

COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

210 – 1682 West 7th Avenue
Tel: (604) 742-2230
Website: www.cmbc.bc.ca

Vancouver, BC. V6J 4S6
Fax: (604) 730-8908
Email: information@cmbc.bc.ca

MEMO

TO: All Registrants
FROM: Jane Kilthei, Registrar and Executive Director
DATE: October 6, 2009
RE: **Urgent Update – Expanded Prescribing and Test Ordering for H1N1**

Pregnant women, with suspected or confirmed H1N1 influenza virus (novel H1N1) are at higher risk for influenza-related complications including death, especially in their second and third trimester, and in the first 4 weeks post-partum.

The College of Midwives has expanded midwives prescribing and test ordering authority to better equip midwives in caring for pregnant and postpartum women during the flu season.

H1N1 Swabs: Midwives now have authority under the *Standards, Limits and Conditions for Ordering and Interpreting Screening and Diagnostic Tests* to swab for the H1N1 virus. See details excerpted below. We are currently waiting for final confirmation from the Ministry of Health that MSP will cover this testing. If you need to do a swab before that confirmation is received, please arrange to use a physician's name on your requisition.

Vaccines: Midwives may now administer seasonal flu and H1N1 vaccines under the *Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs*. See details of the standard below. We expect that these vaccines will continue to be offered and administered through public health clinics. However, should there be a need within the health care system for primary maternity care providers to administer these vaccines, midwives now have the authority to do so.

Anti-viral Therapy: Under the *Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs* midwives may now prescribe anti-viral therapy for suspected or confirmed infection with H1N1 influenza virus. (Please read the detailed standard below carefully.)

Anti-viral treatment is recommended for all pregnant women who develop influenza-like symptoms, especially women in their second and third trimesters or within 4 weeks post-partum. Because antivirals are most effective if administered within 48 hours of symptom onset, treatment should be commenced without waiting for a swab result.¹ Treatment may be discontinued if the swab is negative. See the detailed standard below. In addition to anti-viral therapy, close monitoring is required to determine if there is a need for the woman to be referred for medical care or hospitalization (see standards below).

Please also carefully read the attached documents from the BC Perinatal Health Program:

- Early reports suggest that pregnant women may be at increased risk of serious outcomes due to novel H1N1 (One-pager September 29)
- H1N1 Management Guidelines for Pregnancy, Postpartum and Newborns (September 29)

¹ Pregnancy and H1N1 Flu Virus, Public Health Agency of Canada,
<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/pregnancy-grossesse-eng.php>
<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-07-09-eng.php>

CMBC Standards, Limits and Conditions for Ordering and Interpreting Screening and Diagnostic Tests (October 5, 2009)

Viral swabs – nose, throat, mucous membranes (e.g. H1N1)²

If a woman presents at a visit with a suspected viral infection such as novel H1N1, the midwife may obtain an upper respiratory specimen, preferably with a nasopharyngeal swab, to assist in decision-making regarding the need for referral to medical care.

Because of the risks associated with H1N1 infection in pregnancy, anti-viral treatment is recommended for all pregnant woman who develop influenza-like (ILI) symptoms, especially those in their second and third trimesters or within 4 weeks post-partum. Because antivirals are most effective if administered within 48 hours of symptom onset, treatment should be commenced without waiting for the swab result. Early treatment can help to reduce the risk of complications.³ Treatment may be discontinued if the swab is negative.

A confirmed case of novel H1N1 is defined as detection by PCR, culture or four-fold rise in antibody titre based on acute compared to convalescent sera. In B.C., testing can be done at the BCCDC laboratories. Consult the BCPHP Guideline to ensure compliance with mandatory information required.⁴

Specimens

Optimal specimens continue to be nasopharyngeal swabs (COPAN flocced swab). Non-flocced swabs are also acceptable. If there is no ready access to these swabs, the swabs and transport media used for genital herpes culture are acceptable.

Specimen Collection

- a. For personal protection, wear gloves, gown and eye protection
- b. Patients with copious discharge should be requested to gently clean nose by washing or use of tissue
- c. Incline patient's head to insert the cotton swab perpendicular to the face to a depth of 2 – 3 cm into the nostril. Swab around the inside of the nostril and along the floor of the nasal cavity by rotating the swab.
- d. Break or cut off shaft of the swab and place in accompanying vial of transport medium. Tighten lid.
- e. Label with patient's name and date of birth. Use the lab requisition for viral cultures (BCCDC Virology-Culture (HLTH 1811) requisitions) and include all medical mandatory information. Specify SWFLU09.
- f. Ensure that correct reachable phone numbers are included on the requisition
- g. Follow regional protocols to ensure that the specimen is processed as quickly as possible. Standard transportation procedures used to transport to BCCDC can be utilized.

