



Druid Oaks Health Center

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Grattan Woodson, MD, FACP

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Dear Colleague,

The last thing any of us needs is to be given something else to read by a well-meaning patient but this is an unusual circumstance for which I beg your pardon and forbearance. Among virologists and flu experts there is no debate; another influenza pandemic will occur. What is unknown is which avian flu strain will cause it, when it will occur and how bad it will be.¹ I think there are good reasons to think H5N1 “bird fu” will become pandemic and within a year or two. Its adaptation to humankind and the genetic material H5N1 is accumulating suggests that once pandemic, bird flu is likely to resemble the 1918 Spanish Flu in terms of its severity.²

It was enlightening to read what the US Department of Health and Human Services predicts will happen during the next pandemic.³ They estimate the pandemic will last between 12 to 18-months and during that time 1 in 3 Americans will develop acute influenza. Half will have a mild to moderate case that they will manage on their own at home. The other half will have moderate to severe illness necessitating several office or ER visits. Of this group, 20% will be critically ill requiring hospitalization. The case fatality rate is projected at 2%. The numbers of excess ill patients this represents is rather astounding:

- 100 million people develop acute influenza
- 50 million patients self-treat at home
- 50 million patients will require 2 or 3 outpatient physician visits
- 10 million critically ill patients will require hospitalization
- 2 million influenza patients will die

The average US hospital today is running at 75% occupancy and most doctors I know are pretty busy too. We could always see a few more patients each day but not nearly enough to accommodate an increase in case burden of this magnitude since it would fall mainly upon the 40% of US doctors in primary care⁴. The limited hospital and office practice surge capacity available is likely to result in delayed treatment for many seriously ill patients. It is easy to predict that under these circumstances, health outcomes will not be optimum. An alternative approach I chose to use with my patients is to help them prepare for the pandemic by giving them information on home treatment of influenza and prescribing a select set of drugs useful for flu treatment, including the antiviral Tamiflu, to have on hand at home for use during the pandemic.

While not an ideal solution for use in every patient, it has the potential to provide responsible patients willing to learn how to properly use these drugs for treatment of flu an added measure of security. In many respects, this practice is similar to giving a patient traveling to Mexico a course of ciprofloxacin and promethazine to have on hand should they come down with traveler’s diarrhea. Admittedly, there is controversy surrounding consumer drug stockpiles for the pandemic and there are valid arguments both pro and con. Weighing these carefully, it appears to me that the benefits of helping patients stockpile out weighs the risks or disadvantages. There were two factors that above all others that persuaded me to follow this course.

First, our offices and ERs will be overwhelmed with very sick patients. At times, we could even be trying to manage critically ill patients in an exam room or in their home because there are no available hospital beds. Even if we cancelled all routine follow-up visits, extended our hours, and just treated flu patients all day long, it is unlikely that we could see all the extremely sick folks needing an appointment. To be clinically effective, Tamiflu must be started within 48 hours of the onset of flu symptoms.⁵ Under these circumstances, how many of your patients with

severe influenza do you think will be able to begin Tamiflu within its therapeutic window? The only way I see to finesse this problem is to have the patient obtain a supply of Tamiflu now for future use during the pandemic.

The second point has to do with the inevitable drug supply shortages that will occur during the pandemic. Even if your patient could get a timely office appointment and a Tamiflu prescription from you, what are his or her chances of getting it filled? The demand for OTC and prescription cough syrup, antihistamines, analgesics, antiemetics, and especially the antivirals will be so high; wholesalers will be required to ration supplies. It may be several days before a patient given prescriptions for any of these drugs but most particularly Tamiflu could get them filled. The conditions likely to be present during the pandemic make it unlikely that our patients will be able to benefit from Tamiflu if we wait to prescribe it to them then. Unfortunately, many of our colleagues are telling patients just this. They will not prescribe Tamiflu until the patient has acute influenza. Under normal circumstances, a policy like this makes sense but not under pandemic conditions.

While treatment of influenza mainly involves keeping the patient well hydrated until they are able to clear the infection, from experience most physicians agree that treatment of flu symptoms with a select few OTC and prescription drugs can certainly make a rocky road a lot smoother. This is why I am giving my patients prescriptions for cough syrup, analgesics, and anti-emetics. Because secondary bacterial infections commonly complicate flu, I am also including an antibiotic providing good coverage for the agents causing community acquired pneumonia for patients to add to their emergency stockpile.⁶ One additional measure I've added is vaccinating all patients over age 2 with Pneumovax®. This is an effective measure against pneumococcal associated diseases that are common post-influenza and increasingly resistant to antibiotics.

These days only a small number of patients are aware of pandemic influenza and even fewer are concerned enough to consider stockpiling. Those that are have impressed me by their understanding of influenza virology, epidemiology, and treatment. These are serious people who have studied the issues and plan to use the drugs carefully and appropriately.

For a more thorough discussion of this issue including the opinions of those opposing consumer stockpiling, visit the www.BirdFluManual.com website Resource section in the Medical Reference folder.^{7,8} Thank you for giving this issue your attention. I welcome your comments, criticisms, and suggestions on this topic and on pandemic influenza. You can reach me by leaving a message in the Feedback section of the BirdFluManual.com website.

Sincerely,



Grattan Woodson, MD, FACP

¹ Osterholm M, Preparing for the next pandemic., N Engl J Med 2005;352:1839-1842

² Elodie Ghedin1, Naomi A. Sengamalay1, K. Taubenberger, et al., Large-scale sequencing of human influenza reveals the dynamic nature of viral genome evolution Nature 2005;437; 1162-6

³ The US Department of Health and Human Services Pandemic Influenza Plan. November 2, 2005

⁴ Defined for this purpose as the 325,000 active US Internists, Family Practitioners, and Pediatricians.

⁵ Tamiflu Product Circular, Roche Pharmaceuticals (Published in the PDR).

⁶ You can find the drugs I recommend for flu treatment on the www.BirdFluManual.com website on the Resources section in the Influenza Drugs folder. Specific flu indications, doses and patient instructions are found in *The Bird Flu Manual*, Booksurge Publishing, Charleston, SC September 2006,

⁷ Moscona A., Oseltamivir Resistance — Disabling Our Influenza Defenses. N Engl J Med 2005 353;25

⁸ Joint Position Statement of the Infectious Diseases Society of America and Society for Healthcare Epidemiology of America on Antiviral Stockpiling for Influenza Preparedness October 31, 2005; <http://www.idsociety.org>