

## **LEUKEMIA/BMT PROGRAM OF BC – INFLUENZA STRATEGY 2009/2010**

### **Preamble:**

Patients being managed within the Leukemia/BMT Program of BC would be considered at high risk given immunosuppression inherent in their underlying diseases and the treatments employed in their management.

All such patients should therefore be immunized vs Influenza A wherever possible.

The concerns for this flu season include H1N1 (pandemic) Influenza and typical seasonal influenza. Vaccines vs both strains are anticipated in the very near future (Beginning late October 2009).

**The recommendations regarding vaccination against and diagnosis and treatment of the flu this year are complex and are undergoing frequent changes so it is critical that you check the website below frequently regarding the latest recommendations.**

### **Recommendations:**

- (1) All patients (except those less than 90 days post Stem Cell Transplant or who have had a previous severe allergic reaction or other absolute contraindications to influenza vaccines) should be vaccinated against both H1N1 (pandemic) and seasonal Influenza. No L/BMT patient should receive intranasal influenza (live attenuated virus) vaccine. Close family contacts of patients should also be vaccinated as above. For the most up to date information available regarding vaccine administration please check the following website:  
<http://www.hls.gov.bc.ca/pho/physh1n1.html>
- (2) No patients will receive PROPHYLACTIC Tamiflu.
- (3) Tamiflu 75 mg po b.i.d x 5 days\* should be started as soon as possible, ideally within 48 hours of symptom onset for “classical influenza” (High fever ¶\*\*, myalgias, headache +/- coryza). Patients should call in and report symptoms and a prescription should be faxed to their local pharmacy within 4-6 hours of request. ^\*
- (4) Outpatients who are not neutropenic and who have no obvious focus of bacterial infection should not present to CP6 unless instructed to do so by a physician. Those that do present with “possible” influenza are to be isolated and appropriately investigated.
- (5) Baylor wash or nasopharyngeal swab for diagnosis of influenza is to be reserved for inpatients with suspected Influenza or selected high risk outpatients.
- (6) Strict adherence to HAND HYGEINE is to be observed by all patients and staff at all times.
- (7) Neutropenic and severely immunosuppressed patients (e.g. cord blood recipients or those on significant immunosuppression) are to be assessed as per routine practice with appropriate isolation procedures. Patients

requiring treatment with antibiotics should also receive Tamiflu if there is a high index of suspicion regarding influenza A.

- (8) Any patient admitted to hospital with confirmed H1N1 influenza or who dies as a result of this infection (even if not admitted to hospital) must be reported to Medical Health Officer (604-675-3900) and ask for MHO or communicable disease nurse on call. Infection control should be notified of any patients admitted to hospital suspected of having influenza as well as any possible exposure events in their jurisdiction (e.g. BMT Day Care). Any health care worker who is ill with flu like symptoms should avoid contact with vulnerable patients until 7 days after symptom onset.
- \* Tamiflu dosing is 75 mg b.i.d. if creatinine clearance is greater than/equal to 30 mL/min; 75 mg once daily for creatinine clearance between 10-29 mL/min. Caution is recommended if GRF less than 10mL/min. Duration of therapy can be increased to 10 days in highly immunocompromised individuals. No significant drug reactions have been reported for Tamiflu.
  - \*\* Febrile neutropenic patients will continue to require empiric broad spectrum antibiotic therapy in addition top Influenza specific therapy. Patients with central venous catheters may also require appropriate evaluation for possible line related sepsis.
  - ¶ High fever may not be present in the severely immunosuppressed, nausea and diarrhea may be a prominent feature of H1N1 infection. Clinical judgment is required.
  - ^\* Preprinted prescriptions will be available for this purpose. It is recommended that these be sent to closest 24 hour pharmacy if request comes in after 7pm.