

CRITERIA FORM: STOCKPILE ANTIVIRALS FOR 2009 H1N1

Before a provider or pharmacist can access antivirals from the county stockpile, they should ensure that:

1. Patient meets a clinical priority category, and
2. Facility (clinic, hospital, or pharmacy) has exhausted its antiviral supply, and
3. Facility is not able to obtain antivirals from a vendor.

Exceptions:

1. Facility providing indigent care → pt must meet a clinical priority category **and** be uninsured.
2. Facility providing care to pt who can't afford Rx due to high-copay → pt must meet clinical priority category.

PROVIDER → PLEASE COMPLETE THIS SECTION & ATTACH RX

Date: _____
Full patient name: _____
DOB: _____ **Sex:** Male Female
Pt address: _____

PROVIDER name: _____
License #: _____
Practice site: _____ **Ph#:** _____
Address: _____

CLINICAL PRIORITY CATEGORY:

Treatment:

- Treatment - inpatient case
- Treatment - outpatient case **and** member of high-risk group⁴
- Treatment – outpatient case **and** more severe presentation

Prophylaxis: consider early tx (monitor pt for sx after exposure) as an alternative to prophylaxis.

Overuse of antivirals can lead to resistance. Prophy is generally **not** rec'd if >48 hrs since last contact².

- Prophylaxis – close contact with infectious case¹ **and** member of high-risk group⁴
- Prophylaxis – HC worker who didn't use appropriate PPE during close contact² with infectious case¹.

ANTIVIRAL NOTES:

1. **Case.** A "suspect" case would include someone with influenza-like-illness, in the absence of a known cause other than influenza.
2. **Close contact.** Defined by possible modes of transmission: droplet exposure (from cough/sneeze) of mucosal surfaces (nose, eyes, mouth); contact (usu. of hands) with an infectious person or fomite followed by self-inoculation of virus onto mucosal surfaces; aerosol exposure in vicinity of infectious person.
3. **Infectious period.** For antiviral guidance, this is defined as 1 day before until 24 hours after fever ends.
4. **High risk groups.** CDC considers those at higher risk for complications from 2009 H1N1 to be similar to seasonal influenza:
 - Children <2 years
 - Pregnant women & those up to 2 weeks postpartum (including pregnancy loss)
 - Adults ≥65 years
 - Pts with certain medical conditions:
 - Chronic pulmonary (including asthma), cardiovascular (except HTN), renal, hepatic, hematological (including sickle cell dz), endocrine (e.g. DM), metabolic (e.g. inherited d/o), neurologic & neurodevelopmental conditions (inclu. d/o of brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, seizure d/o, stroke, mental retardation, moderate-severe developmental delay, muscular dystrophy, spinal cord injury)
 - Immunosuppression, due to disease or medication (e.g. HIV, or cancer, or those on chronic steroids)
 - Children ≤18 & receiving long-term aspirin therapy.

[Obesity: CDC does not officially list this as an independent risk factor for flu-related complications, but some data show increased risk with BMI ≥30.]
 Tx with antivirals is most effective if started w/in 48 hrs of sx onset. CDC Antiviral Guidance: <http://www.cdc.gov/H1N1flu/recommendations.htm>

PHARMACY → IF STOCKPILE USED, PLEASE COMPLETE & FAX TO 468-0329*

DISPENSING PHARMACY: _____ **PHONE:** _____
LOT #: _____ (Lot# identifies drug and formulation) **# COURSES:** _____
DOES PATIENT HAVE INSURANCE?: YES (ATTACH A COPY OF CARD) NO
 *Logistics Chief, phone 468-9305 (Mark Young), Alternate 468-3407 (Bruce Cosby)