February 6, 2006

MESSAGE FROM THE UNDER SECRETARY FOR HEALTH
VA Influenza Advisory #4
2005-2006

Seasonal Influenza

1. **VA will follow CDC recommendation against the use of Amantadine and Rimantadine this season**
2. **Continue the VA Influenza Vaccination Program this season**
3. **Use public health measures to prevent and control seasonal influenza Revised/renamed fact sheet: Prevention and Treatment of Seasonal Influenza A and B Using Oseltamivir)**

1. VA will follow CDC recommendation against the use of Amantadine and Rimantadine this season.

VA is revising its guidance related to antiviral drugs based on new information disseminated by the Centers for Disease Control and Prevention (CDC) in a CDC Health Alert (http://www.cdc.gov/flu/han011406.htm) distributed on January 14, 2006. The alert stated that the use of amantadine and rimantadine for treatment and prevention of influenza in the United States during the 2005-2006 influenza season is no longer recommended. Laboratory testing by CDC on the predominant strain of influenza (H3N2) currently circulating in the United States shows that it is resistant to these drugs.

This CDC recommendation comes from the results of testing 120 influenza A (H3N2) isolates from patients in 23 states throughout the 2005-2006 influenza season, of which 91percent had an amino acid change at a position that confers resistance to amantadine and rimantadine (two drugs of the class adamantanes). This represents a sharp increase in the rate of adamantane resistance from previous years. The viruses that have been screened at the CDC all demonstrate susceptibility to neuraminidase inhibitors such as oseltamivir. CDC will continue to test influenza isolates for resistance to antivirals throughout the 2005-2006 influenza season and will update recommendations as needed.

In addition, a recent report (*Bright RA et al. Incidence of adamantane resistance among influenza A (H3N2) viruses isolated worldwide from 1994 to 2005: A cause for concern.* **Lancet** *2005 Oct 1; 366:1175-81*) highlighted the increasing rates of adamantane-resistant influenza viruses from 1.9 percent in the 2003-04 season to 14.5 percent during the first 6 months of the 2004-2005 season.

Because of this new CDC recommendation, VA is eliminating amantadine and rimantadine from its guidance and has revised its drug selection guidelines for the prevention and treatment of 2005-2006 seasonal influenza as follows:

Prevention of Seasonal Influenza A and B

- Oseltamivir for prevention (chemoprophylaxis). This would include patients or staff exposed in institutional outbreaks, or to exposed persons at high risk of complications.
- Oseltamivir is recommended for use within the first 48 hours of onset of influenza symptoms.

Treatment of Seasonal Influenza A or B

- Oseltamivir can be considered for treatment of seasonal influenza A and B as supplies allow. This should be reserved for people who are at highest risk of serious complications from influenza (people who already have serious cases of influenza or who are within the first 2 days of influenza onset and have chronic medical conditions that put them at serious risk of influenza complications).

Oseltamivir has recently been added to the VA national formulary. Criteria for use of oseltamivir within the VA have been established and are available on the Pharmacy Benefits Management Strategic Health Care Group (PBM) Web site in the document called "Criteria for Use of Antiviral Agents for Influenza," VA Intranet http://vaww.pbm.va.gov/pbm/criteria.htm and Internet http://www.pbm.va.gov/PBM/criteria.htm, Oseltamivir is in short supply around the world, but the manufacturer is attempting to make supplies available for local or regional seasonal influenza outbreaks. If a facility cannot obtain a supply of oseltamivir from its usual distribution system, contact Sue Lenz, RPh or Joe Canzolino, RPh at the PBM by calling 708-786-7886, or send an e-mail to Sue.Lenz2@va.gov.

(Note: The drug zanamivir (Relenza®) is FDA-approved for treatment of influenza A and B, but supply in the United States is very limited. PBM is unable to purchase any and does not anticipate a change in availability this season. It is therefore not included here.)

2. Continue the VA Influenza Vaccination Program this season.

Individuals who have not yet been vaccinated against seasonal influenza can still be vaccinated. Vaccine supplies are still widely available and facilities are strongly encouraged to offer remaining vaccine broadly throughout VA. Influenza activity continues to increase across the country. Therefore, vaccination should continue to be offered and promoted to staff and patients who do not have contraindications for influenza vaccine and who wish to be vaccinated. Vaccination remains the most effective way to prevent seasonal influenza illness in individuals and to control outbreaks.

As a reminder, the goals for VA's seasonal influenza vaccination program for 2005-2006 are:

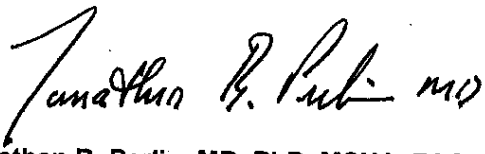
- Increasing the rate of influenza vaccination of health care workers and all personnel at VA health care sites
- Maintaining or increasing our excellent rate of influenza vaccination of veteran patients
- Providing vaccination against pneumococcal illness where indicated
- Promoting non-vaccine methods of preventing infection, particularly through hand and respiratory hygiene
- Involving all staff and providers in promoting influenza vaccination

VHA Occupational Health will be asking for data on employee vaccination around March 1, 2006. Vaccination of patients should continue to be documented in the computerized patient record system (CPRS).

3. Use public health measures to prevent and control seasonal influenza.

Public health measures can lessen or delay the transmission of seasonal influenza. Facilities should continue to remind staff, patients, and visitors about these measures, such as hand and respiratory hygiene. Posters supporting these messages are part of the VA's "Infection: Don't Pass It On" campaign and are located on the Internet at
http://www.publichealth.va.gov/flu/flu-posters_details.html and
http://www.publichealth.va.gov/InfectionDontPassItOn/index_hand_resp.htm

Thank you for your efforts to prevent transmission of seasonal influenza and for taking seriously the threat that influenza poses to our veterans, our employees, and the VA medical system.



