FACTSHEET

Antiviral treatment and prophylaxis in Residential Aged Care Facilities - Advice for clinicians and facilities

In 2022, the Commonwealth Department of Health has supplied all ACT residential aged care facilities (RACFs) with initial supplies of oseltamivir (Tamiflu®) and molnupiravir (Lagevrio®) for use in residents. If the pre-placed supply at a facility has been completely utilised, further supply can be obtained through community pharmacies through usual prescribing practices. Molnupiravir and nirmatrelvir / ritonavir (Paxlovid™) can be prescribed with a PBS script, while oseltamivir requires a private prescription. If a facility has an influenza outbreak, ACT Health can assist with additional oseltamivir supply to individual facilities on a case-by-case basis.

Facilities are encouraged to collaborate with residents, their families, and their primary care providers to establish clinical assessment, treatment and referral pathways for residents as part of outbreak preparedness. This may include individual pre-assessment of residents for suitability for antiviral therapies, including post-exposure prophylaxis (in the case of influenza) to support prompt access and safe administration. In the event of an outbreak, clinicians should have mechanisms in place with relevant facilities to support prescription and charting of the relevant antivirals for residents, - noting that they should be commenced as soon as possible for the most benefit.

For oseltamivir and nirmatrelvir / ritonavir, in residents with impaired renal function an eGFR should be considered if a recent result is not available. For nirmatrelvir / ritonavir, a resident's GP should consider all regular medications / supplements for potential drug interactions. The Liverpool COVID-19 interaction tool can assist with this assessment.

Residents and their families should receive written information on the proposed antivirals (see Advice for residents and their families for one option). An antiviral pre-assessment form for COVID-19 and influenza has been developed as a tool that facilities and clinicians may choose to use to support this process. Individual treatment preferences can be documented on the antiviral pre-assessment form, or in an appropriate location within the medical file. Should a COVID-19 infection, influenza infection, or influenza exposure occur, a resident's treating clinician should be notified, and where relevant a prescription arranged. Where a resident and / or their family have agreed to antiviral treatment, prompt administration can be facilitated with PRN / anticipatory prescriptions. This could be in the form of a standing order that is confirmed via phone discussion with the clinician. Molnupiravir and nirmatrelvir / ritonavir can represent a significant pill burden for individuals who have difficulty taking oral medications. For advice on their use in patients who require enteral feeding, or those who have difficulties swallowing, the Society of Hospital Pharmacists of Australia produce a guide called Don't Rush to Crush.

Molnupiravir (Lagevrio®)

Molnupiravir can be used in the community for people who test positive for COVID-19, have mild to moderate symptoms, and are at risk of severe disease. It should be commenced as early as possible, ideally within 5 days after symptom onset or test result. COVID-19 can present with atypical symptoms in the elderly. Other symptoms to consider are new onset or increase in confusion, change in baseline behaviour, falling, or exacerbation of underlying chronic illness.

For more specific information on the use of molnupiravir and escalation processes, please see the ***Useful resources*** section below.

Facilities who have utilised all of their pre-placed supply of molnupiravir should arrange for further supply through their community pharmacy (using a PBS prescription or medication chart based on existing pharmacy arrangements).

Nirmatrelvir / ritonavir (Paxlovid™)

Nirmatrelvir / ritonavir can be used in the community for people who test positive for COVID-19, have mild to moderate symptoms, and are at risk of severe disease. It should be commenced as early as possible, ideally within 5 days after symptom onset or test result. COVID-19 can present with atypical symptoms in the elderly. Other symptoms to consider are new onset or increase in confusion, change in baseline behaviour, falling, or exacerbation of underlying chronic illness.

If nirmatrelvir / ritonavir is being considered, a resident's GP should assess their usual medications, supplements, and any potential drug interactions. The Liverpool COVID-19 interactions tool can be used to assess this. In residents with impaired renal function an eGFR should be considered if a recent result is not available, as dose reduction may be required.

Facilities should arrange for supply through their community pharmacy (using a PBS prescription or medication chart based on existing pharmacy arrangements).

More specific resources for the use of nirmatrelvir / ritonavir and escalation processes can be found below.

Useful resources for COVID-19 antivirals:

- Molnupiravir (Lagevrio®) PBS information sheet
- Nirmatrelvir / ritonavir (Paxlovid™) PBS information sheet
- HealthPathways portal for clinical guidance and district specific GP information
- RACGP Home-care guidelines for patients with COVID-19
- Updated eligibility for oral COVID-19 treatments

Oseltamivir (Tamiflu®)

Oseltamivir can be used as treatment for residents with influenza, or in specific outbreak conditions may be used as prophylaxis for people who have been exposed (contacts), and would be decided in consultation with ACT Health. Oseltamivir treatment may reduce severity and duration of illness in people who have influenza and can reduce the risk of hospitalisation. A positive influenza laboratory result is not required to prescribe if the assessing medical or nurse practitioner has clinical suspicion of influenza. Empirical treatment should be considered for any resident presenting with an influenza-like illness in the context of the higher risk of individual severe disease, and to the broader facility, noting that antiviral treatment for influenza can shorten the duration of illness which may reduce the impact on others in a residential care environment.

- As per usual clinical practice, decisions on antiviral treatment should be on the basis of the patient's disease severity and progression, age, underlying medical conditions, likelihood of influenza, time since onset of symptoms, and advanced health care plans.
- Oseltamivir dosing may need to be adjusted for residents with renal impairment. Review recent renal function if available prior to any PRN / anticipatory treatment orders. Where a recent result is unavailable, consider requesting an eGFR if possible.
- If indicated, antiviral treatment should start as soon as possible after onset of symptoms, ideally within 48 hours.
- ACT Health will work with facilities with influenza outbreaks to consider whether prophylaxis may be indicated for residents who have been potentially exposed to influenza (e.g. within a wing / zone) in accordance with the national guidance. Where prophylaxis is recommended, asymptomatic residents are not required to have PCR testing for influenza prior to commencing oseltamivir.
- When oseltamivir has been commenced for prophylaxis, it should be given once daily for 10 days and should be commenced as soon as possible when an outbreak is recognised, ideally within 24 hours.

Specific resources on the use of oseltamivir:

- Tamiflu Product Information
- Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia
  - Includes advice on dose adjustment for renal failure; AND
  - Prophylaxis in RACF decision tool