

Use of antivirals in acute care and continuing care settings

Q When is the use of antivirals for health care workers appropriate?

A Antivirals are used in confirmed influenza outbreaks in residential or institutional settings where there are vulnerable patients or residents at high risk of complications from influenza. These are situations where influenza can readily spread. The antivirals are recommended for all patients or residents, regardless of their influenza immunization status. Antivirals are required for unimmunized healthcare workers in that defined outbreak setting in order to protect patients or residents and prevent the spread of influenza. In rare situations where immunized healthcare workers are not adequately protected against influenza (e.g. when there is a significant mismatch between the circulating influenza strain and the strain covered by the vaccine), antivirals may also be recommended to protect patients or residents and prevent spread of influenza.

The primary goal for healthcare workers taking antivirals is to protect vulnerable patients and residents in that outbreak setting who are at risk for complications due to influenza.

Antivirals for healthcare workers are **only** recommended in influenza outbreak situations where inpatients or residents are at an increased risk of severe influenza.

Q Should antivirals be used by front line emergency department and urgent care staff during periods of high influenza-like illness activity?

A Following a review by AHS and provincial Medical Officers of Health as well as Infection Prevention & Control leaders, the use of antiviral medications as pre-exposure prophylaxis is **not** recommended for healthcare workers and other staff in these areas. The exception would be if an influenza outbreak was declared in an inpatient area in a small acute care facility where ED staff also provides care to these inpatients.

Q Why would inpatient units that have influenza outbreaks be different than emergency departments or urgent care clinics?

A Both emergency departments and urgent care clinics are considered to have transient or temporary patient populations which are different from inpatient units. While patients in EDs and Urgent Care may present with influenza like illness (ILI) symptoms, they would not necessarily have been confirmed to have influenza. They would have come in to the ED or Urgent Care with ILI, and not have acquired it in the ED or Urgent Care.

The primary goal for healthcare workers taking antivirals is to protect vulnerable patients and residents in that outbreak setting who are at risk for complications due to influenza.

Antivirals for healthcare workers are **only** recommended in influenza outbreak situations where inpatients or residents are at an increased risk of severe influenza. In these 'closed' settings, healthcare workers and patients or residents have ongoing exposure to each other over days and weeks creating an increased opportunity for transmission of influenza.

Q If not with antiviral medications, how can staff protect themselves?

A The best way for staff to protect their patients, co-workers and themselves is to be immunized to prevent contracting influenza. Vaccine is readily available and free of charge. Check with your site Workplace Health and Safety representative for upcoming staff vaccination opportunities or visit; <http://insite.albertahealthservices.ca/2166.asp>

Immunization is also available at AHS Public Health Clinics, some physicians and most pharmacies.

<http://www.albertahealthservices.ca/influenza.asp>

Additional preventative measures that have been demonstrated to work and that should be used at all times include:

- proper hand hygiene practices - at work and outside of work
- following all personal protective equipment (PPE) recommendations when providing care to patients. For ILI this is a mask, eye protection, gown and gloves.
- Appropriate triage and isolation of suspect ILI patients
- Employ and encourage respiratory etiquette.

Using all possible appropriate preventative measures will not only protect against influenza, but also protect against all other infections that are circulating at the same time in the community. Influenza is only one of the many infections that could spread in a health care facility.

Q If I'm inadequately protected by this year's influenza immunization and frequently exposed to influenza at work, why am I not eligible to be protected by antivirals in addition to hand washing and PPE - regardless of whether my patients are at risk?

A We are concerned about side effects and, most importantly, the risk of generating antiviral resistance when widespread low-dose antiviral medication is used for prevention. It is largely for this reason that widespread prophylaxis of generally healthy people is not recommended.

Q Are antivirals safe?

A *Antivirals are a safe and effective control measure to prevent the spread of illness in an influenza outbreak setting such as an inpatient unit or congregate living setting. If an influenza outbreak is declared on an inpatient unit or at a congregate living facility, antivirals will be recommended and prescribed.*

*Antivirals are **not** recommended for use prior to exposure.*

As with all medications, some individuals taking antivirals may experience side effects. These side effects are mostly gastrointestinal such as nausea and vomiting. Neuropsychiatric side effects have also been observed.

Importantly, extensive use of low dose antivirals for prophylaxis can increase the risk of resistance developing which would threaten the effectiveness of these agents when used for the treatment of influenza.

Q Is this year's influenza vaccine effective?

A *Influenza immunization continues to be recommended as the most effective method to prevent influenza. While preliminary data suggests there may only be a partial "match" to the influenza A H3 component of this year's vaccine, it may still provide some protection against infection with this strain. As well, the vaccine offers good protection against the other strains covered by the vaccine, including influenza A H1 and B that may circulate later in the season. Influenza vaccine is recommended for all individuals six months of age and older.*

There is significant influenza activity in the community and we know that influenza strains can change within a season. All staff are strongly encouraged to be immunized each and every year to protect their patients, coworkers, families and themselves.

For more information on outbreaks and outbreak guidelines:

<http://www.albertahealthservices.ca/Diseases/hi-dis-flu-prov-hlsl.pdf>