

Advance Prescriptions for Outbreaks

Date: September 14, 2023

To: North Zone Physicians, Nurse Practitioners

From: Kathryn Koliaska
Lead Medical Officers of Health, North Zone

RE: **Advance Prescriptions for Antiviral Medication during Influenza Outbreaks – North Zone**

We are requesting advanced prescriptions for antiviral medication for use during an influenza outbreak for all residents living in Long Term Care (LTC) and Supportive Living settings.

Influenza viruses circulate throughout our communities every year. In anticipation of influenza outbreaks occurring in LTC and Supportive Living sites, we are requesting your assistance with preparing individuals under your care (i.e., living or working in an LTC or Supportive Living site) for the upcoming influenza season. Supportive Living sites include lodges, manors, seniors' residences, and designated supportive living facilities.

Outbreaks of influenza commonly occur in sites in which there is communal dining. All individuals should be encouraged to receive their annual influenza immunization.

➤ OSELTAMIVIR RECOMMENDATIONS DURING INFLUENZA OUTBREAKS

When an influenza outbreak is declared, the Medical Officer of Health (MOH) recommends the following:

- All residents, whether immunized or not, receive oseltamivir antiviral prophylaxis.
- Unimmunized staff (**including unimmunized physicians making site visits**) are required to take oseltamivir antiviral prophylaxis. Staff who are not immunized and are not taking the recommended antiviral prophylaxis should be excluded from working as outlined in the AHS Guide for Outbreak Prevention and Control in [non-designated supportive living](#) and in [LTC and designated supportive living](#).
- A prescription for a prophylactic dose of oseltamivir for ten (10) days with two (2) refills for five (5) days each is recommended. Antiviral prophylaxis is recommended for 7 days after onset of symptoms of the last resident case. An oseltamivir dosing chart can be found in the Roche Canada Tamiflu product monograph: [\[Product Monograph Template - Standard\] \(rochecanada.com\)](#). Additional information is provided in [Appendix A](#) of this letter.

➤ ACCESS TO OSELTAMIVIR PROPHYLAXIS - RESIDENTS

If you provide care to residents within an LTC or Supportive Living site:

- Collaborate with the site operator, site administrator or pharmacist to plan for how you will ensure that residents under your care will have timely access to oseltamivir prophylaxis if an influenza outbreak is declared.

For more information, contact
moh.north@ahs.ca | ahs.ca/nzmoh

If you provide care to Supportive Living residents outside of the site (in the community):

- Residents of Supportive Living sites where the site does not coordinate access to oseltamivir prophylaxis may be asked to contact a prescriber (a physician, nurse practitioner, or prescribing pharmacist) in order to receive an advance prescription for oseltamivir antiviral prophylaxis in preparation for the start of influenza season.
- If a resident requests an oseltamivir prophylaxis advance prescription, please fax a ten (10) day prescription with two (2) refills for five (5) days to the resident's pharmacy. Prescriptions will remain on hand until such time the MOH declares an influenza outbreak at the resident's site or for 1 year (whichever comes first).

➤ **ACCESS TO OSELTAMIVIR PROPHYLAXIS – STAFF**

- Covenant Health OHS and Alberta Health Services WHS have a process in place for staff requiring antiviral prophylaxis. Staff will be advised to contact their respective OHS/WHS department at the time of an influenza outbreak for assessment and advice.
- Non-AHS/Covenant Health staff may be directed to contact a prescriber (a physician, nurse practitioner, or prescribing pharmacist) at the time of an influenza outbreak to obtain a prescription (if indicated).

➤ **ALBERTA INFLUENZA ANTIVIRAL DRUG POLICY**

The **Alberta Influenza Antiviral Drug Policy as Applied to Vulnerable Populations Living in Congregate Living Settings** defines who is eligible for provincially funded antiviral medication during influenza outbreaks.

- This policy applies to residents of Supportive Living sites
 - Pharmacies that fill prescriptions for antiviral prophylaxis under this policy are compensated under Alberta Blue Cross as per their Pharmacy Benefit; the resident does not have to pay for these medications (antiviral prophylaxis or treatment doses).
- The following individuals are not eligible for publicly funded antiviral medication under this policy:
 - Residents of LTC facilities or nursing homes and patients in a hospital
 - Residents of LTC are covered under the Nursing Homes Act and patients admitted to hospital are covered under the Hospitals Act
 - Health care workers (HCWs) in any setting
 - Although HCWs (employees or volunteers) are not eligible for publicly funded antiviral medication under this policy, unimmunized staff should still take antiviral prophylaxis. Their employer must have a process in place in regard to coverage of cost of antiviral prophylaxis.

If you have questions, please contact NZOutbreakCDTeam@albertahealthservices.ca at 1-855-444-2324.

Thank you for your continued assistance and co-operation.

APPENDIX A - Antiviral (Oseltamivir) Dosing Recommendations

Most responsible care providers can access information on influenza antiviral treatment and prophylaxis from the following resources:

- Association of Medical Microbiology and Infectious Disease (AMMI) Canada resources on Influenza: <https://ammi.ca/en/resources/>
- TAMIFLU® Product Monograph, Roche Canada: https://www.rochecanada.com/PMs/Tamiflu/Tamiflu_PM_E.pdf
- AHS Healthcare providers can access Lexicomp through Pharmacy Services, Drug Information on AHS Insite

Dosing recommendations for treatment and prophylaxis varies with age and health (including weight and renal function).

Serum creatinine tests for residents may be required for determining antiviral dosage. Facilities are recommended to prepare for respiratory virus outbreak season each year by ordering serum creatinine and recording resident weights. A baseline temperature is recommended to also be taken and recorded. Ultimately, prescribers are responsible for determining the appropriate antiviral dose for their residents.

Early initiation of antiviral treatment is critical for treatment effectiveness. Providers are recommended to consider whether antiviral treatment can be started using the most recent creatinine clearance estimate for dosing while awaiting blood work and adjusting the timing and dose based on testing results. Most responsible care providers may consider this approach in the following situations:

- Renal function has been unstable in the past, or
- Resident oral intake/urine output has been poor in the immediate prior period, or
- Where creatinine results are older than one year

In the event of antiviral resistance in the outbreak influenza strain, the Zone MOH in combination with the Public Health Outbreak team will make recommendations on the use of antiviral prophylaxis.

For more information, contact
moh.north@ahs.ca | ahs.ca/nzmoh