Complete one form per outbreak (EI) number and submit at month-end. **Retain one copy for Pharmacy records.**

Pharmacy Provider email to ISFL Long Term Care Pharmacist at: [cc.drugmanagement@albertahealthservices.ca](mailto:cc.drugmanagement@albertahealthservices.ca) **OR** Pharmacist/Physician

**fax to: (403) 943-0232**

Refer to [Influenza Antiviral Agents](http://www.albertahealthservices.ca/assets/info/hp/ltc/if-hp-ltc-pharm-influenza-agents.pdf)  for supporting information and dosing.

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| --- | --- | --- | --- |
| Care Centre *(and affected units)* | Date of Outbreak *(yyyy-Mon-dd)* | | Outbreak (EI) Number |
| **Oseltamivir funding is provided when used per the current recommendations for outbreak management:**  **Early Treatment x 5 days *(given within 48 hours of symptom onset)***   * 1. Symptomatic residents who are positive for influenza A or B, **OR**   2. Empiric treatment for residents who have ILI symptoms *and* there is laboratory-confirmed evidence of locally circulating influenza A or B   Number of Residents given TREATMENT DOSES:  **Prophylaxis x 10 days or for duration of outbreak *(at direction of MOH’s Office)***   * 1. All exposed, asymptomatic residents, regardless of their influenza immunization status, for 10 days, or the durations of the outbreak, whichever is longer. If the outbreak is less than 10 days, antiviral prophylaxis may be discontinued in consultation with Zone MOH.   Number of Residents given PROPHYLAXIS DOSES:  **For residents receiving oseltamivir prophylaxis who appear to develop ILI, the dosage should be increased to the appropriate treatment dose for 5 days** | | | |
| Additional Information Relating to Request | | | |
| Physician/Pharmacist Name | | Initial Drug Provision Date *(yyyy-Mon-dd)* | |