



ALBERTA
HEALTH AND WELLNESS

Office of the Minister

M.O. # 83 /2009

WHEREAS the World Health Organization has declared a stage 6 pandemic due to the human-to-human transmission of the pandemic H1N1 influenza virus;

WHEREAS the Chief Medical Officer of Health has advised that the presence of the pandemic H1N1 influenza virus in Alberta poses a significant risk of becoming a public health emergency within the meaning of that term in the *Public Health Act*;

WHEREAS the Government of Alberta has established a plan for managing pandemic H1N1 influenza that includes the use of anti-viral medications as a mitigation strategy to provide for the early treatment of individuals presenting with symptoms of influenza-like illness (ILI symptoms) who may be ill with pandemic H1N1 influenza, or who are at high risk if they become ill with the influenza,

WHEREAS Alberta Health Services is establishing AHS Influenza Assessment Centres (IAC) to assess persons who present with ILI symptoms to determine if they should be prescribed oseltamivir (Tamiflu®) for the purposes of alleviating the severity or burden of pandemic H1N1 influenza in Alberta;

WHEREAS Alberta Health Services is requesting that the role of registered nurses in the IACs be broadened regarding their authority to prescribe oseltamivir (Tamiflu®) to enable Albertans to have prompt access to anti-viral medications when they need it to alleviate the effect of the pandemic H1N1 influenza virus;

WHEREAS consultations have been undertaken with the College and Association of Registered Nurses of Alberta about the need to broaden the scope of practice of registered nurses for the purposes of the IACs and the management of pandemic H1N1 influenza;

THEREFORE, I, RON LIEPERT, Minister of Health and Wellness, pursuant to section 3.1 of Schedule 7.1 of the *Government Organization Act*, authorize the persons identified in the Schedule appended to this Order to perform the following restricted activity, on the terms and conditions set out in the appended Schedule and the appended Attachments A and B:

- To prescribe oseltamivir (Tamiflu®) when working in AHS-established Influenza Assessment Centres.

This Order expires on January 31, 2010, unless renewed by a further Ministerial Order.

DATED at Edmonton, Alberta this 29 day of October, 2009.



Ron Liepert, Minister of Health and Wellness

SCHEDULE TO M.O. 83/2009

Persons Specially Authorized to Prescribe Oseltamivir (Tamiflu®)

This Ministerial Order applies to:

- All regulated members of the College and Association of Registered Nurses of Alberta (CARNA) who are registered on the Registered Nurse register, are in good standing with the CARNA, and who have a minimum of two years of relevant clinical experience that includes assessment of children and/or adults with influenza like illness or other respiratory illness (the Authorized Person).

Terms and Conditions applicable to Performance of the Restricted Activity Authorized in this Ministerial Order

An Authorized Person may only exercise the restricted activity of prescribing oseltamivir (Tamiflu®) to a patient who attends at an AHS-established Influenza Assessment Centre (IAC):

- in accordance with the requirements of Attachment "A" and the Clinical Decision-Making Tool for Pandemic (H1N1) 2009 Influenza set out in Attachment "B";
- provided at all times that a physician or a nurse practitioner is on-site at the IAC and readily available for consultation with the patient and the Authorized Person;
- provided at all times that a pharmacist is available, either on or off-site, for consultation with the Authorized Person; and
- the Authorized Person has personally examined the patient prior to prescribing oseltamivir (Tamiflu®).

The CARNA will retain oversight of the activities of the Authorized Persons within the scope of the *Health Professions Act*, the Registered Nurses Profession Regulation AR 232/2005 and this Ministerial Order.

ATTACHMENT "A" TO M.O. 83/2009

PRESCRIBING ANTIVIRALS

To be most effective, antiviral medication should be started as soon as possible upon onset of clinical illness, ideally within 48 hours of symptom onset. Because efficacy is theoretically possible, some experts have recommended that it could be acceptable to start antivirals later than 48 hours after symptom onset, particularly in severe and critical cases.

Antiviral medication should ideally be used according to the following guidelines:

1. Use of antiviral medications is strongly recommended in hospitalized and/or severely ill individuals with influenza-like illness (see "Indicators of severe illness" in attached Clinical Decision-Making Tool in Attachment "B").
2. Antiviral medications are recommended for individuals at higher risk for influenza-related complications (see "Risk Factors" in attached Clinical Decision-Making Tool in Attachment "B").
3. **Antivirals are NOT recommended for prophylaxis against influenza because of the RISK OF RESISTANCE.** They are also usually not recommended for the treatment of mild cases. However, clinical judgment remains paramount.