² This item is in the process of being added to the MSP billing schedule for midwives.

³ Pregnancy and H1N1 Flu Virus, Public Health Agency of Canada,
<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/pregnancy-grossesse-eng.php>
<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-07-09-eng.php>

⁴ BCPHP " Management Guidelines for Pregnant Women and Neonates Born to Women with Suspected or Confirmed H1N1 Influenza", July 23, 2009 update

CMBC

Standards, Limits and Conditions for Prescribing, Ordering and Administering Drugs (October 5, 2009)

Anti-virals

Oseltamivir

(Tamiflu[®]) Pandemic H1N1 is currently susceptible to antivirals oseltamivir (Tamiflu) and zanamivir (Relenza). More safety data is available on oseltamivir than zanamivir in pregnant women. Thus oseltamivir is the treatment of choice.

Oseltamivir is recommended for all pregnant women who develop influenza-like (ILI) symptoms, especially those in their second and third trimesters or within 4 weeks post-partum.⁵ ILI is defined as the acute onset of respiratory illness with fever and cough and one or more of the following: sore throat, muscle pain, joint pain, exhaustion or prostration. Oseltamivir reduces the spread of influenza by blocking the action of the enzyme neuraminidase and preventing the spread of virus from cell to cell. Treatment is most effective if started early, within 48 hours of illness onset, however initiating treatment after 48 hours may still be worthwhile. On average, oseltamivir reduces the duration of symptoms by one and a half days.

All pregnant women should be informed of their increased risk of complications if they become ill with influenza, including pandemic H1N1 virus, and the need for a prompt assessment. This is especially important information for pregnant mothers of young children with ILI. Information for pregnant women is available at <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/pregnancy-grossesse-eng.php>.

It is recommended that each pregnant woman be provided with a prescription with instructions to have the prescription filled if she becomes sick with a flu-like illness. (Due to the limited supply of oseltamivir, the prescription will not be filled ahead of time.)

Women should be instructed to call if they need to start the medication so that the midwife can provide advice re: hydration, management of fever with acetaminophen, etc. The midwife should arrange to do an assessment, including pulmonary auscultation, to determine the need for medical referral (e.g. for antibiotic treatment of secondary infection) or hospital admission.

Due to breastmilk's anti-infective benefits and the low dosages of antiviral passed to the baby through breastfeeding, it is recommended that women continue to breastfeed when taking antiviral medications. Oseltamivir is not prescribed for administration to children under one year of age.

Dose: The treatment dosing is the same for pregnant women as other adults: Oseltamivir (Tamiflu): One 75 mg capsule orally twice/day for 5 days. If zanamivir (Relenza) is necessary because of nausea and vomiting: prescribe two 5mg inhalations (10mg total) twice/day for 5 days. More information can be located in the appropriate product monograph.

Drug interactions: There are no known interactions between oseltamivir and other drugs. Oseltamivir does not interact with the flu vaccine so both vaccinated and unvaccinated individuals can use oseltamivir.

Side effects: The most frequent side effects are nausea, vomiting, diarrhea, bronchitis, abdominal pain, headache and dizziness. Administering oseltamivir after meals helps reduce nausea.

⁵ Public Health Agency of /Canada 2009
<http://www.phac-aspc.gc.ca/alert-alerte/h1n1/guidance-orientation-07-09-eng.php>

Vaccines

Flu vaccine, seasonal and H1N1

Influenza vaccine is considered safe for pregnant women at all stages of pregnancy and for lactating women. Pregnant women with chronic conditions putting them at high risk of the complications associated with influenza are a priority for immunization.

Immunization of pregnant women has the advantage of potentially protecting the fetus through transplacental antibody passage or through breast milk. Among healthy pregnant women, the morbidity and mortality associated with influenza is increased during pandemics.

Healthy women who will be pregnant during influenza season and who wish to avoid morbidity associated with influenza can be vaccinated during any trimester of pregnancy. Pregnant women expected to deliver during influenza season can be immunized in their third trimester to reduce the risk of infection of their newborn.

Schedule and dosage:

Seasonal Influenza vaccine - Influenza vaccines in Canada are available as a split-virus (chemically disrupted) and an inactivated subunit preparation. Each 0.5 mL of vaccine contains 15 µg of hemagglutinin of each vaccine strain.

For Adults: A single .5mL dose of the inactivated subunit preparation administered intramuscularly. The deltoid muscle is the recommended site in adults.

H1N1 vaccine - The Public Health Agency of Canada expects Canada to have vaccine ready for clinical trials by late September or early October, 2009 and to begin immunization in November, 2009. More information on dosage, contraindications, etc. will be available for practitioners at that time. See <http://www.phac-aspc.gc.ca/index-eng.php>

Please contact me at registr@cmbc.bc.ca if you have any questions.