
From:
Sent: 30 December 2009 12:10
To: Hill, Suzanne Rose
Subject: Re: Emergency Session of Expert Committee

Thanks for the opportunity to comment on the antiviral issue

I would like to commend the authors of the review for their excellent, comprehensive overview of the literature and their useful summaries. From their documents and my reading, I would like to make the following comments which portrays my viewpoint.

as regards treatment of pandemic H1N1 there is no data and all the documentation provided discusses seasonal influenza

reviewing annex 4 for each of the agents:

oseltamivir has a benefit of reducing symptoms for a period of 36.3 hours and consequently allows return to normal activities sooner in RCTs. However it does little to improve outcome-hospitalisation and mortality. This is different for observational studies where the benefit in these outcomes were seen. There is a reduction in complications of pneumonia and otitis media requiring antibiotics with or without hospitalisation. As regards adverse effects it does NOT fair badly but concerns around neuropsychiatric and skin problems remain but do not reach statistical significance. The product is not safe in pregnancy.

As regards ZANAMIVIR:

Symptom improvement for one day less with no benefit in resumption of normal activities and complications requiring hospitalisation have been seen in RCTs. In observational studies no benefit has been seen for these endpoints. There has been concerns over use of zanamivir nebulized solution on ventilated patients where the thickness of the solution has blocked the endotracheal tube resulting in a warning being sent out. Otherwise the product is safe but not licenced for children <12 years. it is not safe in pregnancy

amantidine

the summary review provided by reviewer 1 is accurate and I concur with it. the benefit with this agent is a quicker reduction in fever by 1 day. it does have adverse effects of corneal oedema, git and cns manifestations. Agent is toxic in pregnancy

rimantadine

again benefit mainly in reduction of fever by 1 day otherwise the agents is not helpful. Does have adverse effects and is toxic in pregnancy. it is useful for children where it reduces symptoms and improves time to resume normal activity.

As regards prophylaxis: oseltamivir use reduces infections in healthy adults and elderly while Zanamivir reduces infections healthy and at risk adults. Amantidine is useful in children while rimantadine is not useful at all.

Overall, given the lack of high quality scientific data and the minimal benefit afforded by these agents, I would not support the inclusion of these agents into the EML. If however one is forced to choose an agent given global scale of the H1N1 problem, most research and benefit has been shown with Oseltamivir where observational studies have shown it to be significantly beneficial in the clinical relevant endpoints