

Experts Call for Wider Flu Vaccine Coverage

BY DAMIAN McNAMARA
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Despite promising advances, clinicians, hospitals, and public health officials remain largely unprepared for a global influenza pandemic similar to the one in 1918 that killed more than 50 million people worldwide, according to an expert panel that held a Feb. 1 teleconference during the Seasonal & Pandemic Influenza 2007 meeting.

Primary care physicians on the front line of diagnosis and initial response need a better appreciation of the current morbidity and mortality caused by seasonal influenza outbreaks in the United States, Dr. Richard Whitley said. An influenza pandemic may incite more fear among physicians and the public, but seasonal influenza causes an estimated 36,000 deaths and more than 200,000 hospitalizations each year, said Dr. Whitley, professor of pediatrics at the University of Alabama, Birmingham.

The American Academy of Pediatrics (AAP) and the American Academy of Family Physicians need to stress the importance of influenza vaccinations for members and the patients they treat, Dr. Whitley said. "This message has been ignored for many years.

"We need to immunize more children," as they are a main source of infection for other family members, including high-risk groups such as the elderly and the immunocompromised. There have already been 100 children admitted to Children's Hospital in Birmingham and nine deaths so far in the United States during the 2006-2007 influenza season," Dr. Whitley said. "So we've well exceeded acceptable levels of morbidity and mortality."

"This applies to physicians who take

care of adults as well," said Dr. John Bartlett, professor of medicine at Johns Hopkins University, Baltimore. "The current vaccination [rate] is good in elderly, less so in the immunocompromised patients, and poor in health care workers, about 40%." Clinicians have a duty to protect themselves and their patients, he said.

One proposal for boosting vaccination rates among hospital-based health care providers is to make mandatory the reporting of such rates to the Joint Com-

mission on Accreditation of Healthcare Organizations. In addition, the Infectious Diseases Society of America (IDSA) is reportedly going to push for immunization of all health care workers.

"We've made some substantial advances but we have a long way to go," said Dr. Anthony Fauci, director, National Institute of Allergy and Infectious Diseases (NIAID), Bethesda, Md. One goal is to reduce the prohibitively high doses of influenza vaccine that would be required during a pan-

dem. One promising finding is that there appears to be a "good degree of cross protection" from the vaccination of animals and/or humans, although clinical trial results are still needed to confirm this effect.

A quick point-of-care test for pandemic strains of influenza is in development, according to panel members. A similar test for seasonal influenza strains is limited by its long turnaround time. "We need to get point-of-care diagnostics down to a time frame that is clinically useful. Now it takes

Advertorial

Helping Change the Cycle of Migraine

A RICHER UNDERSTANDING OF PATIENTS' MIGRAINE IMPAIRMENT



The renowned Diamond Headache Clinic recently hosted a meeting featuring the results of the landmark American Migraine Communication study (AMCS). The study revealed that, during office visits for migraines, patients heard mostly closed-ended or short-answer questions (91%), which prompted limited responses.¹ Such questions may tell you about frequency and severity but may fall short in clarifying the patient's total level of impairment due to migraine.

AMCS reveals prevention is often overlooked

Despite the fact that many patients met the American Migraine Prevalence and Prevention study criteria for prevention, discussions were initiated in only 50% of the office visits.¹

TOPAMAX Tablets and TOPAMAX Sprinkle Capsules are indicated for adults for the prophylaxis of migraine headache. The usefulness of TOPAMAX in the acute treatment of migraine headache has not been studied.

TOPAMAX is contraindicated in patients with a history of hypersensitivity to any component of this product.

IMPORTANT SAFETY INFORMATION

TOPAMAX has been associated with serious adverse events, including:

- Hyperchloremic, non-anion gap metabolic acidosis—lowering of bicarbonate levels in the blood. Measurement of baseline and periodic serum bicarbonate is recommended.
- Acute myopia and secondary angle-closure glaucoma—patients should be cautioned to seek medical attention if they experience

blurred vision or ocular pain.

- Oligohidrosis and hyperthermia—decreased sweating and increased body temperature, especially in hot weather. The majority of reports have been in children.
- Cognitive/psychiatric side effects including cognitive dysfunction, psychiatric/behavioral disturbances including suicidal thoughts or behavior, and somnolence and fatigue.

Most common adverse events associated with TOPAMAX 100 mg vs placebo were: paresthesia, 51% vs 6%; anorexia, * 15% vs 6%; fatigue, 15% vs 11%; nausea, 13% vs 8%; diarrhea, 11% vs 4%; weight decrease, 9% vs 1%; taste alteration, 8% vs 1%.

The possibility of decreased contraceptive efficacy and increased breakthrough bleeding should be considered in patients taking combination oral contraceptive products with TOPAMAX.

Roche Corrects Last Fall's Tamiflu Dosing Chart

A pediatric dosing chart for the influenza drug oseltamivir (Tamiflu) sent by Roche Laboratories Inc. to health care providers last November contained an error and should have indicated a standard dosage of once daily—rather than twice daily—for 10 days, according to a letter from the company.

The erroneous chart, titled "Standard Dosage of the Tamiflu Oral Suspension for Prophylaxis of Influenza in Pediatric Patients," had accompanied a Nov. 13 letter announcing that reports of self-injury and delirium in patients taking Tamiflu had been added to the precautions section of the product's package insert.

