

Draft 9/14//09**Employee information sheet for Antiviral medication for likely case of 2009 H1N1 influenza in a first responder**

This antiviral medication is being provided to you, the employee of a first responder agency, by prescription from your Medical Director, Dr. [blank]. This medication is provided under rules established by this federally subsidized, Minnesota state program in an effort to maintain vital first responder response capacity. This medication is for your use only. By the rules of this program this medication cannot be used by your family members or other persons. They would have to get these medications through other medical sources. There are laws that protect an employee's privacy from questions asked by their employer. If you prefer not to answer these limited questions then you will need to seek antiviral treatment from your usual medical provider.

As an employee, you are seeking medical treatment for a likely case of 2009 H1N1 influenza from my employer's proxy for Dr. {blank}. 2009 H1N1 influenza has been previously called "swine flu", or "Novel H1N1 influenza." There is reason to believe you have influenza because you have a fever of at least 100 degrees F (or 37.8 C) and have a cough or sorethroat in the absence of a known cause other than influenza. Some people will develop severe complications of influenza that can be life threatening. **If you have severe symptoms such as chest pain, shortness of breath, rapid breathing, cyanosis (lips or skin looks blue or ashen), significant dehydration, or you were getting better but now have a high fever again, you should seek care at a medical facility now.** Most patients with influenza will have a course more typical of seasonal influenza. If you are not having severe symptoms, then home care may work well for you. Your employer's representative is acting as a proxy for your agency Medical Director, Dr. {blank}. In order to safely prescribe this medication to you, Dr. {blank} needs to have certain basic information collected. This information is directly related to your illness and is needed to allow safe and timely treatment. This information is limited to only that required to provide safe assessment and treatment. Your employer may not use this information for any other purpose.

Persons with suspected 2009 H1N1 influenza who present with an uncomplicated illness typically do not require antiviral medications unless they are at higher risk for influenza complications. Most patients who have had 2009 H1N1 influenza infection, but who are not in a high-risk group, have had a self-limited respiratory illness similar to typical seasonal influenza. For most of these patients, the benefits of using antivirals may be modest. They typically are ill for about 7 days, are treated at home, and recover. Even if you do not fall into a high risk group, you may elect to begin treatment with the goal of reducing your viral shedding and duration of illness. This may permit earlier return to work and decrease exposure to others. You may return to work when your last fever was over 24 hours ago.

Any patient can develop a serious complication so you must be on guard about this. Patients in one of the high risk categories are at extra risk for a serious complication from influenza. If one of these high risk categories applies to you, then you should strongly consider using the antiviral medication available to you here today. You do not need to tell your employer's designee which if any of these conditions apply to you. Read all the information then choose either Tamiflu (the usual first choice) or Relenza. Only check the boxes that apply to the antiviral you will be choosing. Then sign and date the form accepting the antiviral medication. The high risk categories that may apply to you are as follows:

- Adults 65 years of age and older.

- Persons with the following conditions:
 - Chronic lung disease (including asthma or emphysema, COPD), heart disease (except hypertension), kidney disease, liver disease, blood (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
 - Immunosuppression, including that caused by medications or by HIV;
 - Pregnant women;
 - Persons younger than 19 years of age who are receiving long-term aspirin therapy
- Other high risk categories that would not apply to you but are provided so you will know to seek care at a medical facility for a sick family member are as follows:
 - Children 5 years old or younger. The risk for severe complications from influenza is highest among children younger than 2 years old.
 - Residents of nursing homes and other chronic-care facilities.
 - ***Aspirin or aspirin-containing products (e.g. bismuth subsalicylate – Pepto Bismol) should not be administered to any confirmed or suspected case of influenza virus infection aged 18 years old and younger due to the risk of Reye syndrome. Reye syndrome is a deadly disease. For relief of fever, in these younger patients only use other fever medications such as acetaminophen (Tylenol) or a non-steroidal anti-inflammatory (example – ibuprofen Motrin Advil).***

If you decide to take antiviral treatment, the treatment with Tamiflu or Relenza should be initiated as soon as possible after the onset of symptoms. Evidence for benefits from antiviral treatment is strongest when treatment is started within 48 hours of illness onset. The goal of antiviral treatment is to shorten the course of your illness, blunt the intensity of your illness, and decrease your chances of a serious complication. You will still be sick with the flu, just hopefully not as sick for as long.

For most people Tamiflu will be the first choice. This may change as the 2009 H1N1 virus may develop resistance to one or both of these antivirals:

Tamiflu capsules - this is the preferred treatment in pregnant women and for most others at this point due to risks associated with using Relenza.

You must not be allergic to Tamiflu (oseltamivir)

You will use Tamiflu 75-mg capsule twice per day for 5 days

Side effects of Tamiflu include nausea and vomiting. Nausea and vomiting might be less severe if Tamiflu is taken with food. Nausea and vomiting were reported more frequently among adults receiving Tamiflu for treatment (nausea without vomiting, approximately 10%; vomiting, approximately 9%) than among persons receiving placebo (nausea without vomiting, approximately 6%; vomiting, approximately 3%). Among children treated with Tamiflu, 14% had vomiting, compared with 8.5% of placebo recipients. Overall, 1% discontinued the drug secondary to this side effect, and a limited number of adults who were enrolled in clinical treatment trials of Tamiflu discontinued treatment because of these symptoms.

If you chose Relenza inhaled

You must not be allergic to Relenza (zanamivir)

You must **not have asthma, chronic respiratory illness such as bronchitis or emphysema, nor heart disease** – you **cannot** use Relenza if you have these problems. Relenza will put you at risk for bronchospasm. You **can** use Tamiflu if you have these problems.

You will be treated with Relenza two 5-mg inhalations (10 mg total) twice per day for 5 days.

Side effects of Relenza - **Besides the danger of bronchospasm** the most common adverse events reported by patients were diarrhea, nausea, sinusitis, nasal signs and symptoms, bronchitis,

cough, headache, dizziness, and ear, nose, and throat infections. Each of these symptoms was reported by less than 5% of persons in the clinical treatment studies combined.