



## **Joint Position Statement of the Infectious Diseases Society of America and Society for Healthcare Epidemiology of America on Antiviral Stockpiling for Influenza Preparedness**

The Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA) recognize the importance of a coordinated national response to the threat of pandemic disease. Effective preparation for such a threat includes the development of safe and effective vaccines, comprehensive infection control plans, and the thoughtful use of antiviral medications. Available antivirals are important adjuncts to influenza vaccination and infection control measures for responding to both seasonal and pandemic influenza disease. Indeed, greater use of antiviral agents for treatment and prevention of seasonal influenza will increase familiarity with these drugs by patients and practitioners and lead to increased production capacity. With the influenza season soon upon us, we must be mindful that antiviral medications will be needed for patients this year. In addition, because of the threat of pandemic influenza, IDSA and SHEA members, who have particular expertise in the area of infection control and prevention, should participate in the design and implementation of practical and effective policies for antiviral stockpiling for their health care institutions and patients.

Although many experts are concerned that the expanding avian influenza A H5N1 outbreak may result in a pandemic, it is not known when, or if, a pandemic might come, the specific virus that will ultimately emerge, and the associated health impacts. IDSA and SHEA recognize that accurate assessments of the impact of any strategy are difficult to predict prior to the pandemic, and that continuous refinement will be necessary as information becomes available.

Currently, there are insufficient doses of antiviral drug available to protect the United States and the world against a pandemic influenza outbreak. Roche, the manufacturer of oseltamivir, is working to increase the supply. The company also recently has taken steps to assure the drug's availability during this year's influenza season by restricting its shipment to pharmacies until the isolation of influenza in the community.

### **National Stockpile**

IDSA and SHEA advocate preparation, including greatly increased national antiviral stockpiling, for a pandemic threat. Currently the federal government has only enough oseltamivir treatment courses for approximately 1 percent to 2 percent of the population. The existing national antiviral stockpile is insufficient to meet the needs of all persons nationwide requiring treatment and/or prophylaxis if a severe pandemic occurred in the near future. This supply would be primarily targeted for short-term early treatment of affected persons, e.g., persons requiring hospitalization or persons at risk for severe influenza, and allow for prolonged prophylaxis only for highly selected risk groups. IDSA has strongly advocated expanding our national stockpile to include sufficient antivirals to treat at least 25 percent and ideally 40 percent of the population. The US government has announced plans to substantially increase the national antiviral stockpile. However, the exact target is not public at present and substantial delays in procurement are expected.

## **Institutional Reserves**

Health care facilities should have access to antiviral medications to reduce hospitalizations and mortality and maintain social order and function in the event of a severe pandemic. IDSA and SHEA advocate the involvement of our members in the development of health care institutional antiviral policies and reserves to be used for treatment of patients and affected staff due to a pandemic or major influenza epidemic. The current shelf-life of newly manufactured oral oseltamivir capsules and of inhaled zanamivir disks is five years. Consequently, one minimal stockpiling approach would consist of a rotating stockpile that contains approximately five times as much drug as used in an average influenza season.

Given the current shortage of antiviral drugs, institutions should not stockpile drug for prophylaxis of health care workers, as this strategy requires much greater drug supplies than early treatment, and could deplete the reserve necessary for treatment on a national level. However, if antiviral drug availability increases in the future, IDSA and SHEA recognize that post-exposure prophylaxis to control nosocomial outbreaks may be justified when one considers the cost and work disruption associated with illness and lost work time in health care workers, particularly at a time of critical need.

## **Personal and Family Stockpiles**

Neither IDSA nor SHEA support the strategy of personal or family stockpiling of oseltamivir (Tamiflu) to prepare for influenza. This is consistent with the World Health Organization's recommendations. Oseltamivir is expected to be available in the private sector for prevention and treatment of seasonal influenza this flu season. However, excessive personal stockpiling would deplete these supplies and make less overall drug available for treatment of priority groups should a pandemic arise in the near future. Personal stockpiling would likely lead to inappropriate use and wastage, as well as foster antiviral drug resistance emergence under some circumstances. IDSA and SHEA also are mindful that neuraminidase inhibitors, such as oseltamivir, are expensive and, if shortages occur, persons who do not choose to stockpile or cannot afford to stockpile would have less access to the drug.

The CDC website ([www.cdc.gov/flu](http://www.cdc.gov/flu)) provides excellent information for families concerned about protection against seasonal or pandemic influenza. Education on cough etiquette, hand-washing, and annual influenza vaccination are highly appropriate. In the pandemic setting, additional measures may be recommended by public health authorities.

Approved: October 31, 2005