



British Columbia's H1N1 Pandemic Response Plan (2009)

Community Physician Office Antiviral Treatment Guidelines

September 25, 2009

1. COMMUNITY PHYSICIAN OFFICE ANTIVIRAL TREATMENT GUIDELINES

H1N1 Influenza - September 25, 2009

These guidelines are based on the best available information at this time for treatment in the community. Recommendations may change as the situation evolves.

Given the experience in the southern hemisphere, most people with the novel H1N1 influenza will have only mild illness. Nearly all children are infected with a number of different viruses during winter and this virus is another with similar signs and symptoms. Diagnosis will be based largely on history and clinical presentation and presence of H1N1 in the community. In most people, it will not be possible to distinguish H1N1 infection from seasonal influenza. However, management will be similar in most cases, in particular for people with mild to moderate disease.

Most cases will be able to self manage at home and should be encouraged to do so by being provided with appropriate health advice. Cough and sneeze etiquette and hand hygiene are paramount. However, the H1N1 virus can cause serious illness including severe pneumonitis in patients and require hospitalization. The risk is higher in persons with underlying chronic illness or pregnancy, but severe illness can also occur in healthy young persons.

1.1 Antiviral Treatment Guidelines for H1N1 Flu Virus

If influenza is strongly suspected based on clinical presentation, and the presence of H1N1 in the community, antiviral use should be considered for the following patients:

- All patients (including children) with moderate to severe clinical influenza-like illness regardless of whether they are admitted to hospital;
- Mild illness in those who may be at higher risk for complications, including:
 - Pregnant women
 - Adults and children with chronic health conditions including cardiac or pulmonary disorders (including bronchopulmonary dysplasia, COPD, cystic fibrosis and asthma), diabetes mellitus, other metabolic diseases, cancer, immunodeficiency or immunosuppression, renal disease, anemia or hemoglobinopathies and conditions that compromise the management of respiratory secretions and are associated with an increased risk of aspiration.

Note:

- Antivirals are NOT recommended for pre or post - exposure prophylaxis except in specified outbreak situations as directed by the Medical Health Officer.
- For greatest benefit treatment should begin within 48 hours of symptom onset. Where indicated, treatment should start immediately, rather than waiting for the results of testing if this has been done. If appropriate, treatment should be reviewed once laboratory tests are available.

1.2 Prescription Information

The suggested antiviral treatment for H1N1 is Oseltamivir. Zanamavir is also effective but is being held in reserve for cases of resistance and for those unable to take oral medication or with contraindications to Oseltamivir. Oseltamivir is available through community pharmacies and is covered as a benefit under PharmaCare until the end of September. After October 1st the provincial stockpile will be distributed to community pharmacies and be available at no charge to patients. The dispensing fee will also be covered by PharmaCare. A physician prescription is required.

Drug and Available Dosage Forms	Patient Population	Treatment Dosing	
Oseltamivir (Tamiflu®) <i>Dosage forms: 75 mg capsule, 12 mg/mL commercially-available oral suspension, 15 mg/mL extemporaneously-compounded oral suspension</i>	Adults and adolescents ≥ 13 years	75 mg twice daily for 5 days	
	Children, ≥ 12 months	> 40 kg	75 mg twice daily for 5 days
		> 23 to 40 kg	60 mg twice daily for 5 days
		> 15 to 23 kg	45 mg twice daily for 5 days
		≤ 15 kg	30 mg twice daily for 5 days
	Children, 6 to < 12 months	25 mg twice daily for 5 days	
	Children, 3 to < 6 months	20 mg twice daily for 5 days	
Children, 0 to < 3 months of age	12 mg twice daily for 5 days		

Paediatric patients are asked to use the 30mg and 45mg capsules wherever possible. Oseltamivir capsules can be opened and mixed with sweetened liquids (e.g., chocolate syrup) immediately prior to administration. Alternatively, pharmacists can extemporaneously compound an oral suspension from the oseltamivir capsules using the Ora Sweet SF compounding vehicle (available for order through wholesalers).

1.3 Recommended Dosage Adjustments for Adult Patients with Renal Impairment

While it is not necessary to routinely measure creatinine prior to prescribing oseltamivir, dose adjustments should be made for patients with known pre-existing renal impairment.

	Oseltamivir (Tamiflu®) Treatment Dosing
Creatinine clearance of 10-30 mL/min	75 mg once daily for 5 days
Renal dialysis	<i>High flux hemodialysis:</i> 75 mg once daily for 2 days (give after hemodialysis on hemodialysis days) <i>Continuous ambulatory peritoneal dialysis:</i> 75 mg once daily for 2 days