

Summary of guidance from:

HPA Guidance on use of antiviral agents for the treatment and prophylaxis of Influenza

http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317131466016

DEFINITIONS

Uncomplicated influenza: Influenza presenting with fever, coryza, generalised symptoms (headache, malaise, myalgia, arthralgia) and sometimes GI symptoms, but without any features of complicated influenza.

Complicated influenza: Influenza requiring hospital admission and/or with symptoms and signs of lower respiratory tract infection (hypoxaemia, dyspnoea, lung infiltrate), central nervous system involvement and/or a significant exacerbation of an underlying medical condition

Risk factors for complicated influenza:

- a. Pregnancy (including up to two weeks post partum).
- b. Age > 65 years.
- c. Chronic cardiac, pulmonary, renal, hepatic or neurological disease.
- d. Diabetes mellitus.
- e. Immunosuppression.
- f. Morbid obesity (BMI ≥ 40).

Severe immunosuppression:

- a. Severe primary immunodeficiency.
- b. Current or recent (within six months) chemotherapy or radiotherapy for malignancy.
- c. Solid organ transplant recipients on immunosuppressive therapy.
- d. Bone marrow transplant recipients currently receiving immunosuppressive treatment, or who received it within the last 12 months (longer with graft versus host disease).
- e. Patients currently receiving high dose systematic corticosteroids (equivalent to ≥ 40 mg prednisolone per day for ≥ 1 week in an adult or ≥ 2 mg/kg/day for ≥ 1 week in a child), and for at least three months after treatment has stopped.
- f. Patients currently or recently (within six months) on other types of immunosuppressive therapy.
- g. HIV infected patients with severe immunosuppression (CD4 $< 200/\mu\text{l}$ or $< 15\%$ of total lymphocytes in an adult or child over five; CD4 $< 500/\mu\text{l}$ or $< 15\%$ of total lymphocytes in a child aged one to five; expert clinical opinion in a child aged under one).

For all the following → see detailed guidance:

- **Adults and children in hospital and/or with complicated influenza**
- **Severely immunosuppressed patients**
- **Suspected or confirmed oseltamivir resistance**
- **The use of oseltamivir and zanamivir in pregnancy, breastfeeding, or renal or hepatic dysfunction**
- **Post exposure prophylaxis**

Treatment of suspected or confirmed influenza

Adults and children in community / A&E with uncomplicated influenza

All patients should be

- advised of the symptoms of complicated influenza and
- told to seek medical help should their condition worsen.

Adults:

Previously healthy (excluding pregnant women):

No treatment, or oseltamivir (PO), only if physician feels patient is at serious risk of developing serious complications from influenza.

At risk population, including pregnant women:

Oseltamivir 75mg bd for five days (PO).

Do not wait for laboratory confirmation.

Start as soon as possible, **ideally within 48 hours** of onset.

[Treatment may reduce the risk of severe illness up to five days after onset.]

Treatment after 48 hours is an off-label use of oseltamivir - exercise clinical judgement.

Severely immunosuppressed patients:

zanamivir (INH) 10 mg bd for five days.

If unable to take inhaled zanamivir → see guidance

Suspected/confirmed **oseltamivir resistant influenza** in a patient who requires treatment:

Zanamivir (INH) 10 mg bd for up to ten days (off label duration)

ANTIVIRAL TREATMENT

Age +/- weight	Oseltamivir PO [5 day course]
0-1 month	2mg/kg/ dose bd
1-3 months	2mg/kg/ dose bd
3-12 months	2mg/kg/ dose bd
1-13 years: Dose according to weight below	
<15kg	30mg bd
15-23kg	45mg bd
23-40kg	60mg bd
> 40kg	75mg bd
Adults [13 years and over]	75mg bd

Oseltamivir oral suspension should be used only for children under the age of one.

Zanamivir INH [5 day course]

Not licensed in children < 5 years old

Adults and children 5 years : 10mg bd