

September 18, 2009

Dear Pharmacist:

**RE: Update on Pandemic (H1N1) 2009 Influenza in British Columbia**

Pandemic (H1N1) 2009 influenza continues to circulate in British Columbia at low levels and to cause illness at higher than expected rates for influenza this time of year. Although the majority of cases have been mild, some people have developed severe illness requiring hospitalization and ventilatory support. Most with severe illness had underlying medical conditions. Of those less than 55 years of age who were hospitalized, over half had underlying risk conditions and most had delayed provision of antiviral medications.

Pandemic (H1N1) 2009 influenza virus remains sensitive to the neuraminidase inhibitors – oseltamivir (Tamiflu®) and zanamivir (Relenza®). This virus is resistant to amantadine. Five (5) day courses of oseltamivir and zanamivir were approved as benefits under the PharmaCare program, effective May 2, 2009.

Please note that as of October 1, 2009, the BC Centre for Disease Control plans to make the provincial stockpile of pandemic antiviral medications (oseltamivir only) available to all community and hospital pharmacies, through wholesalers. Zanamivir will be released for exceptional cases where oseltamivir is not an option (e.g., for oseltamivir-resistant patients, those who have an intolerance to oseltamivir, or those unable to take oral medications).

An upcoming PharmaCare Newsletter will confirm the date of release of the provincial pandemic supply and provide details regarding distribution of the supply through wholesalers, reordering instructions, PharmaNet entry requirements and other logistical issues.

This year due to an expected increase in pandemic (H1N1) 2009 activity, pharmacies should be prepared to provide antiviral medications to patients earlier than the usual influenza season. Pharmacists are also encouraged to collaborate with other health care professionals to identify high risk patients and provide information about the signs and symptoms of influenza, infection control measures, and management of influenza.

...2

In order to preserve treatment effectiveness, the risk of development of resistance should continue to be minimized through optimal drug use. The following priority indications for use should be considered for all patients with suspected or confirmed pandemic (H1N1) 2009 influenza:

- 1) **Early treatment (optimally within 48 hours of symptom onset) for any patient who is moderately to severely ill with influenza-like illness (ILI) or with rapidly evolving ILI;**
- 2) **Early treatment (optimally within 48 hours of symptom onset) for any high-risk patient who has ILI, regardless of severity of ILI.**

Travel to former areas where pandemic (H1N1) 2009 influenza was circulating (e.g., Mexico) is no longer required for treatment consideration. A laboratory-confirmed positive result is also not necessary and awaiting confirmation may render treatment of much less value.

Antiviral medications are not recommended for pre-exposure prophylaxis, and only for post-exposure prophylaxis in limited situations such as outbreaks in closed facilities (in accordance with the established protocol of the relevant health authority).

Early treatment for people with risk factors can be important, as these individuals may develop severe disease. People at **high risk** of severe pandemic (H1N1) 2009 influenza-related complications or who are more likely to require hospitalization include the following:

- Adults (including pregnant women) and children with the following chronic health conditions:
  - cardiac or pulmonary disorders (including bronchopulmonary dysplasia, chronic obstructive pulmonary disease, cystic fibrosis and asthma);
  - diabetes mellitus and other metabolic diseases;
  - cancer, immunodeficiency, immunosuppression (due to underlying disease and/or therapy);
  - renal disease;
  - anemia or hemoglobinopathy;
- Healthy children under 2 years of age;
- Healthy pregnant women.

Frequently-asked questions about dosing recommendations (adult and pediatric), use of antivirals in pregnant women, and general antiviral drug information (e.g., on compounding) will be forthcoming. These clinical guidance documents will be made available through the H1N1 Flu Virus Information website at [www.gov.bc.ca/h1n1](http://www.gov.bc.ca/h1n1). The section of the website for health professionals will have a 'subscribe' feature so that you can be advised by e-mail of new postings.

We appreciate your efforts in helping to prepare for the onset of the pandemic (H1N1) 2009 influenza virus and are committed to informing you of new H1N1-related information as it becomes available.

Thank you for your time and attention to this matter.

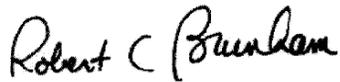
Sincerely,



Bob Nakagawa, B.Sc. (Pharm.), ACPR, FCSHP  
Assistant Deputy Minister  
Pharmaceutical Services  
Ministry of Health Services



P.R.W. Kendall  
OBC, MBBS, MHSc, FRCPC  
Provincial Health Officer  
Ministry of Healthy Living and Sport



Robert C. Brunham, MD, FRCPC  
Provincial Executive Director and Scientific Director  
BC Centre for Disease Control