

# Influenza A and B (Flu)

CLINICAL AND THERAPEUTIC ALGORITHM	CLINICAL SEVERITY	RECOMMENDED REGIMENS
<p><b>Diagnosis</b> is based on the clinical presentation of the patient and results of RT-PCR.</p> <p>Decision to initiate treatment should <b>NOT</b> wait for confirmation of laboratory results.</p> <p><b>Continue the full course of treatment</b> if first RT-PCR is negative and if signs and symptoms indicate influenza due to possibility of false negative.</p> <p>History of influenza vaccination does not preclude influenza when signs and symptoms are compatible with the clinical syndrome.</p> <p><b>Antiviral treatment recommended as early as possible for patient who (any of the following):</b></p> <ul style="list-style-type: none"> <li>is hospitalized*</li> <li>has severe, complicated, or progressive illness*</li> <li>is at high risk for complications</li> </ul> <p>*PO oseltamivir recommended antiviral</p> <p><b>High risk complications (any of the following):</b></p> <ul style="list-style-type: none"> <li>≥65 years</li> <li>Chronic health conditions**</li> <li>Immunosuppression, including caused by medication or HIV infection</li> <li>Pregnant or postpartum (within 2 weeks of delivery) women (<i>PO oseltamivir preferred for treatment of pregnant women</i>)</li> <li>American Indian/Alaska Natives</li> <li>Body mass index ≥40</li> <li>Residents of nursing homes and other chronic-care facilities</li> <li>People younger than 19 years old who are receiving long-term aspirin- or salicylate-containing medication</li> </ul> <p><b>Zanamivir is not recommended</b> in people with underlying respiratory disease (e.g. asthma, COPD.)</p> <p><b>Can consider antiviral treatment previously healthy, symptomatic outpatient <u>NOT</u> at high risk based on clinical judgement</b> (within 48 hours of symptom onset)</p>	<p><b>Treatment – uncomplicated outpatient</b></p>	<p><b>Select <u>ONE</u> of the following:</b></p> <ul style="list-style-type: none"> <li><b>Oseltamivir</b> 75 mg PO Q12H for 5 days</li> <li><b>Zanamivir</b> 10 mg (two 5 mg inhalations) Q12H for 5 days</li> <li><b>Peramivir</b> 600 mg IV as a single dose (via ≥15 minute infusion)</li> <li><b>Baloxavir</b> -If 40 - &lt;80 kg: 40 mg PO as a single dose -If ≥80 kg: 80 mg PO as a single dose</li> </ul>
	<p><b>Treatment – severe or complicated outpatient</b></p>	<p><b>Oseltamivir</b> 75 mg PO Q12H for 5 days</p>
	<p><b>Treatment - inpatient</b></p>	<p><b>Oseltamivir</b> 75 mg PO Q12H for 5 days</p>
	<p><b>Notes for treatment:</b> Antivirals should be started as early as possible <b>within 48 hours</b> of symptom onset. May be some benefits for severe, complicated or progressive illness, and in hospitalized patients when started after 48 hours of illness onset. Longer daily dosing (PO oseltamivir or IV peramivir) can be considered for patients who remain severely ill after 5 days of treatment.</p>	
<p><b>Post-Exposure Chemoprophylaxis</b></p>	<p><b>Select <u>ONE</u> of the following:</b></p> <ul style="list-style-type: none"> <li><b>Oseltamivir</b> 75 mg PO once daily</li> <li><b>Zanamivir</b> 10 mg (two 5 mg inhalations) once daily</li> </ul> <p>Treat for 7 days</p>	
<p><b>Notes for chemoprophylaxis:</b> CDC recommends duration of 7 days (after last known exposure). For control of outbreaks, CDC recommends chemoprophylaxis for a minimum of 2 weeks, and continuing up to 1 week after the last known case was identified.</p>		

CDC= Centers for Disease Control and Prevention; COPD= chronic obstructive pulmonary disease; H= Hour(s); HIV= human immunodeficiency virus; PO= by mouth; Q= every; RT-PCR= reverse transcriptase polymerase chain reaction

\*\*Chronic pulmonary (including asthma), cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), metabolic disorders (including diabetes mellitus), neurologic conditions (disorders of the brain, spinal cord, nerve, muscle, epilepsy, stroke, or intellectual disability)

**NOTE: Dosing based on normal renal function. Refer to Table of Contents for section on Antimicrobial Dosing for Adult Patients Based on Renal Function. A reduction in the dose of oseltamivir and peramivir is recommended with renal impairment**

**References:**

1. Centers for Disease Control and Prevention. Influenza Antiviral Medications: Summary for Clinicians. Current for the current for the 2018-2019 influenza season. <https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>