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Anti Viral treatment for Swine Influenza

The information provided is taken from various reference sources. It is provided as a guideline. No responsibility can be taken by the author or the Breastfeeding Network for the way in which the information is used.

Currently there seems to be little information on the use of anti-viral agents to control the symptoms of Swine Flu in breastfeeding women. The following information has been sourced as stated.

Breastfeeding considerations (www.cdc.gov/swineflu/clinician_pregnant.htm)

Women who are breastfeeding can continue while receiving antivirals. However, women who are ill with swine influenza A (H1N1) should take steps to reduce the risk to their infants, such as frequent hand washing and possibly wearing a mask (see below). The risk for swine influenza transmission through breast milk is unknown. However, reports of viremia with seasonal influenza infection are rare.

Oseltamivir (LactMed website <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>)

Summary of Use during Lactation:

Limited data indicate that oseltamivir and its active metabolite are poorly excreted into breastmilk. Maternal dosages of 150 mg daily produce low levels in milk and would not be expected to cause any adverse effects in breastfed infants, especially if the infant is older than 2 months. Infants over 1 year of age can receive oseltamivir directly in doses much larger than those in breastmilk.

Drug Levels:

Maternal Levels. A nursing mother who was 9 months postpartum was given oseltamivir 75 mg by mouth twice daily for 5 days. She collected 8 milk samples within 30 minutes of taking an oseltamivir dose and 2 after the last dose. Milk was analyzed for oseltamivir and its carboxylate metabolite. Oseltamivir milk concentrations fluctuated depending on the time of the milk sample, but oseltamivir carboxylate concentrations were generally higher and reached a steady-state between 37 to 39 mcg/L after 3 days of therapy. The authors calculated that at worst, the infant would receive 0.012 mg/kg daily, compared to the dosage for infants over 1 year of 4 mg/kg daily. The dose in milk corresponded to 0.5% of the mother's weight-adjusted dosage

Data taken from Hale Medications and Mother's Milk 2008

Adult Concerns: Nausea and vomiting are most common. Diarrhoea, bronchitis, abdominal pain are less common.

To find your nearest Breastfeeding Supporter call the Supporterline 0300 100 0210

Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package

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Plasma Protein Binding 42%, Oral bioavailability 75%, Half Life 6-10 hours

Theoretic Infant Dose: 5.73 ug/Kg/Day

Relative Infant Dose: 0.5% (<10% regarded as safe)

Adult Dose:75 mg twice daily for 5 days.

Oseltamivir is licensed for use in infants over 1 year of age. It is not recommended for use in children less than one year of age due to insufficient data on safety and efficacy (SPC Tamiflu ®)

References:

1. Wentges-van Holthe N, van Eijkeren M, van der Laan JW. Oseltamivir and breastfeeding. Int J Infect Dis. 2008;12:451. PMID: 18243025