

Date: September 2015
To: All Central Zone Physicians
From: Dr. Digby Horne, Medical Officer of Health – Central Zone

Dear Physician:

RE: ANTIVIRAL PROPHYLAXIS DURING INFLUENZA OUTBREAKS IN ACUTE CARE, LONG TERM CARE AND SUPPORTIVE LIVING SITES (E.G. LODGES, RETIREMENT RESIDENCES, DESIGNATED ASSISTED LIVING) AND RED DEER REMAND CENTRE- 2015/16 SEASON.

When an influenza outbreak is confirmed at any of these sites, the Medical Officer of Health may recommend oseltamivir antiviral prophylaxis for residents, patients, selected offenders and unimmunized staff, including physicians. To avoid delays in obtaining prescriptions/orders at the time of an outbreak, Supportive Living residents, unimmunized staff in non-AHS/non-Covenant facilities and the Red Deer Remand Centre, as well as Long Term Care pharmacists, have been directed to contact family physicians or prescribing pharmacists in advance of outbreaks to write advance-prophylaxis prescriptions/standing orders. Advance-prophylaxis prescriptions for Supportive Living residents and unimmunized staff can be faxed to the resident/staff's pharmacy to be kept on-hand and filled when an outbreak occurs. A sample form is attached for your use.

<http://www.albertahealthservices.ca/assets/info/hp/phys/cen/if-hp-phys-moh-cz-oseltamivir-prescription-fax.pdf>

Prophylaxis is continued until at least 7 days after the onset of last resident case. 10 day prescriptions/standing orders with a single, 5 day refill are usually sufficient.

At the time of suspected and confirmed influenza outbreaks, local physicians will receive notification (business days only). Prophylaxis dosages may have to be adjusted to treatment doses for persons becoming ill and additional requests may be received for prophylaxis. Antiviral prophylactic and treatment doses are provided in the attached table.

<http://www.albertahealthservices.ca/assets/info/hp/phys/cen/if-hp-phys-moh-cz-antiviral-dosing-recommendations.pdf>. Further information on use of antivirals is available at the Association of Medical Microbiology and Infectious Disease Canada <http://www.ammi.ca> (see guidelines section).

Guidelines and resources for the management of influenza outbreaks are available at <http://www.albertahealthservices.ca/czmoh.asp> (see "Outbreak Preparedness" for Acute Care, Long Term or Supportive Living and then "section III influenza-like-illness"). If you have questions regarding this process or require additional information on antiviral prophylaxis, please contact Communicable Disease Control, Central Zone at (403) 356-6420.

Thank you for your assistance in the management of influenza outbreaks.

Sincerely,

Dr. Digby Horne, MD
Medical Officer of Health
Alberta Health Services, Central Zone

Antiviral (Oseltamivir) Dosing Recommendations 2015/2016

Attachment III.1 – Antiviral (Oseltamivir) Dosing Recommendations

From TAMIFLU Product Monograph, Roche Canada, January 2015

Adults and adolescents (13 years and older)		
Creatinine clearance	Prophylaxis (10 days or duration of outbreak, whichever is longer*)	Treatment (5 days)
Over 60 mL/min	75 mg once daily	75 mg twice daily
31- 60 mL/min	30 mg once daily or 75 mg every other day	30 mg twice daily or 75 mg once daily
10-30 mL/min	30 mg every other day	30 mg once daily
Less than 10 mL/min and not on dialysis	30 mg PO suspension/capsule x 1 dose for duration of outbreak	75 mg PO x 1 dose for duration of illness
On routine hemodialysis	Initial 30 mg prior to dialysis, with 30mg after alternate hemodialysis sessions for duration of outbreak	Initial 30 mg prior to dialysis, with 30 mg after every dialysis session over 5 days
On peritoneal dialysis	Initial 30 mg, with 30 mg after every 7 days for duration of outbreak	Single 30 mg dose prior to dialysis
Continuous Renal Replacement Therapy (CRRT)	30 mg once daily	30 mg twice daily
Pediatrics (1-12 years) Normal Renal Function		
Body Weight	Prophylaxis (10 days or duration of outbreak, whichever is longer*)	Treatment (5 days)
Less than or equal to 15 kg (less than or equal to 33 lbs)	30 mg once daily	30 mg twice daily
greater than 15 kg to 23 kg (greater than 33 lbs to 51 lbs)	45 mg once daily	45 mg twice daily
greater than 23 kg to 40 kg (greater than 51 lbs to 88 lbs)	60 mg once daily	60 mg twice daily
Greater than 40 kg (greater than 88 lbs)	75 mg once daily	75 mg twice daily
<i>Commercially manufactured TAMIFLU for Oral Suspension (6 mg/mL) is the preferred product for pediatric and adult patients who have difficulty swallowing capsules or where lower doses are needed.</i>		
Reviewed by U. Chandran, S. Fryters and Dr. L. Saxinger, AHS Antimicrobial Stewardship Committee		

* If influenza outbreak duration is less than 10 days, oseltamivir prophylaxis may be discontinued. Consult with Public Health.

In the event of antiviral resistance in the outbreak influenza strain, alternate recommendations for antiviral prophylaxis will be provided by the Zone MOH.

Formula to calculate creatinine clearance:

$$\text{Male : } \frac{(140-\text{age})(88.4)}{\text{Scr}(\mu\text{mol/L})} \qquad \text{Female: } \frac{(140-\text{age})(88.4) \times (0.85)}{\text{Scr}(\mu\text{mol/L})}$$

Additional information on use of antivirals is available at <http://www.ammi.ca> (see guidelines section)

Fax: From Physician to Community Pharmacist
Re: Advance-Preparation for Influenza Outbreaks

Prophylactic Antiviral Advance-Prescriptions template for:

- Residents and unimmunized staff of Supportive Living sites (e.g. Lodges, Retirement Residences, Designated Assisted Living)
- Unimmunized staff at Red Deer Remand Centre and non-AHS, non-Covenant Long Term Care sites.

Date:	Pages: 1 (including cover)	
To: Pharmacy Name	Fax:	Phone:
From: Physician Name	Fax:	Phone:

Influenza Outbreak Prophylactic Prescription

Note to receiving pharmacist:

- This oseltamivir faxed prescription should not be filled until the time of a confirmed influenza outbreak.
- Notification of a confirmed influenza outbreak will be provided by Communicable Disease Control /Medical Officer of Health, Central Zone Alberta Health Services.
- This prescription expires one year from the date of signing
- For further information, contact Communicable Disease Control 403-356-6420

Resident/Staff Name (last, first)	Residence/Facility
DOB (dd/mo/yyyy) ____/____/____	Allergies:

<input type="checkbox"/> Oseltamivir 75 mg PO once daily x 10 days. 1 refill x 5 days. OR <input type="checkbox"/> Oseltamivir 75 mg PO every other day x 10 days (5 doses). 1 refill x 5 days (3 doses). OR <input type="checkbox"/> Oseltamivir 30 mg PO once daily x 10 days. 1 refill x 5 days OR <input type="checkbox"/> Oseltamivir 30 mg PO every other day x 10 days (5 doses). 1 refill x 5 days (3 doses). OR <input type="checkbox"/> Oseltamivir ____ mg ____ PO ____ x ____ days. 1 refill x 5 days (____ doses). OR <input type="checkbox"/> No Therapy recommended

Physician signature: _____
