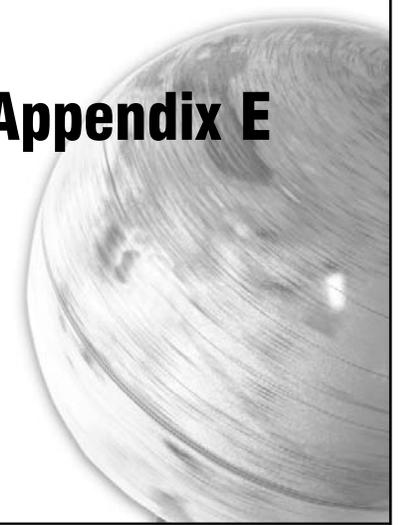


Recommendations on Pandemic Antiviral Drug Use^{*,1}

Appendix E

US Department of Health and Human Services National Vaccine Advisory Committee (NVAC)



PANDEMIC ANTIVIRAL DRUG USE RECOMMENDATIONS

	Group	Strategy**	Rationale
1	Patients admitted to hospital***	T	Consistent with medical practice and ethics to treat those with serious illness and who are most likely to die.
2	Healthcare workers (HCW) with direct patient contact and emergency medical service (EMS) providers	T	Healthcare workers are required for quality medical care. There is little surge capacity among healthcare sector personnel to meet increased demand.
3	Highest risk outpatients—immunocompromised persons and pregnant women	T	Groups at greatest risk of hospitalization and death; immunocompromised who cannot be protected by vaccination.
4	Pandemic health responders (public health workers, vaccinators, vaccine and antiviral manufacturers), public safety (police, fire, corrections), and government decision makers	T	Groups are critical for an effective public health response to a pandemic.
5	Increased risk outpatients— young children 12-23 months old, persons >65 yrs old, and persons with underlying medical conditions	T	Groups are at high risk for hospitalization and death.
6	Outbreak responders in nursing homes and other residential settings	PEP	Treatment of patients and prophylaxis of contacts is effective in stopping outbreaks; vaccination priorities do not include nursing home residents.
7	HCWs in emergency departments, intensive care units, dialysis centers, and EMS providers	P	These groups are most critical to an effective healthcare response and have limited surge capacity. Prophylaxis will best prevent absenteeism.

Appendix E

Recommendations on Pandemic Antiviral Drug Use

US Department of Health and Human Services National Vaccine Advisory Committee (NVAC)

	Group	Strategy**	Rationale
8	Pandemic societal responders (eg, critical infrastructure groups as defined in the vaccine priorities) and HCWs without direct patient contact	T	Infrastructure groups that have impact on maintaining health, implementing a pandemic response, and maintaining societal functions.
9	Other outpatients	T	Includes others who develop influenza and do not fall within the above groups.
10	Highest risk outpatients	P	Prevents illness in the highest risk groups for hospitalization and death.
11	Other HCWs with direct patient contact	P	Prevention would best reduce absenteeism and preserve optimal function.

* The committee focused its deliberations on the domestic US civilian population. NVAC recognizes that Department of Defense (DoD) needs should be highly prioritized. A separate DoD antiviral stockpile has been established to meet those needs. Other groups also were not explicitly considered in deliberations on prioritization. These include American citizens living overseas, noncitizens in the US, and other groups providing national security services such as the border patrol and customs service.

** Strategy: Treatment (T) requires a total of 10 capsules and is defined as 1 course. Postexposure prophylaxis (PEP) also requires a single course. Prophylaxis (P) is assumed to require 40 capsules (4 courses) though more may be needed if community outbreaks last for a longer period.

*** There are no data on the effectiveness of treatment at hospitalization. If stockpiled antiviral drug supplies are very limited, the priority of this group could be reconsidered based on the epidemiology of the pandemic and any additional data on effectiveness in this population.

References

1. Dept. of Health and Human Services. HHS pandemic influenza plan, Appendix D: NVAC/ACIP recommendations for prioritization of pandemic influenza vaccine and NVAC recommendations on pandemic antiviral drug use. Available at: <http://www.hhs.gov/pandemicflu/plan/appendixd.html>. Accessed Feb. 9, 2007.