

## EMPIRIC CHOICE

- ✦ With current rapid turnaround times for nasopharyngeal swabs tested for respiratory viruses, suspected influenza should generally not be treated.
- ✦ Oseltamivir is recommended for treatment of lab-confirmed influenza.

## ROUTE

- ✦ Enteral (PO/NG/OG)

## DOSE

Creatinine clearance	Treatment (for five days or as specified)
>60 mL/min	75 mg twice daily
>30-60 mL/min	30 mg twice daily (capsule or suspension)
10-30 mL/min	30 mg once daily (capsule or suspension)
<10 mL/min	Single 75 mg dose for the duration of the illness
Patients receiving hemodialysis	SLEDD: 75 mg after each dialysis session
	HD (high-flux): 75 mg after each dialysis session
	PD: Single 30 mg dose for the duration of the illness
	CRRT (high flux): 30 mg daily

## 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, 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 who are screened positive for influenza that require hospitalisation 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.

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