

December 21, 2009

To: All Alberta Physicians

RE: UPDATE TO THE INFLUENZA ANTIVIRAL PRESCRIBING GUIDELINES FOR PANDEMIC (H1N1) 2009 AND AVAILABILITY THROUGH COMMUNITY PHARMACIES

Dear Colleague:

The Government of Alberta's antiviral stockpile will continue to be available until further notice for Alberta residents with clinical influenza-like illness who meet the conditions listed in this document.

The second wave of pandemic H1N1 2009 (pH1N1) influenza has now subsided in Alberta. However, it is expected that pH1N1 will continue to circulate at lower levels, while the incidence of other respiratory viruses will increase. Alberta also continues to implement the pH1N1 immunization campaign and an increased number of individuals are immunized and the protective efficacy of the vaccine has been shown to be high.

The community Clinical Decision-Making Tool has been updated (attached) with a reminder that adherence to the prescribing guidelines remains the prudent course of action. Strict adherence will reduce the risk of antiviral resistance developing, the likelihood of unnecessary treatment of individuals and potential wastage. Only individuals at high risk of complications or those with severe disease that present with ILI should be treated with antivirals. Individuals and staff involved with an outbreak in a closed setting may also be eligible.

Seasonal influenza strains can also be expected to begin circulating in the population over the next few months. Although Alberta's stockpile was not intended to offer treatment for seasonal influenza strains, treating these individuals may nonetheless provide benefit to patients at high risk of complications.

A third wave of pH1N1 may occur in early 2010. Through its main website (<http://www.health.alberta.ca>), under the tab "For Health Professionals", Alberta Health and Wellness will communicate any changes to the epidemiology of the pH1N1, including the beginning of the third wave, to allow appropriate clinical decisions to be made.

You can continue to write prescriptions for qualifying individuals on a regular prescription pad/form and the prescription will then be filled free of charge to the patient through community pharmacies.

PRESCRIBING ANTIVIRALS

To be most effective, antiviral medication should be started as soon as possible upon onset of clinical illness, ideally within 48 hours of symptom onset. Because efficacy is theoretically possible, some experts have recommended it could be acceptable to start antivirals later than 48 hours after symptom onset, particularly in severe and critical cases.

Antiviral medication should ideally be used according to the following guidelines (also included in the algorithm):

1. Use of antiviral medication is strongly recommended in hospitalized and/or severely ill individuals with influenza-like illness (see “Indicators of severe illness” in the attached Clinical Decision-Making Tool). Laboratory testing in these cases may be used to inform treatment.
2. Antiviral medication is also recommended when individuals are at high risk for influenza-related complications (see “Risk Factors” in the attached Clinical Decision-Making Tool).
3. **Outside of outbreaks in closed settings****, antivirals are **NOT recommended for prophylaxis against influenza because of the RISK OF RESISTANCE**. They are also usually not recommended for the treatment of mild cases. However, clinical judgment remains paramount.

***These should be reported to local MOH or designate*

Two situations appear to significantly increase the risk of resistance to oseltamivir: when used for post-exposure prophylaxis, and in prolonged use in immunosuppressed individuals. Should resistance to antivirals become widespread, there would be significant negative impact on the ability to treat patients.

4. Immunization status (pH1N1 or seasonal vaccine) should not influence decision to prescribe antivirals.

CHOICE OF ANTIVIRAL FOR EARLY TREATMENT:

1. **Tamiflu® (oseltamivir)** is first-line treatment, including for infants less than one (1) year of age and pregnant and breastfeeding women, including up to four (4) weeks post-partum. Dosage adjustments are required for individuals with impaired creatinine clearance.

Tamiflu® monograph can be located at:

www.rochecanada.com/gear/glossary/servlet/staticfilesServlet?type=data&communityId=re753001&id=static/attachedfile/re7300002/re77300002/AttachedFile_09954.pdf

2. **Relenza® (zanamivir)** is a second-line treatment indicated in individuals seven (7) years or older. Relenza® from the provincial antiviral stockpile will not be available in community pharmacies. There are limited quantities of Relenza® available in the provincial antiviral stockpile and Alberta Health and Wellness is reserving the majority of it to respond if resistance to Tamiflu® develops. **If Relenza® is required for treatment, please send the patient to an Alberta Health Services facility.** Relenza® monograph can be located at:

www.gsk.ca/english/docs-pdf/Relenza_PM_20080515_EN.pdf

Thank you in advance for your continuing support of this very important program.

Yours sincerely,

André Corriveau, MD, MBA, FRCPC
Chief Medical Officer of Health

Attachment

cc: Dr Gerry Predy, Senior Medical Officer of Health, Alberta Health Services