The company urges medical professionals to discard the incorrect chart.

The letter from Roche noted that none of the Tamiflu on the market contains package inserts with the incorrect dosage chart. Complete prescribing information is available online at www.rocheusa.com/products/tamiflu/pi.pdf. Questions can be directed to Roche at 800-526-6367.

—John R. Bell

several hours to do," Dr. Bartlett said. Having more rapid diagnostic assays would allow for more judicious use of antibiotics, particularly in children.

Panel members focused on the prevention of a bird flu pandemic caused by the H5N1 lethal strain of influenza virus subtype that mainly infects birds. As of Jan. 30, 270 confirmed human H5N1 cases and 164 human deaths had been reported. Most affected humans had been in close contact with infected poultry.

"The greatest concern ... is the resurgence of these viruses in countries such as Japan and Korea. ... It suggests migratory birds have probably brought these viruses

back in," said Robert Webster, Ph.D., professor of virology at St. Jude Children's Hospital in Memphis, Tenn., and director of the World Health Organization's Center on Studies on the Ecology of Influenza in Animals and Birds.

The current resurgence following aggressive eradication efforts raises the question of what is the ultimate reservoir, Dr. Webster said. Until that is identified, "we cannot control it [H5N1]. ... These viruses are diversifying at an amazing rate."

If a pandemic like 1918's pandemic occurred today, it would cause an estimated 62 million deaths worldwide (Lancet 2006;369:2211-8). Health care resources

in the United States would be quickly overwhelmed, according to data from the Center for Biosecurity at the University of Pittsburgh. Researchers estimated an influenza pandemic similar to 1918 would take 191% of the beds in the United States.

Response to an influenza pandemic should be tailored to the extent of the outbreak—whether it is widespread as in 1918 or more mild, as in 1968, experts said. The Centers for Disease Control and Prevention is releasing a strategy to rate pandemic outbreaks on a scale of 1 to 5, similar to what is used to rate hurricane intensity.

"The distinction between a category 4 or 5 and a smaller pandemic is key," said

Dr. Arnold Monto, of the University of Michigan School of Public Health, Ann Arbor. "What we can take away from the 1918 pandemic in terms of school closings and social distancing—which occasionally occur if there is a big seasonal outbreak—is that they usually occur late after the outbreak has taken off. It could be catastrophic if these measures are not taken in advance." The CDC initiative will address the utility of such nonpharmacologic means for controlling a future pandemic.

The Seasonal & Pandemic Influenza 2007 meeting was endorsed by the AAP, IDSA, CDC, NIAID, and the Society for Healthcare Epidemiology of America. ■

Advertorial

COULD LEAD TO BETTER INFORMED TREATMENT DECISIONS.¹

Improving Communication Is Important to a Broader Assessment

Open-ended questions can help you gain a richer understanding of your patients' impairment during and *in between* their attacks.

The study showed that most patients gave brief yet informative responses to questions and prompts like these:¹

- "How do migraines make you feel—even when you aren't having one?"
- "Describe the total impact migraines have on your work, family, or social life."

A Subtle Communication Shift Can Help Make a Difference

You may find asking open-ended questions leads to a broader assessment of migraine impairment, and the disruption, disability, and frustration that can come with it. In fact, your patients' level of impairment may require a different treatment option.

Finding out if your patients are feeling trapped in a cycle of suffering, treating and worrying may open up an opportunity to discuss the need for preventive therapy. TOPAMAX can help stop migraines before they start—so your patients can get fewer of them.^{2,3} TOPAMAX offers proven efficacy and is the #1 prescribed brand for migraine prevention in the U.S.⁴

When evaluating migraine, consider using open-ended questions to assess the total degree of migraine impairment. Then talk about the possibility of preventive therapy with TOPAMAX.

The Migraine Discussion Continues

Look for the next installment of *Helping Change the Cycle of Migraine*, in which we'll continue to explore important topics regarding the migraine patient and strategies to help enhance patient care.

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(topiramate) Tablets

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Patients should be instructed to maintain an adequate fluid intake in order to minimize the risk of renal stone formation.

*Anorexia is defined as loss of appetite.

Please see brief summary of full Prescribing Information on following page.

Rx

Important
Avoid confusion with Toprol-XL[®] (metoprolol succinate) by spelling out TOPAMAX[®] (topiramate) on your prescription. Toprol XL is a registered trademark of the AstraZeneca group of companies.

References: 1. Hahn SR, Nelson M, Lipton RB. Provider-patient migraine discussions: Results of American Migraine Communication study (AMCS). Poster presented at: 58th American Academy of Neurology Annual Meeting, April 1–8, 2006; San Diego, California. 2. Silberstein SD, Neto W, Schmitt J, Jacobs D, for the MIGR-001 Study Group. Topiramate in migraine prevention: results of a large controlled trial. *Arch Neurol*. 2004; 61:490-495. 3. Brandes JL, Saper JR, Diamond M, et al, for the MIGR-002 Study Group. Topiramate for migraine prevention: a randomized controlled trial. *JAMA*. 2004; 291:965-973. 4. IMS Data. July 2006.