

Abstract

Purpose: To evaluate the effectiveness of using Oseltamivir (Tamiflu) for influenza outbreaks in Taiwan.

Methods: The data of 1345 persons with Tamiflu for the preventive or curative purpose from Dec.1 2003 to April 30 2004 was got from CDC. They were interviewed or through mailed by structured questionnaire. 74 of 1345 person lack of telephone number or address were excluded. 647 of 1271 person finished the mailed questionnaire or telephone interview. The valid response rate was 50.9%. This study was also cooperated with one medical center for reviewing the chart to evaluate the effect of Tamiflu.

Results: 575 persons received Tamiflu for influenza treatment. 54.96% of these 575 persons also had received influenza vaccination during Dec. 2002 to April 2003. The medication-incompliant rate in these 575 persons was 15.48%. The most frequent side effect was fatigue (3.30%). Only 8.87% persons with side effects sought medical advice. The influenza-like symptoms did not release after Tamiflu in 38 persons. 5 of 575 persons didn't feel safety about Tamiflu. 30 of 575 persons weren't satisfied with treatment effect of Tamiflu. There were 72 persons received Tamiflu for the prevention of influenza. 44.44% of these 72 persons also had received influenza vaccination during Dec. 2002 to April 2003. The medication-incompliant rate in these 72 persons was 19.44%. The most frequent side effect was nausea (5.56%). No body sought medical advice due to side effect. Only 2 of 72 persons didn't feel safety about Tamiflu. One person was not satisfied with prevention effect of Tamiflu. 461 of 575 persons received Tamiflu for influenza treatment was above 65 years old. The medication-compliant rate of the aged persons with catastrophic illness certificate and without hospitalization during 2003 was higher than others. The persons lived in institutions, had lung disease or influenza history had higher satisfaction rate of the safety of Tamiflu. The satisfaction rate of treatment effect of Tamiflu was higher in the persons with subjective health. The willing rate of self-payment for the Tamiflu was higher in the persons with smoking quit than non-smokers. The willing rate of self-payment was higher in non-smokers than smokers. The satisfaction rate of policy of Tamiflu provision was lower in the persons with renal disease. According to review the fever record in the medical chart was difficult to evaluate the clinical effect of Tamiflu.

Conclusion: The dissatisfaction rate of the effect and policy of Tamiflu was lower. The chart record about the influenza-like symptom should be improved.

Keywords: Influenza ; effect ; Tamiflu ; Questionnaire