

Memorandum

Date: October 29, 2024

To: Central Zone Physicians and Nurse Practitioners

Copy: Seniors Health; Zone Medical Director; Communicable Disease Control; Infection Prevention and Control; Medical Officers of Health; Workplace Health and Safety; Covenant Occupational Health and Safety

From: Dr. Digby Horne, Medical Officer of Health, Central Zone

Subject: Antiviral Medication (Oseltamivir) for Influenza Outbreaks in Continuing Care Homes (CCH) and Supportive Living Accommodation (SLA)

All residents and staff working at these sites are recommended to receive annual influenza immunization. Despite immunization, however, influenza outbreaks are anticipated; if they occur, prophylaxis and treatment with antivirals (oseltamivir) are recommended.

Oseltamivir Recommendations During Influenza Outbreaks¹

When an influenza outbreak is declared, the Medical Officer of Health (MOH) makes recommendations regarding prophylaxis:

- 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 Guides for Outbreak Prevention and Control.
- Prophylactic prescriptions for adults without renal impairment are typically 75 mg once daily for ten (10) days with two (2) refills for five (5) days each. Prophylaxis is recommended for 7 days after onset of symptoms of the last resident case.

Treatment prescriptions doses for adults without renal impairment are 75 mg **twice** daily for 5 days.

Access to Oseltamivir Prophylaxis²

Residents (before the occurrence of outbreak)

If you provide care to several residents within a CCH or SLA 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 during an influenza outbreak.

If you are approached by individual residents of CCH Type B (formerly designated supportive living) or SLA sites for oseltamivir prophylaxis advance-prescriptions, please fax a prescription to the resident's pharmacy to be kept on-hand until an MOH declares an influenza outbreak at the resident's site or for 1 year (whichever comes first).

Staff (at the time an outbreak is declared)

Covenant Health Occupation Health and Safety (OHS) and Alberta Health Services (AHS) Workplace Health and Safety (WHS) have a process in place for unimmunized staff requiring antiviral prophylaxis. Staff will be advised to contact their respective OHS or WHS department at the time of an influenza outbreak for assessment and advice.

Unimmunized non-AHS or Covenant Health staff may be directed to contact a prescriber (physician, nurse practitioner, or prescribing pharmacist) to obtain a prescription.

Questions

Communicable Disease Control Outbreak Team

phone: 1-888-522-1919; email: cd_outbreak@ahs.ca

Medical Officer of Health, on-call

phone 403-356-6430; non-urgent email: moh.central@ahs.ca

Thank you for your continued assistance and co-operation.

¹Additional Dosing Information

- Roche Canada Tamiflu® product monograph:
https://assets.roche.com/f/173850/x/2a64a4b390/tamiflu_pm_e.pdf
- Association of Medical Microbiology and Infectious Disease (AMMI) Canada website (see *Resources* section, and *Influenza* subsection): <https://ammi.ca/en/resources>.

- Lexicomp through Pharmacy Services, Drug Information, on AHS Insite (AHS health care providers)

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. Sites 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 patients.

Early initiation of antiviral prophylaxis and treatment improves effectiveness. Providers are recommended to consider whether it 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
- resident oral intake/urine output has been poor in the immediate prior period
- where creatinine results are older than one year

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

2. Payment For Antivirals Used During an Outbreak

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.

It applies to residents of SLA and CCH, Type B (formerly designated supportive living) and Type C sites (hospices).

- Pharmacies that fill prescriptions for antiviral prophylaxis under this policy are compensated under Alberta Blue Cross as per their Pharmacy Benefact; 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 CCH Type A sites (formerly long term care) and patients in a hospital
- health care workers (HCWs) in any setting
 - Although HCWs (employees or volunteers) are not eligible for publicly funded antiviral medication under this policy, their employer must have a process in place regarding the coverage of cost for antiviral prophylaxis.