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Under Secretary for Health

Questions may be directed to:

- **Clinical issues:** Lawrence Deyton, MSPH, MD, or Victoria Davey, RN, MPH — Office of Public Health and Environmental Hazards or Gary Roselle, MD, or Linda Danko, RN, MSN — Infectious Disease Program Office, Office of Patient Care Services
- **Policy issues:** Odette Levesque, RN — Office of the Deputy Under Secretary for Health Operations & Management or Lawrence Deyton, MSPH, MD, or Victoria Davey, RN, MPH — Office of Public Health and Environmental Hazards
- **Vaccine Supply Issues:** Virginia Torrise, PharmD or Joe Canzolino, RPh — Pharmacy Benefits Management Strategic Health Care Group, Office of Patient Care Services
- **Occupational Health Issues:** Michael Hodgson, MD, MPH, Pamela Hirsch, NP, or Steve Sloane — Occupational Health Program, Office of Public Health and Environmental Hazards
- **Public Affairs:** Everett Chasen, Chief Communications Officer, VHA, or Connie Raab — Office of Public Health and Environmental Hazards

Web sites

- VA Directive: *Influenza Vaccine Recommendations for 2005-2006* is posted on the VHA Documents Home Page http://www1.va.gov/vhapublications/
- VA Influenza Vaccine Advisories, the 2005-2006 VA Flu Toolkit manual, and other information on flu are posted at http://www.publichealth.va.gov/flu/
- VHA Information Letter 10-2005-016 on the VA Oseltamivir Stockpile is posted on the VHA Documents Home Page http://www1.va.gov/vhapublications/publications.cfm?Pub=3
- Flu-related posters and other handwashing and respiratory hygiene materials are posted at http://www.publichealth.va.gov/InfectionDontPassItOn/
- CDC influenza information is posted at http://www.cdc.gov/flu/

In addition, the following Web sites are recommended for pandemic influenza information:

- Federal - http://www.pandemicflu.gov
- CDC - http://www.cdc.gov/flu/pandemic/
- World Health Organization - http://www.who.int/csr/en/
- VA - http://www.publichealth.va.gov/flu/pandemicflu.htm

Attachment - Prevention and Treatment of Seasonal Influenza A and B Using Oseltamivir, renamed and revised, January 2006.

Prevention and Treatment of Seasonal Influenza A and B Using Oseltamivir

People at *High Risk* for Serious Influenza Illness

- ✓ 65 years or older
- ✓ Reside in nursing home
- ✓ Have long-term health problems. Examples:
  - Heart disease
  - Lung disease, including asthma
  - Metabolic disease, like diabetes mellitus
  - Blood diseases (e.g. hemoglobinopathies like sickle cell, thalassemia)
  - End-stage renal disease
  - Diseases causing compromised respiratory
  - function
- ✓ Have weakened immune system. Examples:
  - Cancer or cancer treatment
  - HIV/AIDS
  - Steroid therapy
- ✓ Pregnant (or plan to be pregnant during the influenza season—through spring 2006)

When to use drugs to *treat* influenza

- ✓ The highest priority for treatment should be for patients with potentially life-threatening influenza-related illness OR patients at high risk for influenza complications (see box above) AND
  →Within the first 48 hours of illness onset←
- ✓ A lower priority for treatment would be for patients likely to be infected with influenza BUT not at high risk for influenza complications

Note: Pregnant women should consult their primary health care providers.

When to use drugs to *prevent* influenza when there is seasonal influenza activity in the community

- ✓ Unvaccinated staff and patients
  - In a hospital or nursing home outbreak
    OR
  - At high risk for influenza complications
- ✓ Vaccinated patients
  - Immunosuppressed AND not expected to respond well to the vaccine OR
  - Got the vaccine recently BUT are waiting the 2 weeks for it to give protection

During an outbreak in a long-term care facility, drugs to prevent influenza should be administered to all residents regardless of prior vaccinations, and should continue for a minimum of 2 weeks, or duration of outbreak.

Health care workers

- ✓ May be prescribed antivirals for prevention in the event of an institutional outbreak of influenza—consult with occupational health

Which drugs for *prevention* during an outbreak of seasonal flu in an institutional setting

Seasonal influenza A and B

- ✓ Oseltamivir (Tamiflu®) - Recommended dose for prophylaxis is 75 mg orally once a day for duration of outbreak, as supplies allow.

Which drugs for *treatment* of seasonal flu A or B

- ✓ Oseltamivir 75 mg twice a day for 5 days; note: may cause nausea, vomiting.
  - Reduce dose to 75 mg once daily for creatinine clearance 10-30 mL/min.

The Centers for Disease Control and Prevention (CDC) is the authoritative source for this document; see http://www.cdc.gov/flu/professionals/treatment/.)

See also "Criteria for Use of Antiviral Agents for Influenza," Jan. 2006, http://www.pbm.va.gov/PBM/criteria.htm,

(Note: The drug zanamivir (Relenza®) is approved by the Food and Drug Administration for treatment of influenza A and B, but supply in the US is very limited. VA is unable to purchase any centrally and does not anticipate a change in availability this season. It is therefore not included here.)

Changes from earlier: VA had previously described the use of amantadine and rimantadine for prevention. VA is eliminating them here because of a CDC Health Alert recommending against their use due to the development of resistance to these drugs by a circulating flu virus strain.

http://www.publichealth.va.gov/flu/

Revised/renamed January 2006