

Date: _____

Dear Dr. _____,

Re: Request for influenza antiviral treatment and/or prophylaxis

Your patient _____, DOB _____, is a resident of _____.

In the event of an influenza outbreak at our facility, residents should receive antiviral medication as soon as possible to control the spread of influenza.

To avoid a delay in the administration of antivirals, **we request you provide an advance prescription for antiviral medication (with refill orders) prior to the influenza season.** This will mitigate the spread of an outbreak within the facility and protect your patient from contracting influenza, especially should an outbreak be declared after hours or on weekends/holidays, when you are not available.

See the recommended dosages for antiviral medication according to the Association of Medical Microbiology and Infectious Disease Canada (AMMI). Note, prophylactic doses are needed for the duration of an outbreak.

Antiviral treatment dosages for lab confirmed residents:	Antiviral treatment dosages for symptomatic (not lab confirmed) residents:	Antiviral prophylactic dosages for asymptomatic residents:
Tamiflu™ (drug of choice): 75 mg BID for 5 days	Tamiflu™ (drug of choice): 75 mg BID for 5 days, then 75 mg OD for 14 days	Tamiflu™ (drug of choice): 75 mg OD for 14 days
Relenza™ (alternative): 10 mg (2 puffs) BID for 5 days (not for persons with chronic pulmonary disease)	Relenza™ (alternative): 10 mg (2 puffs) BID for 5 days (not for persons with chronic pulmonary disease)	Relenza™ (alternative): 10 mg (2 puffs) daily (not for persons with chronic pulmonary disease)

See the AMMI Foundation document update 2019 Table 3 for treatment regimens for patients with renal impairment <https://bit.ly/30tvPHW>

Please fax any prescriptions and/or lab requisitions to our facility at _____.

Thank you for your assistance in this matter. If you have any questions, please call _____.

Sincerely,