

Information for Pharmacists

2012-2013 Influenza Season

Background

The 2012-2013 flu season in the United States has been characterized by early and intense flu activity throughout much of the country. For the latest influenza surveillance information in the United States, see the [FluView weekly report](#).

CDC recommends a [three-step approach](#) to fighting the flu: vaccination, everyday preventive actions (such as avoiding close contact with sick people, covering your nose and mouth with a tissue when you cough or sneeze, frequent hand washing, and staying home when sick), and the correct use of antiviral drugs, if prescribed by a doctor.

Update on Influenza Vaccine Supply

For the 2012-2013 season, 145 million doses of influenza vaccine have been produced for the U.S. market. And, as of February 15, 2013, 134.8 million doses have been distributed. At this time, while some vaccine providers may have exhausted their vaccine supplies, most providers still have available doses for administration based on a January 10-18, 2013, survey from the National Influenza Vaccine Summit. CDC does not have a recommendation to prioritize remaining supplies of vaccine.

CDC continues to recommend influenza vaccination for all people 6 months and older. It remains especially important that people at high risk of influenza complications get vaccinated, including pregnant women, children under 5 years but especially younger than 2 years, older adults 65 years and older, and people with chronic *conditions* like asthma, diabetes, and heart disease.

Providers interested in ordering additional influenza vaccine can visit the Influenza Vaccine Availability Tracking System IVATS at <http://www.preventinfluenza.org/ivats/> to find information regarding distributors and vaccine manufacturers that have vaccine for sale

Providers who have exhausted their influenza vaccine supply should refer patients to the flu vaccine locator tool at <http://flushot.healthmap.org/> and should work with other providers in their area, including public health, to identify supplies of vaccines and where patients can be referred.

Influenza Antiviral Medications

CDC has issued [recommendations for clinicians on the use of antiviral medications](#) for treatment and prevention of influenza. A summary is available [here](#).

Update on Antiviral Availability

On January 10, 2013, the U.S. Food and Drug Administration (FDA) released information indicating there may currently be intermittent shortages of oseltamivir phosphate (Tamiflu) oral suspension (6mg/mL 60 mL), due to increased demand for the drug. Note: Influenza antiviral drugs are commercially manufactured, and supplies of these drugs are dependent upon commercial manufacturers.

Compounding of Tamiflu 75 mg Adult Capsules to make an Oral Suspension

The manufacturer's website has [instructions for pharmacists](#) available online on how [to compound an oral suspension from Tamiflu 75 mg \(adult\) capsules](#). These instructions provide for an alternative oral suspension when commercially manufactured oral suspension formulation is not readily available.

In some cases, clinicians can consider substituting a 30 or 45 mg capsule for children (if dose is appropriate) rather than suspension, particularly if there are spot shortages of suspension. These capsules may be opened and mixed with sweetened liquids, such as regular or sugar-free chocolate syrup, if oral suspension is not available.

Emergency Compounding Instructions

The most current prescribing information has revised compounding instructions that produce a concentration of 6 mg/mL to match the commercial oral suspension concentration (6 mg/mL) that was introduced in 2011. Please ensure the concentration of the compounded suspension matches the concentration specified on the patient prescription.

CDC will provide additional information and updates as needed.

Last reviewed: January 18, 2013

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