SHS + UHN ASP ANTIMICROBIAL STEWARDSHIP PROGRAM

Influenza
Treatment

For recommendations on influenza prophylaxis, see Influenza Prophylaxis Clinical Summary

EMPIRIC CHOICE

- Oseltamivir
- Note: Patients with laboratory-confirmed influenza should generally be treated with oseltamivir. For patients without respiratory symptoms or with mild symptoms who have tested positive for influenza, treatment benefit is unclear but may reduce duration of symptoms and/or transmission. This should be weighed against the risk of oseltamivir adverse events.

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

- 5 days (or as specified above due to renal dysfunction)

ALTERNATIVES FOR ALLERGIES

- None

COMMON 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 ID 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.
- 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.

References

1. Dobson, J., et al., *Oseltamivir treatment for influenza in adults: a meta-analysis of randomised controlled trials.* Lancet, 2015. **385**(9979): p. 1729-1737.

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