

ATTACHMENT M  
PRIORITY ANTIVIRAL DISTRIBUTION

## **PRIORITY ANTIVIRAL DISTRIBUTION**

### **ANTIVIRAL AGENTS**

Amantidine, rimantidine, oseltamivir and zanamivir can be used to treat influenza. If given within two days of onset of symptoms, they can reduce the duration of uncomplicated influenza illness by 1-2 days, potentially reducing the spread of disease in the community. However, these drugs have NOT been shown to prevent complications of influenza, or to reduce mortality rates. Treatment should be of as short duration as possible, typically 3-5 days in order to prevent the development of drug resistant influenza viruses.

Although the antiviral medications amantidine, rimantidine and oseltamivir have been approved for influenza prophylaxis, and zanamivir is probably also effective as a prophylactic agent (but has not been FDA approved for this use), the supply of these drugs is severely limited. To be maximally effective for prophylaxis, the drugs must be taken each day for the duration of influenza activity in the community (which could be many months during a pandemic).

Due to their costs, limited availability and side effects, prophylactic use is primarily limited to outbreak control in closed institutions such as nursing homes and dormitories because of the need to provide prophylaxis to the entire community at the same time. If this is not done, the influenza viruses circulating in the community will develop resistance to these antiviral drugs (particularly amantidine and rimantidine), rendering the drugs useless in the future.

If these drugs are being used both for treatment and prevention of influenza, it is necessary to keep the two types of patients separated, to reduce the development of drug resistant viruses.

If antiviral drugs are used for prophylaxis early in a pandemic, the entire supply will be quickly exhausted and drug resistant viruses are likely to develop and spread within the community.

#### **Recommendations for prophylaxis and use of antivirals**

1. Treatment of persons hospitalized for influenza
2. Treatment of ill health care and emergency services workers
3. Treatment of ill high-risk persons in the community
4. Prophylaxis of health care workers
5. Control outbreaks in high-risk residents of institutions (nursing homes and other long-term care facilities)
6. Prophylaxis of essential service workers
7. Prophylaxis of high-risk persons hospitalized for illnesses other than influenza
8. Prophylaxis of high-risk persons in the community

Hospitals should include regional planning for the mobilization and identification of a cache of antiviral pharmaceuticals in support of their critical infrastructure.

**PRIORITIZATION FOR USE AND  
PROCEDURE TO ACCESS ANTIVIRALS**

**Procedure for institutions/providers requesting antiviral therapy during influenza outbreaks prior to activating the SNS**

1. Ensure a confirmed case of influenza exists at the institution via BOL and CDC.
2. Exhaust all other methods of obtaining a supply of antivirals from local pharmacies, distribution centers, hospitals, etc. in the geographic area.
3. Restrict all visitors to the institution upon notification of a confirmed case of influenza.
4. Ask infection control staff to submit a roster of employees who have been vaccinated with either TIV or LAIV.
5. Consult with BOE, Infectious Diseases on a case-by-case basis to determine the duration of the antiviral chemoprophylaxis or treatment needed.
6. Confirm with Secretary of Health the need to activate the SNS if a large quantity of antivirals is requested. The State or Territory Health Department should call the CDC to make a request for antiviral medications. A logistics plan is being drafted and will be available to all state and territorial health departments in the near future.
7. Allocate antivirals according to CDC guidelines under the supervision of the SNS Coordinator and BCHS.
8. Maintain and forward list and quantity delivered to each institution for reimbursement procedures to the Budget Office.