

RGH Pharmacy E-Bulletin

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A joint initiative of the Patient Services Section and the Drug and Therapeutics Information Service of the Pharmacy Department, Repatriation General Hospital, Daw Park, South Australia. The RGH Pharmacy E-Bulletin is distributed in electronic format on a weekly basis, and aims to present concise, factual information on issues of current interest in therapeutics, drug safety and cost-effective use of medications.

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Neuramidase inhibitors and H1 N1 influenza 09

Current health guidelines suggest the use of neuraminidase inhibitors for the treatment and control of the H1N1 Influenza A 09 (human swine flu) pandemic. Relevant state health departments are monitoring this public health issue, and advice and protocols for containment and treatment are evolving over time.

At time of writing Victoria is in a modified sustain phase where patients are eligible for neuraminidase inhibitor therapy if they meet the agreed clinical case definition of H1N1 influenza. In contrast South Australia is in the contain phase and patients are eligible to receive antiviral medication once they have tested positive for H1N1 influenza.

The infectious period is assumed to be from 24 hours before onset of symptoms until 7 days after onset of symptoms, or until resolution of fever. Antiviral therapy should be commenced as soon as possible after the onset of symptoms and ideally not more than 48 hours after symptom onset (unless in the case of clinically severe disease). The H1N1 09 virus is susceptible to oseltamivir (Tamiflu[®]) and zanamivir (Relenza[®]) but is resistant to amantadine.

Oseltamivir

Treatment

- Adults, adolescents >13 yrs and children weighing >40 kg: 75mg twice daily for 5 days
- Paediatric patients (use 12 mg/mL suspension)
 - Under 12 months: limited information in this age group, but if benefit is deemed to outweigh risk may dose at 2 mg/kg twice daily for 5 days.
 - ≤ 15 kg: 30 mg twice daily for 5 days
 - >15–23 kg: 45 mg twice daily for 5 days
 - >23–40 kg: 60 mg twice daily for 5 days

Prophylaxis

- Doses as above except once daily for 10 days. Use in children ≤ 3 months is not recommended unless the situation is critical.

Doses should be taken with food to reduce the incidence of associated nausea and vomiting, particularly with the first dose. Oseltamivir is contraindicated in patients with a creatinine clearance < 10mL/min and in patients on routine haemodialysis or continuous peritoneal dialysis. The suspension is contraindicated in patients with fructose intolerance. Clinically significant drug interactions are not anticipated with oseltamivir.

Zanamivir

Treatment

- Adults and children ≥5 yrs: two oral inhalations of 5 mg each twice daily for 5 days.

Prophylaxis

- Adults and children ≥5 yrs: two oral inhalations of 5 mg each once daily for 10 days

The UK Health Protection Agency has recommended oseltamivir as the antiviral of choice in women who are breastfeeding, while zanamivir has been recommended for use in pregnancy.

Readers should refer to information from appropriate jurisdictions for specific local information, and further updates can be accessed through: <http://www.healthemergency.gov.au/internet/healthemergency/publishing.nsf/Content/home-1>

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FOR FURTHER INFORMATION – CONTACT THE PHARMACY DEPARTMENT ON 82751763 or email: chris.alderman@rgh.sa.gov.au
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