Two situations have appeared to cause resistance to oseltamivir (Tamiflu®): when used for prophylaxis and in prolonged use in immunosuppressed individuals. Broad antiviral use could also lead to resistance. Resistance to oseltamivir (Tamiflu®) would significantly impair Alberta's ability to effectively treat individuals.

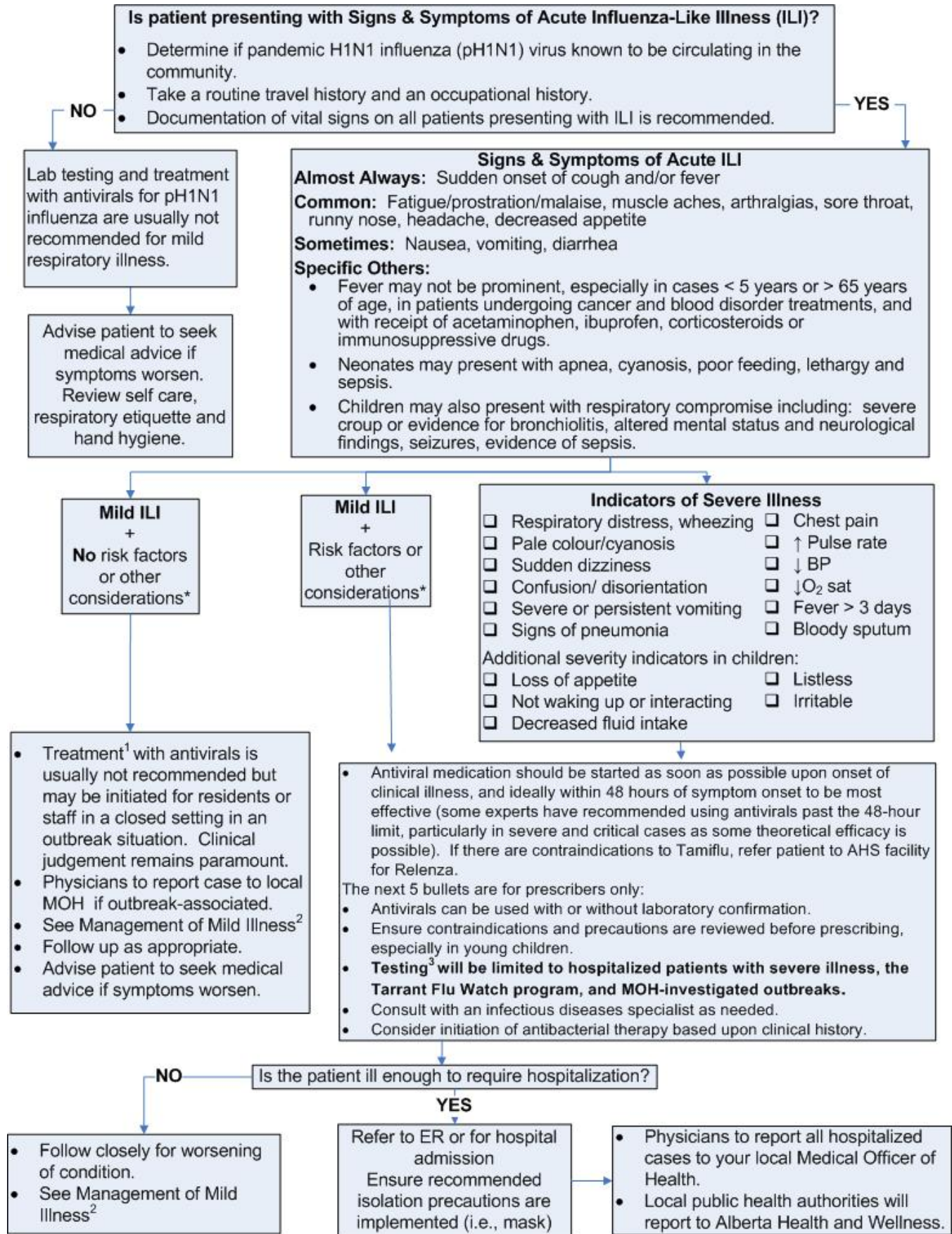
CHOICE OF ANTIVIRAL FOR EARLY TREATMENT

1. **Tamiflu® (oseltamivir)** is a first-line treatment, including for infants less than one (1) year of age and pregnant and breastfeeding women, including up to four (4) weeks post-partum. Dosage adjustments are required for individuals with impaired creatinine clearance.

