Emerging and Re-emerging Infections Network

SERVICE AND MEDICATION UPDATE

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ISSUE
■Best practice
☐Drug shortage
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NS Health Influenza and COVID Treatment Team Updates

NS Health COVID and Influenza Testing

Health care providers are encouraged to consider testing, via influenza and COVID PCR or COVID rapid testing, for individuals presenting with acute respiratory illness who may benefit from antiviral therapy. Outpatients may also self-refer for testing using the COVID-19, Influenza and RSV Testing Request Form and their PCR results will appear on the YourHealthNS app. NS Health departments, hospital inpatient units and clinics can order COVID rapid tests for their employees that require symptomatic testing and for patient distribution through SAP by using SAP #10077771.

NS Health Influenza Treatment and Prophylaxis

The **NS Health Influenza Treatment Team** is open and will remain open year-round, 7 days a week. The team aims to contact **high-risk ambulatory patients aged 1 year or older with a positive influenza PCR test who either 1) do not have a primary care provider or 2) were tested in a NS Health Emergency Department** for early influenza assessment and oseltamivir treatment**.** Symptomatic household contacts may also undergo assessment upon request. Influenza medication assistance for Long-Term Care facilities is provided on an as needed basis by phone. Patients tested in the IWK Emergency Department will continue to receive care from the IWK.

In addition to outpatient assessment, the Influenza Treatment Team provides support for NS Health inpatients in Central, Eastern, Western, and Northern Zone, including oseltamivir treatment initiation, dosing recommendations, and, if recommended by an Infection Prevention and Control (IPAC) physician, prophylaxis support. IWK inpatients will continue to receive influenza care from the IWK.

Outpatients may self-refer for treatment using the COVID-19, Influenza Treatment Referral Form. Health care providers consult the influenza treatment team for inpatients by placing a **"Consult to Pharmacy – Influenza assessment"** order on the CIS, or by phone: **1-844-513-0687** or email: InfluenzaTreatment@nshealth.ca.

NS Health Oseltamivir Treatment Recommendation:
Prescribe oseltamivir for influenza treatment as early as possible for patients who:
1. have suspected* or test confirmed severe, complicated, or progressive influenza OR
2. are hospitalized with suspected* or test confirmed influenza OR
3. have suspected* or test confirmed influenza and are at higher risk of complications, which include the age groups, chronic medical conditions, and persons outlined in Table A (see Page 3).

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.

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The Association of Medical Microbiology and Infectious Disease Canada (AMMI) Influenza Working Group is reviewing the findings of the recently released REMAP-CAP influenza antiviral study preprint, which reported unexpected and potentially concerning outcomes associated with oseltamivir use in critically ill patients with influenza. The NS Health Emerging and Re-emerging Infections Therapeutics and Prophylactics Recommendation group also reviewed the REMAP-CAP preprint and will continue to monitor for the peer reviewed publication and review further information as it is released. At this time, both the AMMI Influenza Guidelines and the NS Health oseltamivir treatment recommendations remain unchanged.

NS Health Oseltamivir Prophylaxis Recommendation:

- During an influenza outbreak, oseltamivir is recommended for those not already diagnosed with influenza and without influenza like illness amongst inpatients in the outbreak-affected area or residents of the long-term care facility under the direction of IPAC for NS Health inpatient outbreaks and/or the MOH for long-term care facility outbreaks.
    - Prophylaxis is to continue for the duration of the outbreak until declared over.
    - If a patient is transferred to another inpatient unit or long-term care facility while the outbreak is ongoing, continue prophylaxis for an additional 7 days.
    - If a patient is discharged home from the outbreak unit while the outbreak is ongoing, continued prophylaxis upon discharge up to a maximum of 7 additional days may be prescribed based on an individual risk assessment, with preference to offer if an influenza exposure happened within the previous 4 days.
- IPAC may direct additional prophylaxis based on individual high-risk exposures for NS Health inpatients.

NS Health COVID Treatment

The **NS Health COVID Treatment Team** remains open year-round, 7 days a week. If **non-severe COVID** is identified with a positive COVID rapid antigen or PCR test, refer outpatients to the NS Health Non-severe COVID Treatment Team through the COVID-19, Influenza Treatment Referral Form. Inpatients are referred by placing a **"Consult to Pharmacy – COVID assessment"** consult order on the CIS. Consults can also be placed to the Non-Severe and Moderate-Severe COVID Treatment Team or by phone or email.

Non-severe COVID Treatment Team:

- Email: COVIDTreatment@nshealth.ca
- Phone: 1-833-714-2784

Moderate-severe COVID Treatment Team:

- Email: SevereCOVIDConsult@nshealth.ca
- Phone: 1-833-519-2442 ext. 1 between 8am-4pm 7-days a week. After 4pm, call locating and ask to speak to the COVID physician on call.
- The first dose of remdesivir for inpatients with moderate-severe COVID may be ordered by any prescriber overnight If the Moderate-severe COVID Treatment Team is notified to follow up in the morning by placing a **"Consult to Pharmacy – COVID assessment"** order on the CIS or emailing SevereCOVIDConsult@nshealth.ca.

Influenza and COVID information and contact information for the Influenza and COVID Treatment Teams is available on Firstline.

Infectious disease guidance at your fingertips
firstline.org/nsha

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Table A. Risk factors for complications of influenza illness[1]
• 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) • 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 *For suspected influenza cases, ensure test negative for COVID-19 and discontinue oseltamivir if the influenza test is negative † The risk of influenza-related hospitalization increases with length of gestation (ie, it is higher in the third trimester than in the second) Note: Though age less than 5 years is a risk factor for influenza complications, treatment with oseltamivir is not routinely required for mild illness and no additional risk factors

Table B. AMMI Canada: Definitions[1]
• **Mild or uncomplicated illness**: Typical symptoms such as fever (although not everyone with influenza, especially at the extremes of age, will have a fever), cough, sore throat, rhinorrhea, muscle pain, headache, chills, malaise, and sometimes diarrhea and vomiting but no shortness of breath and little change in chronic health conditions • **Moderate or progressive illness**: Typical symptoms plus signs or symptoms suggesting more than mild illness: chest pain, poor oxygenation (e.g., tachypnea, hypoxia, laboured breathing), cardiopulmonary insufficiency (e.g., low blood pressure), CNS impairment (e.g., confusion, altered mental status), severe dehydration, or exacerbations of chronic conditions (e.g., asthma, COPD, chronic renal failure, diabetes, or cardiovascular disease) • **Severe or complicated illness**: Signs of lower respiratory tract disease (e.g., hypoxia requiring supplemental oxygen, abnormal chest radiograph, mechanical ventilation), CNS abnormalities (encephalitis, encephalopathy), complications of low blood pressure (shock, organ failure), myocarditis or rhabdomyolysis, or invasive secondary bacterial infection based on laboratory testing or clinical signs (e.g., persistent high fever and other symptoms beyond 3 days)

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.