

October 12, 2021

## **Advance Prescriptions for Antiviral Medication during Influenza Outbreaks – Edmonton Zone**

Dear Colleagues,

### **Provision of antiviral medication during influenza outbreaks for:**

- **All residents living in Long Term Care and congregate living settings**
- **Unimmunized Staff working in Long Term Care (LTC) and Congregate Living settings**

Influenza viruses circulate throughout our communities every year. In anticipation of influenza outbreaks occurring in LTC and congregate living sites, we are requesting your assistance with preparing individuals under your care (i.e. living or working in a LTC or congregate living sites) for the upcoming influenza season. Congregate living sites include lodges, manors, seniors' residences, and designated 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 there is communal dining.

### **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 Guidelines for Outbreak Prevention, Control and Management.
- Antiviral prophylaxis is continued for 7 days after onset of symptoms of the last resident case, usually a minimum of 10 days. An oseltamivir dosing chart can be found in the Roche Canada Tamiflu product monograph: [\[Product Monograph Template - Standard\] \(rochecanada.com\)](http://rochecanada.com)

### **ACCESS TO OSELTAMIVIR PROPHYLAXIS - RESIDENTS**

To facilitate prompt implementation of antiviral prophylaxis:

- Residents of all congregate living sites are asked to contact their physicians in order to receive an advance prescription for oseltamivir antiviral prophylaxis in preparation for the start of influenza season.**
- Please fax a 10-day prescription with a single refill 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 will be directed to contact their own physician 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. Information regarding billing can be found in the Pharmacy Benefact.

If you have questions, please contact the Edmonton Zone Medical Officer of Health (MOH) at 780-433-3940, 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.

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Lead Medical Officer of Health – Edmonton Zone  
Alberta Health Services

## APPENDIX A

### Antiviral (Oseltamivir) Dosing Recommendations

From TAMIFLU® Product Monograph, Roche Canada (revised February 2020) and Lexicomp online (accessed September 21, 2020).

<b>Adults and adolescents (13 years and older)</b>		
<b>Creatinine clearance +</b>	<b>Prophylaxis</b> (10 days or duration of outbreak, whichever is longer*)	<b>Treatment (5 days)</b>
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 <b>or</b> 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 Ψ	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) Ψ	30 mg once daily	30 mg twice daily
<b>Pediatrics (1-12 years) Normal Renal Function</b>		
<b>Body Weight</b>	<b>Prophylaxis</b> (10 days or duration of outbreak, whichever is longer *)	<b>Treatment (5 days)</b>
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 and S. Fryters, 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.		
Ψ Note: these dosages are not found in the Roche Canada product monograph		
¥ Reference: Lexicomp August 2012		
+ 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.		
<b><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></b>		