**Influenza A and B**

Note: Prophylaxis of patients and healthcare workers is according to local Infection (Prevention and) Control recommendations and is outside the scope of this document.

**EMPIRIC CHOICE**
- With current rapid turnaround times for nasopharyngeal swabs tested for respiratory viruses, suspected influenza should generally not be treated.
- Treatment of lab-confirmed influenza is with oseltamivir.

**ROUTE**
- Enteral (PO/NG/OG)

**DOSE**

<table>
<thead>
<tr>
<th>Creatinine clearance</th>
<th>Treatment (for five days or as specified)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;60 mL/min</td>
<td>75 mg twice daily</td>
</tr>
<tr>
<td>&gt;30-60 mL/min</td>
<td>30 mg twice daily (capsule or suspension)</td>
</tr>
<tr>
<td>10-30 mL/min</td>
<td>30 mg once daily (capsule or suspension)</td>
</tr>
<tr>
<td>&lt;10 mL/min</td>
<td>Single 75 mg dose for the duration of the illness</td>
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<tr>
<td>Dialysis patients</td>
<td>SLEDD: 75 mg after each dialysis session</td>
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<td></td>
<td>HD (high-flux): 75 mg after each dialysis session</td>
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<td></td>
<td>PD: Single 30 mg dose for the duration of the illness</td>
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<tr>
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<td>CRRT (high flux): 30 mg daily</td>
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</tbody>
</table>

**DURATION**
- Treatment: 5 days

**ALTERNATIVES FOR ALLERGIES**
- None

**TOP FIVE ORGANISMS**
- Influenza A and B

**CURRENT RESISTANCE ISSUES**
- Drug resistance is rare but, if considered, a consult should be obtained from the Infectious Diseases (ID) service.
- Intravenous zanamivir (Special Access Program only) is the treatment of choice for patients who develop prolonged acute influenza illness despite treatment with oseltamivir or potentially in cases of resistance.

**IMMUNOCOMPROMISED HOST CONSIDERATION**
- Immunocompromised hosts (e.g. solid-organ transplant, hematopoietic stem cell transplant, leukemia) need to be regarded as especially vulnerable. Early signs of influenza may not be apparent; maintain a high index of suspicion in such patients.
- Duration of therapy should be determined in conjunction with the appropriate Infectious Diseases consultation service (e.g. Transplant ID or Oncology ID) but is generally 5 days.

**ADDITIONAL DIAGNOSTIC AND THERAPEUTIC COMMENTS**
- In patients with severe suspected influenza (e.g. managed in the intensive care unit) and a negative nasopharyngeal swab, bronchoscopy should be considered to confirm the diagnosis.
- Screening of patients with fever and cough who have a high likelihood of influenza is performed during influenza season. Patients screened positive for influenza should generally be treated.
- Because influenza PCR testing detects both live and dead virus, the test remains positive for at least a week regardless of treatment, so there is generally no value in repeating testing.