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Vernehmlassung „Lagerhaltung für antivirale Medikamente für den Fall einer Grippepandemie“ - Stellungnahme SGAIM

Sehr geehrte Frau. Dr. Iten

Der Vorstand der Schweizerischen Gesellschaft für Allgemeine Innere Medizin (SGAIM) bedankt sich bestens für die freundlicherweise eingeräumte Möglichkeit zur Stellungnahme zur obgenannten Thematik.

Der SGAIM-Vorstand schliesst sich der Stellungnahme der Schweizerischen Gesellschaft für Infektiologie (SGNIF) an, welche wir am Ende des Briefes aufführen.

Wir danken Ihnen für die freundliche Kenntnisnahme und stehen Ihnen bei Rückfragen gerne zur Verfügung.

Freundliche Grüsse

Schweizerische Gesellschaft für Allgemeine Innere Medizin (SGAIM)



Drahomir Aujesky
Prof. Dr. med.
Co-Präsident



Regula Capaul
Dr. med.
Co-Präsidentin

Stellungnahme der Schweizerischen Gesellschaft für Infektiologie vom 25.09.2019 “Management of the stockpile of anti-influenza drugs in the frame of pandemic planning “

1. Should Switzerland have a stockpile of antiviral treatments against influenza virus in the event of a pandemic?

SSI is in favor of having a stockpile of antiviral treatments against influenza virus. Despite the fact that stockpiling is a subject of discussion and controversy, epidemiological/ modelling data indicate effectiveness in terms of quality of life and costs (1). There might also be a potential effect on the pandemic influenza incidence and the height of the peak. SSI is aware that the likelihood of not using the stockpile is greater than that of using it.

2. What antiviral treatments should Switzerland have in case of pandemic influenza?

Oseltamivir is the only drug on the market with sufficient available effectiveness data. Moreover, we have the privilege that Switzerland could profit from the commercial stockpile of Roche in case of a pandemic influenza. However, the effectiveness of a stockpile of Oseltamivir will have to be evaluated in case of a future pandemic. Its efficacy is based on the circulating influenza strain. Depending on the resistance of the future influenza strain, it will be necessary to purchase also other antivirals (e.g. Zanamivir or Baloxavir) depending on the drug availability. If resistant influenza viruses appear, the use of Baloxavir must be evaluated early in the course of a pandemic. However, at this point of time we do not have enough data to make a recommendation on buying these drugs for a physical rather than a virtual stockpile. Of note, the necessity of using any anti-viral depends on the pathogenicity the strain. The benign course of the 2009 H1N1 influenza did not result in mass treatment, although 2009 H1N1 was a pandemic strain.

3. What groups of patients should be considered for therapeutic / prophylactic treatment in case of pandemic influenza?

Generally, individuals at risk of severe flu or professionals in essential societal functions should be vaccinated. Treatment is mandatory in hospitalized patients in intensive care and in acute care units. In case of an ambulatory patient or a patient in a long-term care facility, the decision to treat will have to be decided on a case-by-case basis.

4. Should recommendations be re-issued for therapeutic / prophylactic treatment of treated patients? a. Ambulatory patients? b. Hospitalized patients in an acute care unit? c. Hospitalized patients in an intensive care unit d. Patients living in a long-term facility?

Since the characteristics of a future influenza strain are difficult to anticipate, SSI refrains from giving any recommendations here. It clearly depends on the pathogenicity of the influenza strain, if it is necessary to treat ambulatory patients. Hospitalized patients in an intensive care and patients in a long-term care facility. Most importantly, structures should be in place to rapidly convene a panel of expert to guide through a pandemic situation.

References:

1. Watson S.I. et al. Evidence synthesis and decision modelling to support complex decisions: stockpiling neuraminidase inhibitors for pandemic influenza usage. F100Res. 2016.5. p2293