

2021-2022

Dear Health Care Provider,

_____ is a Long-Term Care, Retirement Home and/or Acute Care employee who has chosen not to be immunized against influenza this year.

The employee works at a facility in which an influenza outbreak has been declared. In accordance with the facility's exclusion policy, the employee is not allowed to return to work until the outbreak is declared over by the Medical Officer of Health or designate unless he/she is taking antiviral prophylaxis for influenza.

Please provide a prescription for the recommended medication for influenza prophylaxis:

- **Oseltamivir:** In Canada, oseltamivir is an oral neuraminidase inhibitor that is approved for both treatment and prevention of influenza in individuals 1 year of age and older. In Ontario, oseltamivir is publicly funded for prevention and treatment of institutionalized residents/patients during an outbreak of influenza A or B. For unvaccinated staff working in an institution during an influenza outbreak, oseltamivir is not publicly funded.
- **Zanamivir:** Zanamivir is an inhaled neuraminidase inhibitor that is approved for both treatment and prevention of influenza in those 7 years of age and older. For unvaccinated staff working in an institution during an influenza outbreak, zanamivir is not publicly funded.

Thank you for your support.

Sincerely,



Alexander Summers, MD, MPH, CCFP, FRCPC
Associate Medical Officer of Health

Use of Oseltamivir (Tamiflu®) and Zanamivir (Relenza®) for Prevention of Influenza A & B

Special Considerations

Pregnancy and lactation

Pregnant women are at a higher risk for developing complications due to influenza. In the absence of contraindications, oseltamivir can be considered for prophylaxis if indicated. This recommendation is based on expert opinion as the evidence on the safety of oseltamivir during pregnancy is limited.

Administration of oseltamivir to nursing women may be considered where the potential benefit to the lactating woman justifies the potential risk to the nursing infant. Limited data has demonstrated that oseltamivir and the active metabolite were detected in breast milk; however, the levels were low and would result in a sub-therapeutic dose to the infant.

Contraindications

Oseltamivir

- Oseltamivir is contraindicated in persons with known hypersensitivity to oseltamivir or any components of the product. It contains sorbitol and is therefore unsuitable for people with hereditary fructose insufficiency. Other ingredients include: gelatin, titanium dioxide, FD&C Blue No. 2, corn starch, croscarmellose sodium, iron oxides, povidone K, sodium stearyl fumarate and talc.

Zanamivir

- Zanamivir is not recommended for treatment or prophylaxis of influenza in individuals with underlying airway disease (such as asthma or chronic obstructive pulmonary disease) due to the risk of serious bronchospasm.
- Zanamivir is contraindicated in persons with known hypersensitivity to zanamivir or the inhalation of the powder's components including lactose (which contains milk protein).

Side Effects

Oseltamivir

- Side effects consist of nausea and vomiting which are decreased if the drug is taken with food.
- Other possible side effects include diarrhea, headache and abdominal pain, allergic reactions to the medication and liver toxicity.

Zanamivir

- Side effects consist of bronchospasm, particularly in those with chronic obstructive pulmonary disease or asthma. Rarely, allergic-like reactions, including facial and oropharyngeal edema, bronchospasm, laryngospasm, urticaria, serious skin rashes and anaphylaxis have been reported

Please see the Compendium of Pharmaceuticals and Specialties (CPS) or product monograph for more details.

Dosing

Oseltamivir

- The recommended dose of oseltamivir for preventing influenza A or B is **75 mg daily for a minimum of 14 days**.
- It is not necessary to measure creatinine values prior to initiating oseltamivir if the person is not known to have renal problems.
- People with known renal disease should take oseltamivir as follows:

Renal Status	Dosage for Prevention
Known creatinine clearance of >30- 60 mL/min	30 mg once daily for 14 days
Known renal disease and creatinine clearance of 10 -30 mL/min	30 mg every other day for a period of 14 days
Known to be on hemodialysis or peritoneal dialysis or have a creatinine clearance < 10 ml/min	Consult with a specialist regarding appropriate dosing and refer to Tamiflu ® product monograph

Zanamivir

- The recommended dose for zanamivir for preventing influenza A or B is **10 mg (2 inhalations, each inhalation contains 5 mg) daily for a minimum of 14 days**.

For more information on oseltamivir or zanamivir, please refer to the CPS, product monographs, or the AMMI Canada Guidelines <http://www.ammi.ca/guidelines>.

References:

Aoki, F. Y., Allen, U. D., Stiver, H. G., & Evans, G. A. (2013). The use of antiviral drugs for influenza: A foundation document for practitioners, Autumn 2013. Downloaded from <http://www.ammi.ca/guidelines.2019>

GlaxoSmithKline Inc. (July 20, 2018). Product Monograph PrRELENZA. Available online at: <http://ca.gsk.com/media/535135/relenza.pdf>

Roche Canada. (February 27, 2017). Product Monograph Tamiflu®. Available online at: http://www.rochecanada.com/content/dam/roche_canada/en_CA/documents/Research/ClinicalTrialsForms/Products/ConsumerInformation/MonographsandPublicAdvisories/Tamiflu/Tamiflu_PM_E.pdf

Ministry of Health and Long-Term Care. (2018). Control of respiratory infection outbreaks in long-term care homes.

Zhao L, Young K, Gemmill I on behalf of the National Advisory Committee on Immunization (NACI). Summary of the NACI Seasonal Influenza Vaccine Statement for 2019–2020. Can Commun Dis Rep 2019;45(6):149–55.