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Which Flu Have You?

The question used to be, “*Is it Influenza A or B?*” Now we also need to know if it is A, is it H1N1 or H3N2.

For those of us without a microbiology degree, this is beginning to get a bit complicated. H1N1 and H3N2 are different subtypes or variations of the Influenza A virus. Unfortunately, all the H1N1 strains identified in Canada this year are resistant to Tamiflu®. On the plus side, all the H3N2 strains have been sensitive to Tamiflu®.

There is more good and bad news. The good news is that all LTC outbreaks have been caused by Tamiflu®-sensitive strains (so far). The bad news seems confined to the community, where most Influenza has been caused by the H1N1 subtype and is therefore resistant to Tamiflu®. One final piece of good news is that all the Tamiflu® resistant strains are sensitive to amantadine and an inhaled drug called Relenza®.

What does this mean to all of us? For the time being... not

very much. Hopefully we will get through this season with Tamiflu® alone. If resistant strains move into the LTC environment we will have to consider the alternatives, or the use of more than one medication, until the infecting strain is identified.

Relenza® is not ordinarily covered, but ODB granted it temporary coverage at the end of February. This coverage applies to LTC facilities only and swab-positive H1N1 virus must be isolated.

Relenza® is a challenging product in long-term care, because residents with cognitive impairment may have difficulty inhaling a sufficient dose. It is contraindicated in asthma or COPD because it can cause bronchospasm. The device takes considerable nursing time to prepare and this could also be problematic. Finally, viral subtyping may take days to complete and the product, as with all anti-virals, is only effective if started within 48 hours of symptom development.

Amantadine, though not ideal, seems a better option. The dosing is a bit complicated and adverse effects are not uncommon. Still, with a little advance preparation and pharmacy assistance, it can be used safely. Perhaps we should cross our fingers for the

balance of the winter and spring and hope for friendly viruses next year.

Insulin Needle Update

The implementation date for Regulation 474/07 has been moved up to April 1, 2009. Except in case of emergency, only safety-engineered medical sharps may be used in LTC facilities as of that date.

For the remainder of March we will contact all facilities placing orders for regular insulin needles to confirm they are required. We have an extensive supply of the new Autocover® needles when you are ready to begin using them.

Alzheimer Education

The Alzheimer Society of Toronto is offering a comprehensive nine-hour education program for caregivers and PSWs. The program is free and covers such topics as disease progression, communication, responsive behaviours and the PIECES framework. Certification is offered at the completion of the program.

The Society also provides counseling and support for interested families. Please contact Mercedes Hughes at mhughes@alzheimerontario.org or 416-640-6316 for further information.

*Prepared by Randy Goodman
Certified Geriatric Pharmacist*

