

Dear Sue, my considerations:

Oseltamivir y Zanamivir

Having reviewed the scientific evidence described and others that I consulted, I believe that these drugs should not be considered as essential drugs, mainly by the following:

1. Reasonable doubts about the severity of the pandemic.
2. Low lethality shown so far, which is lower than the seasonal flu.
3. Conclusion Neuraminidase inhibitors have modest effectiveness against the symptoms of influenza in otherwise healthy adults. The drugs are effective postexposure against laboratory confirmed influenza, but this is a small component of influenza-like illness, so for this outcome neuraminidase inhibitors are not effective. Neuraminidase inhibitors might be regarded as optional for reducing the symptoms of seasonal influenza. Paucity of good data has undermined previous findings for oseltamivir's prevention of complications from influenza. Independent randomised trials to resolve these uncertainties are needed.
http://www.bmj.com/cgi/content/full/339/dec07_2/b5106?maxtoshow=&HITS=10&hit
4. The benefit-risk is not acceptable. There are no adequate studies of cost-effectiveness.

Amantadine and rimantadine.

According to the available scientific evidence, these drugs should not be considered as essential medicines for the following reasons:

1. No there is sufficient scientific evidence demonstrating the efficacy, or effectiveness of these drugs, there are no adequate studies of cost-effectiveness. The risk-benefit balance has not been evaluated with sufficient quality and in several cases is unfavorable.
2. I believe that these drugs do not add value to public health in general.

General Conclusion: not include en essential medicine list.