

October 2022

Advance Prescriptions for Antiviral Medication during Influenza Outbreaks – North Zone

Dear Colleagues,

Provision of antiviral medication during influenza outbreaks for:

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

Influenza viruses circulate throughout our communities every year. In anticipation of influenza outbreaks occurring in LTC and Supportive Living sites, we are requesting your assistance with preparing individuals under your care (i.e. living or working in an LTC or Supportive Living site) for the upcoming influenza season. Supportive 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 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 Guide for Outbreak Prevention and Control [Notifiable Disease & Outbreak Management | Alberta Health Services](#)
- A prescription for a prophylactic dose of oseltamivir for ten (10) days with two (2) refills for five (5) days each is recommended. Antiviral prophylaxis is recommended for 7 days after onset of symptoms of the last resident case. An oseltamivir dosing chart can be found in the Roche Canada Tamiflu product monograph: [\[Product Monograph Template - Standard\] \(rochecanada.com\)](#). An oseltamivir dosing chart, excerpted from the AHS Guide for Outbreak Prevention and Control, is attached as Appendix A of this letter.

ACCESS TO OSELTAMIVIR PROPHYLAXIS - RESIDENTS

If you provide care to residents within an LTC or Supportive Living site:

- Collaborate with the site operator or site administrator to make a plan for how you will ensure that residents under your care will have timely access to oseltamivir prophylaxis if an influenza outbreak is declared.

If you provide care to Supportive Living residents outside of the site (in the community):

- Residents of Supportive Living sites where the site does not coordinate access to oseltamivir prophylaxis may be asked to contact a prescriber (a physician, nurse practitioner, or prescribing pharmacist) in order to receive an advance prescription for oseltamivir antiviral prophylaxis in preparation for the start of influenza season.
- If a resident requests an oseltamivir prophylaxis advance prescription, please fax a ten (10) day prescription with two (2) refills for five (5) days 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 may be directed to contact a prescriber (a physician, nurse practitioner, or prescribing pharmacist) 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.

- This policy applies to residents of Supportive Living sites
 - 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 LTC facilities or nursing homes and patients in a hospital
 - Residents of LTC are covered under the Nursing Homes Act and patients admitted to hospital are covered under the Hospitals Act
 - Health care workers (HCWs) in any setting
 - Although HCWs (employees or volunteers) are not eligible for publicly funded antiviral medication under this policy, unimmunized staff should still take antiviral prophylaxis. Their employer must have a process in place in regards to coverage of cost of antiviral prophylaxis.

If you have questions, please contact Communicable Disease Control, North Zone at 1-888-522-1919 or email NZOutbreakCDTeam@albertahealthservices.ca daily between 0800-1630h

Thank you for your continued assistance and co-operation. This letter and relevant outbreak documents will be posted on [MOH - North Zone | Alberta Health Services](#) for your reference.

Sincerely,

Original Signed

Dr. Kathryn Koliaska
Lead Medical Officer of Health, North Zone

Original Signed

Dr. Jack Pang
Medical Officer of Health, North Zone

APPENDIX A Antiviral (Oseltamivir) Dosing Recommendations

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

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 or 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
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 and S. Fryters, AHS Antimicrobial Stewardship Committee in 2020		
* 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.		
<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>		