

# Local Oseltamivir (Tamiflu) Planning Template

## H5N1 – Avian Influenza



Indiana  
Department  
of  
Health

The Centers for Disease Control and Prevention (CDC) issued Emergency Use Instructions (EUI) for the antiviral called oseltamivir, brand name drug Tamiflu, for patients who need treatment or post-exposure prophylaxis (PEP) for avian influenza A H5 virus (H5 avian flu). Individuals with high-risk exposure or who test positive for H5 avian flu should be given a five-day regimen of oseltamivir [one dose twice daily]. Local health departments are encouraged to consult the IDOH Oseltamivir (Tamiflu) [Planning Guidance](#). This planning template is to guide conversations within your health department and with local healthcare providers, pharmacies, and other partners to ensure oseltamivir (Tamiflu) is accessible to all community residents. Please share this completed document with local partners who may refer patients to you for this medication.

Local Health Department Contact Information			
<b>Local Health Department (LHD)</b>	[Enter LHD Name]		
<b>Primary LHD Contact for Tamiflu</b>	[Enter Primary LHD Contact Name]	[Enter Primary LHD Phone Number]	[Enter Primary LHD Email Address]
<b>Secondary LHD Contact for Tamiflu</b>	[Enter Secondary LHD Contact Name]	[Enter Secondary LHD Phone Number]	[Enter Secondary LHD Email Address]
<b>LHD Health Officer</b>	[Enter Health Officer Contact Name]	[Enter Health Officer Phone Number]	[Enter Health Officer Email Address]
Oseltamivir (Tamiflu) Access Modalities in Local Jurisdiction			
Healthcare Provider or Hospital			
<b>Healthcare Provider or Hospital*</b>	[Enter Contact Name and Organization]	[Enter Phone Number]	[Enter Email Address]
	[Insert applicable details on process to connect people with high-risk exposure who are under monitoring or who test positive for H5 avian influenza with community healthcare provider or hospital.]		
Pharmacy			
<b>Pharmacy Location*</b>	[Enter Pharmacy Contact Name and Organization]	[Enter Pharmacy Phone Number]	[Enter Pharmacy Email Address]
	[Insert applicable details on local pharmacy inventory availability and features such as drive-thru to limit potential exposure. Discuss ability for local healthcare provider and/or local health officer prescribing for dispensing at pharmacy location.]		
LHD Inventory and Standing Order			
<b>LHD Inventory and Standing Order (Optional)</b>	<p>[Enter information describing the LHD's strategy for obtaining, maintaining, and dispensing from their independently procured inventory. Information may include quantity procured, inventory and expiration monitoring, and local health officer standing order to prescribe and dispense.]</p> <p><i>LHDs dispensing LHD procured inventory as a primary access point should still establish back-up options through healthcare providers and pharmacies.</i></p>		

\*Additional healthcare providers, hospitals, pharmacies, or other access points are identified.