

August 10, 2018

Communicable Disease Update: Advance Prescriptions of Antiviral Prophylaxis, Edmonton Zone

Dear Colleagues:

Provision of Antiviral Prophylaxis Prescriptions during Influenza Outbreaks for:

- **All Residents of Lodges/Congregate/Supportive Living Sites (Advance Prescriptions)**
- **Unimmunized Staff of Lodges/Congregate/Supportive Living Sites and Long Term Care Sites**

Influenza viruses circulate throughout our communities every year. In anticipation of influenza outbreaks occurring in our congregate living sites, we are requesting your assistance with preparing individuals under your care that are living or working in congregate living sites for the upcoming influenza season. Congregate living sites include lodges, manors, seniors' residences, and designated assisted living/supportive living facilities.

All individuals should be encouraged to receive their annual influenza immunization. However, even with good immunization rates, outbreaks of influenza commonly occur in congregate living sites in which communal dining is the norm.

OSELTAMIVIR RECOMMENDATIONS DURING INFLUENZA OUTBREAKS

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

- All residents, whether immunized or not, are to receive antiviral prophylaxis with oseltamivir.
- Unimmunized staff (**including unimmunized physicians making site visits**) are also required to take oseltamivir prophylaxis or they may be excluded from work at the site until the outbreak is declared over.
- Antiviral prophylaxis is continued for 7 days after the last resident case, usually a minimum of 10 days. An oseltamivir dosing chart, excerpted from the provincial outbreak guidelines is found in **Appendix A** of this letter.

RESIDENT OSELTAMIVIR PROPHYLAXIS ACCESS

To facilitate prompt implementation of antiviral prophylaxis:

- Residents of all congregate living sites are asked to contact their physicians for oseltamivir antiviral prophylaxis advance prescriptions PRIOR to the influenza season.**
- Please fax a 10-day prescription with a single refill to the resident's pharmacy. Prescriptions will remain on hand until use during an outbreak (by MOH recommendation), or 1 year, whichever is first.*

STAFF OSELTAMIVIR PROPHYLAXIS ACCESS

- Unimmunized Alberta Health Services (AHS) staff will be directed to contact AHS Workplace Health and Safety at the time of an influenza outbreak for antiviral prophylaxis guidance.*
- Unimmunized non-AHS staff will be directed to contact their own physician at the time of an influenza outbreak to obtain a prescription.**

ALBERTA ANTIVIRAL DRUG POLICY UPDATE

- In 2018, Alberta Health (Ministry of Health) revised the Alberta Influenza Antiviral Drug Policy as Applied to Vulnerable Populations Living in Congregate Living Settings (CLS). The revised policy defines criteria for individuals that are eligible for provincially-funded antivirals during influenza outbreaks.
- **This policy applies to residents of CLS only.**
 - Pharmacies that fill prescriptions for antivirals under this policy are compensated under Alberta Blue Cross as per their Pharmacy Benefact; the resident does not have to pay for these medications (prophylaxis or treatment doses).

- **This policy does not apply to:**
 - Health care workers (employees or volunteers) in CLS; they are not eligible for publicly-funded antivirals.
 - Residents of long term care (LTC) facilities or nursing homes (as per the Nursing Homes Act) and patients in a hospital (as per the Hospitals Act); they are **not** eligible for publicly-funded antivirals under this policy.
 - Health care workers (employees or volunteers) at LTC facilities or nursing homes; they are **not** eligible for publicly-funded antivirals.
 - **NOTE:** although the above individuals are not eligible for publicly-funded antiviral prophylaxis, unimmunized staff (**including unimmunized physicians making site visits**) are still required to take oseltamivir prophylaxis or they may be excluded from work at the site until the outbreak is declared over. These individuals may be able to cover the cost of antiviral prophylaxis through their medication coverage plan or cover the cost themselves.

Appendix B includes a list of important resources related to the management of influenza outbreaks in congregate living sites, Public Health immunization clinic information (locations, dates and times), and information about current respiratory viruses circulating in Alberta.

If you have questions, please contact the Edmonton Zone MOH at 780-342-0194, Monday to Friday 0800-1630h. After hours, on weekends and holidays please contact the MOH on-call at 780-433-3940.

Thank you for your continued assistance and co-operation.

Christopher Sikora, MD MPH MSc CCFP FRCP(C)
Lead Medical Officer of Health - Edmonton Zone

APPENDIX A – Antiviral (Oseltamivir) Dosing Recommendations

From TAMIFLU Product Monograph, Roche Canada, Feb. 2017 and Lexicomp online accessed April 30, 2018

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 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	30 mg immediately, then 30 mg after alternate hemodialysis sessions for duration of outbreak	30 mg immediately, then 30 mg after every dialysis session over 5 days
On peritoneal dialysis	30 mg immediately, then 30 mg once weekly for duration of outbreak	30 mg immediately as a single dose (single dose provides a 5-day duration)
Continuous Renal Replacement Therapy (CRRT, high flux)	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.		
** If supply of 30 mg preparations is not available or accessible.		
+ Serum creatinine tests for residents/patients should be adequate if done within the past year, provided there has not been a sudden change in kidney function or change in weight. Facilities should prepare for respiratory virus outbreak season each year by ordering serum creatinine and recording resident weights. A baseline temperature should also be taken and recorded. Ultimately, prescribers are responsible for determining the appropriate antiviral dose for their patients. Early initiation of antiviral treatment is critical for treatment effectiveness. In situations where renal function has been unstable in the past, or patient/resident oral intake/urine output has been poor in the immediate prior period, or where creatinine results are older than one year prior, antiviral treatment can be started using the most recent creatinine clearance estimate for dosing, with blood work sent off within 24 hours, and the result used to adjust the timing and amount of subsequent doses.		
<i>In the event of antiviral resistance in the outbreak influenza strain, alternate recommendations for antiviral prophylaxis will be provided by the Zone MOH.</i>		

APPENDIX B: Resource List

Information about many important health issues can be found on the Edmonton Zone Medical Officer of Health website at <http://www.albertahealthservices.ca/medstaff/ezmoh.aspx>

Additional information about the management of influenza outbreaks in Lodge/Congregate/Supportive Living, as well as Acute Care and Long Term Care (Facility Living) sites, can be found in the CDC Outbreak Toolkit, available at <http://www.albertahealthservices.ca/medstaff/Page13790.aspx>.

Information about the current respiratory viruses circulating in Alberta is available on the AHS Surveillance website at <http://www.albertahealthservices.ca/services/Page13524.aspx>.

For Public Health immunization clinic locations, dates and times, see:
<http://www.albertahealthservices.ca/influenza.asp>

For more information about the Association of Medical Microbiology and Infectious Disease (AMMI) Canada antiviral guidelines and to also view "*The use of antiviral drugs for influenza: A foundation document for practitioners*" please visit the AMMI website:
<https://www.ammi.ca/?ID=122&Language=ENG>