



SERVICE AND MEDICATION UPDATE

February 8, 2024

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Emerging and Re-Emerging Infections Network

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NS Health Influenza Treatment Team and Oseltamivir for Seasonal Influenza Treatment

The Emerging and Re-Emerging Infections Network, recognizing the need to optimize early treatment for influenza in high-risk Nova Scotians, have mobilized an **Influenza Treatment Team** as a pilot project focused on increasing access to influenza assessment and early treatment with oseltamivir. Building on the success of a virtual collaborative team model for COVID treatment, the **Influenza Treatment Team contacts ambulatory patients (1 year of age or older) testing influenza positive on PCR who do not have a primary care provider or patients tested in a NS Health Emergency Department for early influenza assessment and oseltamivir treatment.** For more information email: InfluenzaTreatment@nshealth.ca. Patients tested in the IWK Emergency Department will continue to receive care from the IWK.

In addition, all health care providers should consider prescribing oseltamivir according to the updated guidance on the use of the oseltamivir for seasonal influenza. For all individuals presenting with acute respiratory illness, it is recommended to:

1. Ensure appropriate screening for COVID, via either rapid or PCR testing and
2. Prescribe oseltamivir as early as possible for patients who test negative for COVID+ and:
 - have suspected* or test-confirmed severe, complicated, or progressive influenza OR
 - are hospitalized with suspected or test-confirmed influenza OR
 - have suspected or test-confirmed influenza AND are high risk, outlined in Table A (see next page)

+For severe illness, oseltamivir may be prescribed in advance of the return of a negative COVID test.

**For suspected influenza cases awaiting influenza test result, discontinue oseltamivir if the result is negative.*

Note: Oseltamivir should be initiated **as soon as possible** after symptom onset, ideally within 48 hours **and is recommended beyond 48 hours if the patient meets the above criteria.** Oseltamivir is safe to use in individuals who are pregnant and for individuals with impaired renal function. In addition, to support increased access for people at high risk, Nova Scotia Pharmacare coverage for oseltamivir has been expanded as described in the [Nova Scotia Pharmacare Bulletin](#).

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During the acute respiratory virus season, PCR tests (including self-booked COVID PCR tests through a Community Testing Center) will also be tested for influenza. Primary care providers will receive the influenza test result and should prescribe oseltamivir as appropriate although they may not have ordered the test.

For more information on influenza management, refer to:

- NS Health Firstline: [Seasonal Influenza for Adults](#)
- NS Health Antimicrobial Handbook chapter: [Seasonal Influenza](#)
- NS Health order set: [Confirmed or Suspected Viral Respiratory Pathogens – Hospital Inpatient - ADULT](#)
- IWK Health Firstline: [Influenza](#) (pediatrics)
- IWK Health Firstline: [Influenza in Pregnancy](#)
- [Nova Scotia Pharmacare Bulletin: Oseltamivir Coverage](#)

Table A. Risk factors for complications of influenza illness¹

- Asthma and other chronic pulmonary disease, including bronchopulmonary dysplasia, cystic fibrosis, chronic bronchitis, and emphysema
- Cardiovascular disease (excluding isolated hypertension), including congenital and acquired heart disease, such as congestive heart failure and symptomatic coronary artery disease
- Renal disease
- Chronic liver disease
- Diabetes mellitus and other metabolic diseases
- Anemia and hemoglobinopathies, such as sickle cell disease
- Cancer, immunosuppression, or immunodeficiency due to disease (e.g.: HIV infection, especially if CD4 is <200) or management of underlying condition (solid organ transplant or hematopoietic stem cell transplant recipients)
- Neurological disease and neurodevelopmental disorders that compromise handling of respiratory secretions (cognitive dysfunction; spinal cord injury; neuromuscular, neurovascular, neurodegenerative and seizure disorders; cerebral palsy; metabolic disorders)
- Children aged younger than 5 years**
- Individuals aged 65 years or older
- People of any age who are residents of nursing homes or other chronic care facilities
- Pregnancy and up to 4 weeks postpartum regardless of how the pregnancy ended‡
- Obesity with a BMI ≥40 or a BMI >3 z-scores above the mean for age and gender
- Children and adolescents aged younger than 18 years undergoing treatment for long periods with acetylsalicylic acid because of the potential increase in Reye’s syndrome associated with influenza
- Indigenous peoples

‡The risk of influenza-related hospitalization increases with length of gestation (i.e., it is higher in the third trimester than in the second)

**Among healthy children aged younger than 5 years, the risk of hospitalization is further increased among those aged younger than 2 years

1. Aoki FY, et al. Use of antiviral drugs for seasonal influenza: Foundation document for practitioners—Update 2019. Journal of the Association of Medical Microbiology and Infectious Disease Canada. 2019;4(2):60–82.