
SUBJECT: Antiviral and Vaccine Guidance for Influenza and COVID-19
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Pages: 4
To: Primary Care Providers, Long-Term Care Homes and Retirement Homes
From: Dr. Matthew Tenenbaum, Associate Medical Officer of Health

Prescribing Influenza Antivirals for Long-Term Care Homes, Retirement Homes and Congregate Living Settings

As influenza season has arrived, Wellington-Dufferin-Guelph Public Health asks that you please consider the following for your patients in long-term care homes, retirement homes and congregate living settings:

- Antiviral medications are typically used for both treatment and prevention during an influenza outbreak for individuals at high risk for influenza complications (e.g., adults 65 years of age and older, pregnant individuals and individuals up to four weeks postpartum, and those with underlying medical conditions).
- Having antiviral prescriptions in advance of an outbreak minimizes delays in initiating treatment and prophylaxis for both staff and residents or clients.
- Rapid initiation of antiviral therapy can decrease the duration of influenza symptoms, help to prevent complications of influenza, including hospitalization and death, and shorten the duration of influenza outbreaks.¹

Therefore:

- Many of your patients may be considered high-risk for severe influenza and would benefit from influenza antivirals as treatment or prophylaxis during an outbreak.
- Consider providing prescriptions (with refill orders) for influenza antivirals for the pharmacy / long-term care home / retirement home / congregate living setting (group home) to have on file.
- If long-term care homes / retirement homes / congregate living settings (group homes) in Wellington-Dufferin-Guelph send requests for antiviral prescriptions, please consider providing a standing order in preparation for influenza season.

See recommended dosages per the [Association of Medical Microbiology and Infectious Disease Canada](#) (AMMI) and duration guidelines per the [Ministry of Health](#). Please note that prophylactic doses are needed for the duration of an outbreak.

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Antiviral treatment dosages for lab confirmed patients:	Antiviral treatment dosages for symptomatic (not lab confirmed) patients:	Antiviral <i>prophylactic</i> dosages for asymptomatic patients:
Tamiflu™ (drug of choice): 75 mg BID for 5 days	Tamiflu™ (drug of choice): 75 mg BID for 5 days, then 75 mg OD until end of outbreak	Tamiflu™ (drug of choice): 75 mg OD until end of outbreak
Relenza™ (alternative): 10 mg (2 puffs) BID for 5 days (not for persons with chronic pulmonary disease)	Relenza™ (alternative): 10 mg (2 puffs) BID for 5 days then 10 mg (2 puffs) OD until end of the outbreak (not for persons with chronic pulmonary disease)	Relenza™ (alternative): 10 mg (2 puffs) OD until end of outbreak (not for persons with chronic pulmonary disease)

For patients with renal impairment see the [AMMI Canada Guidelines Update 2019 Table 3](#) for treatment and prevention regimens.

Prescribing COVID-19 Antivirals for Long-Term Care Homes, Retirement Homes and Congregate Living Settings

Given the rising COVID-19 burden that is expected this fall, Wellington-Dufferin-Guelph Public Health also asks that you please consider the following for your patients in long-term care homes, retirement homes and congregate living settings:

- Paxlovid (nirmatrelvir/ritonavir) is an antiviral medication available to patients with mild COVID-19, who have tested positive, and who are at greater risk of severe illness, including:
 - Immunocompromised patients
 - Patients age 70 and older
 - Patients age 60 and older, with < 3 vaccine doses
 - Patients age 18 and older, with < 3 vaccine doses and ≥ 1 medical risk factor.²
- If provided within 5 days of symptom onset, Paxlovid can reduce a patient's risk of hospitalization or death.³
- Paxlovid interacts with other medications and may not be appropriate for every patient; however, Ontario's Science Advisory Table has produced guidance to address interactions with many common medications.⁴ For more advanced interactions, consultation with a pharmacist is recommended.

Therefore:

- Many of your patients may be considered high-risk for severe COVID-19 and would benefit from Paxlovid as treatment should they test positive.
- For these patients, consider assessing their medication history and their renal function (eGFR) in advance of them developing COVID-19.
- Where appropriate, consider providing prescriptions (with refill orders) for Paxlovid for the pharmacy / long-term care home / retirement home / congregate living setting

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(group home) to have on file.

See recommended dosages per the [Ontario Science Advisory Table](#) and eligibility guidelines per the [Ministry of Health](#).

eGFR \geq 60 mL/min	eGFR 30-59 mL/min	eGFR $<$ 30 mL/min
Nirmatrelvir 300 mg and Ritonavir 100 mg PO BID x 5 days	Nirmatrelvir 150 mg and Ritonavir 100 mg PO BID x 5 days	Nirmatrelvir 300 mg and Ritonavir 100 mg PO on Day 1 , then Nirmatrelvir 150 mg and Ritonavir 100 mg PO daily on Days 2-5
Severe hepatic impairment (Child-Pugh Class C)		
Paxlovid is not recommended .		

Co-Administration of COVID-19 and Other Routine Vaccines

COVID-19 and influenza vaccinations remain one of the most effective ways to prevent severe outcomes from COVID-19 and influenza, respectively.^{5,6} Wellington-Dufferin-Guelph Public Health asks that you please consider the following to optimize vaccinations for your patients as soon as they become eligible:

- The National Advisory Committee on Immunization (NACI) recommends that for individuals 5 years and older, COVID-19 vaccines may be given concurrently or at any time before or after non-COVID-19 vaccines, including all seasonal influenza vaccines.^{5,7}
- Timely co-administration of COVID-19 vaccines with other required vaccines will help bring routine vaccination status up-to-date and help to facilitate the rollout of the 2022/2023 Universal Influenza Immunization Program (UIIP).
- Individuals living in long-term care, retirement homes, and other congregate settings are at higher risk of severe outcomes from COVID-19 and are strongly recommended to receive their fall COVID-19 booster as soon as they become eligible (i.e., 3 months since last vaccine dose or since having COVID-19).⁶

Therefore:

- Offer the influenza vaccine along with other routine immunizations in conjunction with the COVID-19 vaccine at the same visit using different injection sites and separate injection equipment.⁵

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For further information, please refer to:

- NACI guidance on COVID-19 booster doses- <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/guidance-covid-19-vaccine-booster-doses.pdf>
- Ministry of Health COVID-19 Vaccine Guidance- https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_administration.pdf

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3. Ontario COVID-19 Science Advisory Table. Evidence-Based Recommendations on the Use of Nirmatrelvir/Ritonavir (Paxlovid) for Adults in Ontario, February 23, 2022. Available at: <https://covid19-sciencetable.ca/sciencebrief/evidence-based-recommendations-on-the-use-of-nirmatrelvir-ritonavir-paxlovid-for-adults-in-ontario/>
4. Ontario COVID-19 Science Advisory Table and the University of Waterloo. Nirmatrelvir/Ritonavir (Paxlovid), What prescribers and pharmacists need to know, June 6, 2022. Available at: https://covid19-sciencetable.ca/wp-content/uploads/2022/06/NirmatrelvirRitonavir-Paxlovid-What-Prescribers-and-Pharmacists-Need-to-Know-with-Appendix_20220606.pdf
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7. Government of Canada. COVID-19 vaccine: Canadian Immunization Guide, *Concurrent administration with other vaccines*, accessed October 21, 2022. Available at: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-26-covid-19-vaccine.html#a8.3>

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