

27 May 2008

**Re: UN Medical Directors Influenza Pandemic Guidelines**

Dear Colleagues,

Under cover of this letter, I am pleased to distribute an important revision and update to the United Nation's guidelines for the medical aspects of influenza pandemic preparedness planning.

This document, "UN Medical Directors Influenza Pandemic Guidelines", dated 15th May, 2008, supercedes and replaces two preceding documents ("The UN Medical Services Staff Contingency Plan Guidelines for an Influenza Pandemic", dated 1st March, 2006, and "United Nations Medical Services Guidelines for Medical Professionals for an Influenza Pandemic" dated 1 September 2006).

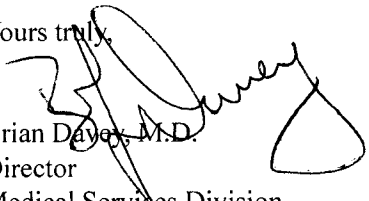
The Preface and Introduction to the document provide an overview of important changes in content and emphasis, made necessary by the constantly evolving avian influenza situation, and increasing experience in preparing for a possible human influenza pandemic.

Since the initial medical guidelines were released, the UN system has made significant advances in the organisation and implementation of pandemic preparedness plans. Most notably, these advances include recognition that the foundation of organisational preparedness lies in managerial and administrative actions, including comprehensive and tested Business Continuity Plans. This has allowed the UN Medical Directors to focus their revised guidelines on the medical aspects of preparedness, and consequently this document is intended primarily for medical personnel. It does, however, include frequent reference to the crucial importance of administrative and organisational planning, and we hope it will be useful to all who are involved in pandemic preparedness efforts.

I would like to draw your attention to an important development regarding the possibility of extending the shelf life of current UN stocks of oseltamivir (Tamiflu). Extensive recent testing done on national stockpiles in the USA by the Food and Drug Administration (FDA) and the manufacturers (Roche) have shown that oseltamivir is a relatively stable medication when stored under the correct conditions specified by the manufacturer, and decisions have already been taken to extend the shelf-life of initial US government stocks by a further two years. The UN Medical Directors have closely evaluated the procedures followed by the FDA, and have decided that the expiry date of UN held stockpiles of oseltamivir may also be extended by two years, provided that the storage conditions of the stockpile are known to have met the manufacturers recommendations. In cases where there is doubt as to the storage conditions, it is possible to test the efficacy of a sample from each batch of Tamiflu in the stockpile. If tests are satisfactory, it would also be acceptable to extend the shelf life of the tested batches by a further two years. Full details of recommended storage conditions, and procedures/contact details for testing, can be found in Annex 7 to the document accompanying this letter.

All offices and duty stations are requested to adapt the medical aspects of their pandemic preparedness plans to take account of these revised Guidelines. Should you have any questions or require any additional information, please do not hesitate to contact the UN Medical Services Division at Headquarters in New York.

Yours truly,

  
Brian Davy, M.D.  
Director  
Medical Services Division  
United Nations

**ADDENDUM TO THE  
UNITED NATIONS MEDICAL DIRECTORS INFLUENZA PANDEMIC GUIDELINES  
ISSUED ON 15 MAY 2008**

**(ISSUED 19th SEPTEMBER 2008)**

Since the publication of the “United Nations Medical Director Influenza Pandemic Guidelines” on 15 May 2008, the Medical Director has received some questions concerning the extension of UN held stockpiles of oseltamivir (Tamiflu). In response to this, this addendum was prepared to clarify the relevant portions of the guidelines.

Page 69, last paragraph. The paragraph is revised to read:

**“Extensive recent testing done on national stockpiles in the USA by the Food and Drug Administration (FDA), have shown that Tamiflu capsules are relatively stable when stored in the correct conditions as above, and decisions have already been taken to extend the shelf-life of initial US government stocks of Tamiflu capsules by a further two years.”**

Page 70, 1<sup>st</sup> paragraph. This paragraph is revised to read:

**”The UN Medical Directors have closely evaluated the procedures followed by the FDA, and have decided that the expiry date of UN held stockpiles of Tamiflu capsules may also be extended by two years, provided that the storage conditions of the capsules are known to have met the manufacturers recommendations as described above. This extension of shelf-life applies only to the capsule form of Tamiflu, and not to the powder form (used for oral suspension). The powder form of Tamiflu must either be replaced at the end of its shelf-life, or substituted with paediatric strength Tamiflu capsules which have a longer shelf-life.”**

Page 70, 2<sup>nd</sup> paragraph. This paragraph is revised to read:

**”If storage conditions have not met the above conditions, the manufacturer is able to perform tests on the Tamiflu capsules to determine the efficacy of the medication, and if results are satisfactory, the shelf life of the capsules could also be extended.”**