be started as soon as possible upon onset of clinical illness, ideally within 48 hours of symptom onset.** Because efficacy is theoretically possible, some experts have recommended it could be acceptable to start antivirals later than 48 hours after symptom onset, particularly in severe and critical cases.

Antiviral medication should ideally be used according to the following guidelines (also included in the algorithm):

1. Use of antiviral medications is strongly recommended in hospitalized and/or severely ill individuals with influenza-like illness (see "Indicators of severe illness" in attached Clinical Decision-Making Tool).
2. Antiviral medications are recommended for individuals at higher risk for influenza-related complications (see "Risk Factors" in attached Clinical Decision-Making Tool).

3. **Antivirals are NOT recommended for prophylaxis against influenza because of the RISK OF RESISTANCE.** They are also usually not recommended for the treatment of mild cases. However, clinical judgment remains paramount.

Two situations have appeared to cause resistance to oseltamivir: when used for prophylaxis and in prolonged use in immunosuppressed individuals. Broad antiviral use could also lead to resistance. Resistance to Tamiflu® would significantly impair Alberta's ability to effectively treat individuals.

#### **CHOICE OF ANTIVIRAL FOR EARLY TREATMENT:**

1. **Tamiflu® (oseltamivir)** is first-line treatment, including for infants less than one (1) year of age and pregnant and breastfeeding women, including up to four (4) weeks post-partum. Dosage adjustments are required for individuals with impaired creatinine clearance.

Tamiflu® monograph can be located at:

[http://www.rochecanada.com/gear/glossary/servlet/staticfilesServlet?type=data&communityId=re753001&id=static/attachedfile/re7300002/re77300002/AttachedFile\\_09954.pdf](http://www.rochecanada.com/gear/glossary/servlet/staticfilesServlet?type=data&communityId=re753001&id=static/attachedfile/re7300002/re77300002/AttachedFile_09954.pdf)

2. **Relenza® (zanamivir)** is a second-line treatment indicated in individuals seven (7) years or older. Relenza® from the provincial antiviral stockpile will not be available in community pharmacies. There are limited quantities of Relenza® available in the provincial antiviral stockpile and Alberta Health and Wellness is reserving the majority of it to respond if resistance to Tamiflu® develops. **If Relenza® is required for treatment, please send the patient to an Alberta Health Services facility.**

Relenza® monograph can be located at:

[http://www.gsk.ca/english/docs-pdf/Relenza\\_PM\\_20080515\\_EN.pdf](http://www.gsk.ca/english/docs-pdf/Relenza_PM_20080515_EN.pdf)