A Tamiflu® monograph can be located at:

<http://www.rochecanada.com>

**Clinical Decision-Making Tool
Pandemic (H1N1) 2009 Influenza**



*** RISK FACTORS** (these groups are NOT more likely to get pH1N1, however they are more at risk of developing complications if they do get sick):

- Children less than 2 years of age
- Pregnancy (especially second and third trimester, up to and including 4 weeks postpartum)
- Persons 65 years of age and older
- Adults and Children with Chronic conditions:

<input type="checkbox"/> Heart disease, including hypertension requiring medical follow-up	<input type="checkbox"/> Chronic respiratory diseases (i.e., asthma)
<input type="checkbox"/> Immunocompromised/immunosuppressed	<input type="checkbox"/> Severe Obesity (BMI >35)
<input type="checkbox"/> Neurological disorders that affect swallowing and breathing	<input type="checkbox"/> Hepatic disease
<input type="checkbox"/> Diabetes and other metabolic disorders	<input type="checkbox"/> Renal disease
<input type="checkbox"/> Blood disorders (especially anemia, sickle cell anemia)	

OTHER CONSIDERATIONS:

- Aboriginal (including First Nations, Inuit and Métis)
- Remote and Isolated communities
- Other disadvantaged populations (e.g., homeless)

Clinical Decision-Making Tool Pandemic (H1N1) 2009 Influenza

1. TREATMENT WITH TAMIFLU - Prescription Information for pH1N1

Treatment	
Oseltamivir (Tamiflu®)	
Children (less than 1 year old) <i>Physicians are encouraged to consult with a pediatric ID specialist. Some contra-indications and precautions to Oseltamivir apply.</i>	Based on weight: 2 to 3 mg/kg BID x 5 days (If weight not available see below)
	Less than 3 months 12 mg twice daily x 5 days
	3 to 5 months 20 mg twice daily x 5 days
	6 to 11 months 25 mg twice daily x 5 days
Children (1 to 12 years)	15 kg or less 30 mg twice daily x 5 days
	16 to 23 kg 45 mg twice daily x 5 days
	24 to 40 kg 60 mg twice daily x 5 days (given as two 30 mg capsules)
	40 kg or greater 75 mg twice daily x 5 days
Adolescents and adults (age 13 and above)	75 mg twice daily x 5 days
Pregnant and nursing women²	Clinicians will want to strongly consider oseltamivir or zanamivir for all pregnant women who develop ILI symptoms in their second and third trimesters or within 4 weeks post-partum. Due the anti-infective benefits of human milk for infants and the low dosages of antiviral passed to the baby through breast milk, it is recommended that women continue to breastfeed their baby when taking antiviral medications. Both oseltamivir and zanamivir are considered to be compatible with breastfeeding.
Adolescents and adults (age 13 and above) with renal impairment	Creatinine Clearance (CrCl) 10-30 mL/min: Reduce to 75 mg once daily x 5 days

¹ Public Health Agency of Canada (2009). Interim Guidance for emergency use of oseltamivir (Tamiflu®) in children under one year of age in the context of 2009 (H1N1) pandemic. Located at: <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-07-20-eng.php>

² Public Health Agency of Canada (1009). Clinical Guidance for Pregnant and Breastfeeding Women with Influenza-Like Illness in the context of the Pandemic H1N1 2009 Virus. Located at: <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-07-09-eng.php>

Report serious adverse events to antivirals as soon as possible online at www.healthcanada.gc.ca/medeffect or by calling 1 866-234-2345

Additional information is available in the Alberta Health and Wellness Public Health Notifiable Disease Management Guideline: Interim Guideline Pandemic (H1N1) 2009 at: <http://www.health.alberta.ca/documents/Influenza-H1N1-Guidelines-09.pdf>

Clinical Decision-Making Tool

Pandemic (H1N1) 2009 Influenza

2. MANAGEMENT OF MILD ILLNESS

To date, most cases of pH1N1 have been mild and therefore can be treated in the same way as other seasonal influenza.