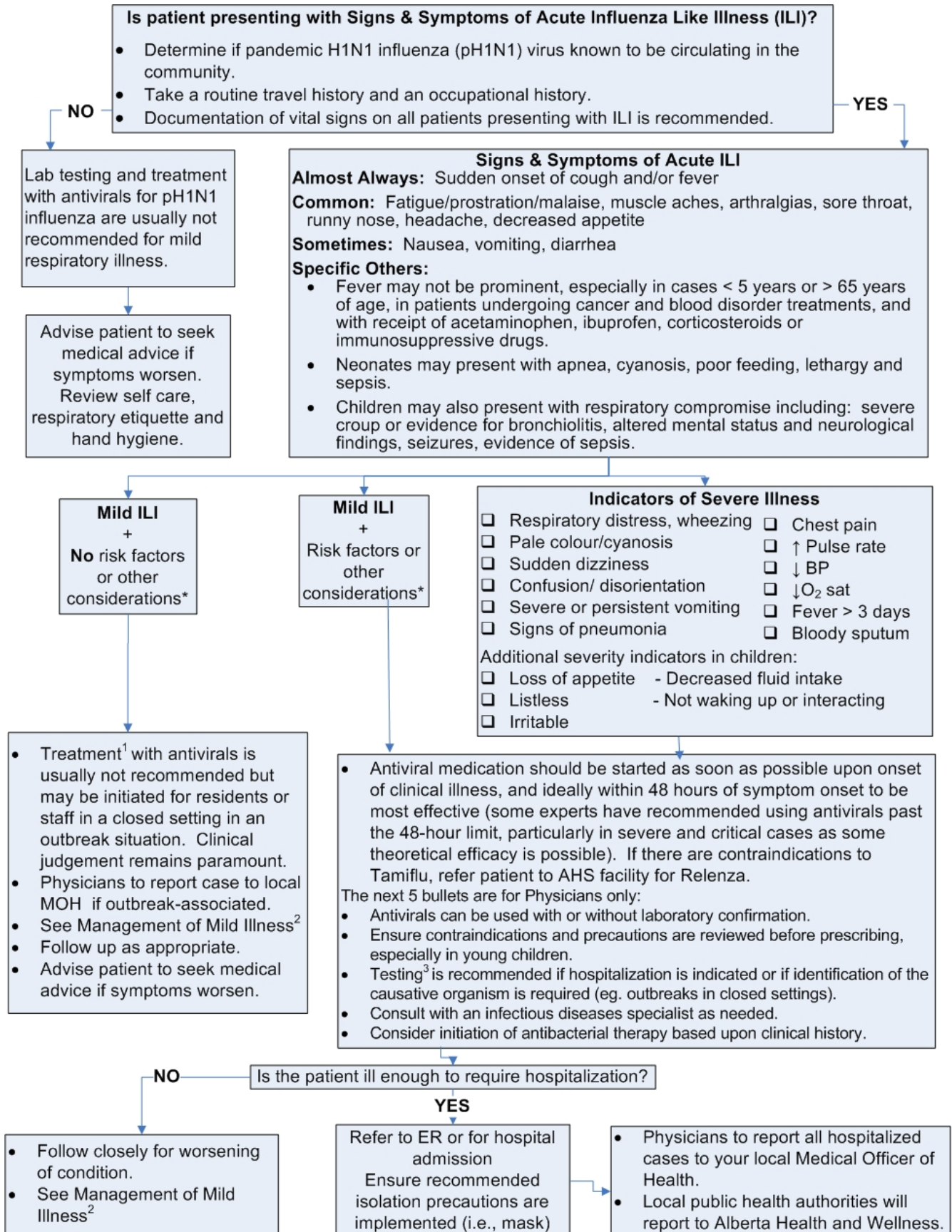
Thank you in advance for your support of this very important program.

Sincerely,



Dr. André Corriveau, MD, MBA, FRCPC  
Chief Medical Officer of Health  
Alberta Health and Wellness

**Clinical Decision-Making Tool  
Pandemic (H1N1) 2009 Influenza**



**\* RISK FACTORS** (these groups are NOT more likely to get pH1N1, however they are more at risk of developing complications if they do get sick):

- Children less than 2 years of age
- Pregnancy (especially second and third trimester, up to and including 4 weeks postpartum)
- Persons 65 years of age and older
- Adults and Children with Chronic conditions:
 

<input type="checkbox"/> Heart disease, including hypertension requiring medical follow-up	<input type="checkbox"/> Chronic respiratory diseases (i.e., asthma)
<input type="checkbox"/> Immunocompromised/immunosuppressed	<input type="checkbox"/> Severe Obesity (BMI >35)
<input type="checkbox"/> Neurological disorders that affect swallowing and breathing	<input type="checkbox"/> Hepatic disease
<input type="checkbox"/> Diabetes and other metabolic disorders	<input type="checkbox"/> Renal disease
<input type="checkbox"/> Blood disorders (especially anemia, sickle cell anemia)	

**OTHER CONSIDERATIONS:**

- Aboriginal (including First Nations, Inuit and Métis)
- Remote and Isolated communities
- Other disadvantaged populations (e.g., homeless)