Patient education includes the following:

- **Self isolation**
 - Those who work/interact with populations at high risk for influenza-related complications (e.g. pregnant women, children under the age of two years, long-term care facilities), should stay at home for 7 days after illness onset or until symptoms resolve and they are feeling well enough to fully participate in normal day-to-day activities, **whichever is longer**.
 - Those who work/interact with populations at low risk for influenza-related complications should stay home until they are symptom-free and well enough to resume normal activities.
 - The exclusion period remains unchanged regardless of whether or not antiviral medications are used.
- Practice respiratory etiquette and hand hygiene. Do not share drinks, eating utensils, cigarettes, etc.
- Designate a single household caregiver and maintain a distance of 2 meters from others in the household if possible or recuperate in their own room.
- Persons in the household may want to wear a mask if in close contact with an ill person. If an ill person must go out in public (e.g., to seek medical care) they should wear a face mask to reduce the risk of spreading the virus in the community.
- Over-the-counter medications to ease fever and myalgias may be indicated.
- Encourage rest and fluids and provide instructions to return for reassessment if their condition deteriorates. Patients can be referred to Alberta HealthLink or AHW website at <http://www.health.alberta.ca> for more information.

3. LABORATORY TESTING – INFORMATION FOR PHYSICIANS

Laboratory testing for pH1N1 will be limited to hospitalized patients with severe illness, the Tarrant Flu Watch program, and MOH-investigated outbreaks.

Testing information for hospitals, long term care facility outbreaks and the TARRANT sentinel physician network

Collect a nasopharyngeal swab (or aspirate) for respiratory screening panel. Throat swab is an alternate to a nasopharyngeal sample. Send the sample in Universal Transport Media [UTM – available through the ProvLab] directly to the ProvLab. The sample is most useful if collected within 24-48 hours of onset of ILI symptoms.

The laboratory requisition for influenza and respiratory virus testing is available online at: http://www.provlab.ab.ca/LabBulletin2009/Requisition_Influenza_2009.pdf

4. REMOTE AND ISOLATED COMMUNITIES

Remote community: generally speaking, a remote community is located ≥ 200 km or ≥ 3 hours away from a community with an acute care hospital but where year-round road access is available.

Isolated community: generally speaking, an isolated community has no year round road access. There may be air access, and ground access may be seasonal.

Clinical Decision-Making Tool Pandemic (H1N1) 2009 Influenza

5. SUMMARY OF CHANGES MADE TO THIS DOCUMENT SO FAR

DATE	DESCRIPTION
NOVEMBER 5, 2009	<ul style="list-style-type: none"> • Significant change: Under Laboratory Testing. Laboratory testing for pH1N1 will be limited to hospitalized patients with severe illness, the Tarrant Flu Watch program, and MOH-investigated outbreaks. • Minor change: Under Treatment with Tamiflu. Reporting information for serious adverse events related to antivirals added. • Minor changes: Under Management of Mild Illness. <ul style="list-style-type: none"> • Update to self isolation period for those who work/interact with populations at high risk for influenza-related complications i.e. self-isolation for 7 days after illness onset or until symptoms resolve and they are feeling well enough to fully participate in normal day-to-day activities, whichever is longer. • Update to bullet three. Changed 1-2 meters to 2 metres for the distance to maintain between individuals in the household.
OCTOBER 26, 2009	<ul style="list-style-type: none"> • Significant change: the recommendation to test a patient when antivirals are prescribed was removed. In the same bullet, an example (outbreaks in closed settings) was added. • Significant change: treatment of children less than 2 years of age is the most current recommendation (changed from less than 5 years of age) • Significant change: We added 2 notes to remind prescribers of contra-indications and precautions related to use of antivirals (one in the algorithm, one in the table). • Minor change: Signs and Symptoms of Acute ILI, under common: malaise and arthralgias were added, to be more consistent with national guidelines. • Minor change: Bloody sputum was added to the list of Indicators of Severe Illness • Minor change: Under Risk Factors, a few wording changes were made and a few examples were added.