## Clinical Decision-Making Tool Pandemic (H1N1) 2009 Influenza

### 1. TREATMENT WITH TAMIFLU - Prescription Information for pH1N1

Treatment	
<b>Oseltamivir (Tamiflu®)</b>	
<b>Children (less than 1 year old)</b> <i>Physicians are encouraged to consult with a pediatric ID specialist. Some contra-indications and precautions to Oseltamivir apply.</i>	Based on weight: 2 to 3 mg/kg BID x 5 days (If weight not available see below)
	Less than 3 months      12 mg twice daily x 5 days
	3 to 5 months      20 mg twice daily x 5 days
	6 to 11 months      25 mg twice daily x 5 days
<b>Children (1 to 12 years)</b>	15 kg or less      30 mg twice daily x 5 days
	16 to 23 kg      45 mg twice daily x 5 days
	24 to 40 kg      60 mg twice daily x 5 days (given as two 30 mg capsules)
	40 kg or greater      75 mg twice daily x 5 days
<b>Adolescents and adults (age 13 and above)</b>	75 mg twice daily x 5 days
<b>Pregnant and nursing women<sup>2</sup></b>	<p>Clinicians will want to strongly consider oseltamivir or zanamivir for all pregnant women who develop ILI symptoms in their second and third trimesters or within 4 weeks post-partum.</p> <p>Due the anti-infective benefits of human milk for infants and the low dosages of antiviral passed to the baby through breast milk, it is recommended that women continue to breastfeed their baby when taking antiviral medications. Both oseltamivir and zanamivir are considered to be compatible with breastfeeding.</p>
<b>Adolescents and adults (age 13 and above) with renal impairment</b>	Creatinine Clearance (CrCl) 10-30 mL/min: Reduce to 75 mg once daily x 5 days

<sup>1</sup> Public Health Agency of Canada (2009). Interim Guidance for emergency use of oseltamivir (Tamiflu®) in children under one year of age in the context of 2009 (H1N1) pandemic. Located at: <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-07-20-eng.php>

<sup>2</sup> Public Health Agency of Canada (1009). Clinical Guidance for Pregnant and Breastfeeding Women with Influenza-Like Illness in the context of the Pandemic H1N1 2009 Virus. Located at: <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-07-09-eng.php>

Additional information is available in the Alberta Health and Wellness Public Health Notifiable Disease Management Guideline: Interim Guideline Pandemic (H1N1) 2009 at: <http://www.health.alberta.ca/documents/Influenza-H1N1-Guidelines-09.pdf>

# Clinical Decision-Making Tool

## Pandemic (H1N1) 2009 Influenza

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### 2. MANAGEMENT OF MILD ILLNESS

To date, most cases of pH1N1 have been mild and therefore can be treated in the same way as other seasonal influenza.

Patient education includes the following:

- Self isolation at home until they are symptom free and well enough to resume normal activities to prevent spread of the disease
- Practice respiratory etiquette and hand hygiene. Do not share drinks, eating utensils, cigarettes, etc.
- Designate a single household caregiver and maintain a distance of 1-2 meters from others in the household if possible or recuperate in their own room.
- Persons in the household may want to wear a mask if in close contact with an ill person. If an ill person must go out in public (e.g., to seek medical care) they should wear a face mask to reduce the risk of spreading the virus in the community.
- Medications to ease fever and myalgias may be indicated.
- Encourage rest and fluids and provide instructions to return for reassessment if their condition deteriorates. Patients can be referred to Alberta HealthLink or AHW website at <http://www.health.alberta.ca> for more information.

### 3. LABORATORY TESTING – INFORMATION FOR PHYSICIANS

A laboratory sample may be required to confirm or rule out the diagnosis of pH1N1 (see algorithm or alternatively the most recent notice from the Provincial Laboratory). Collect a nasopharyngeal swab (or aspirate) for respiratory screening panel. Throat swab is an alternate to a nasopharyngeal sample. Send the sample in Universal Transport Media [UTM – available through the ProvLab] directly to the ProvLab. The sample is most useful if collected within 24-48 hours of onset of ILI symptoms.

### 4. REMOTE AND ISOLATED COMMUNITIES

**Remote community:** generally speaking, a remote community is located  $\geq 200$  km or  $\geq 3$  hours away from a community with an acute care hospital but where year-round road access is available.

**Isolated community:** generally speaking, an isolated community has no year round road access. There may be air access, and ground access may be seasonal.