

## Prevention and Treatment of Seasonal Influenza A and B Using Antiviral Drugs

### People at *High Risk* for Serious Influenza Illness

- ✓ 65 years or older
- ✓ Reside in nursing home
- ✓ Have long-term health problems. Examples:
  - Heart disease
  - Lung disease, including asthma
  - Metabolic disease, like diabetes mellitus
  - Blood diseases (e.g. hemoglobinopathies like sickle cell, thalassemia)
  - End-stage renal disease
  - Diseases causing compromised respiratory function
- ✓ Have weakened immune system. Examples:
  - Cancer or cancer treatment
  - HIV/AIDS
  - Steroid therapy
- ✓ Pregnant (or plan to be pregnant during the influenza season—through spring 2006)

### When to use drugs to *treat* influenza

- ✓ Patient has potentially life-threatening influenza-related illness OR is a patient at high risk for influenza complications (see box above) AND  
→Within the first 48 hours of illness onset←
- ✓ Consider using drugs to *treat* influenza if the patient is likely to be infected with influenza BUT is not at high risk for influenza complications (see box)

*Note: Pregnant women should consult their primary health care providers*

### When to use drugs to *prevent* influenza when there is seasonal influenza activity in the community

- ✓ Unvaccinated staff and patients
  - In a hospital or nursing home outbreak
  - OR
  - At high risk for influenza complications
- ✓ Vaccinated patients
  - Immunosuppressed AND not expected to respond well to the vaccine (e.g. advanced HIV disease)
  - OR
  - Got the vaccine recently BUT are waiting the 2 weeks for it to give protection

During an outbreak in a long-term care facility, drugs to prevent influenza should be administered to all residents regardless of prior vaccinations, and should continue for a minimum of 2 weeks, or duration of outbreak.



### Health care workers

- ✓ May be prescribed antivirals for prevention in the event of an institutional outbreak of influenza—consult with occupational health

### Which drugs for *prevention* during an outbreak of seasonal flu in an institutional setting

#### Seasonal influenza A

- ✓ Amantadine (Symmetrel®) 100 mg orally twice a day for duration of outbreak. Note that drug has gastrointestinal and central nervous system effects.
  - Important: Reduce dose for renal insufficiency or age 65 or older.
  - Reduce dose to 100 mg once a day for age 65 or older. Consult drug package insert for dosing when creatinine clearance  $\leq$  50 mL/min.
- ✓ Alternate: Rimantadine (Flumadine®) 100 mg orally twice a day for duration of outbreak. Note: Has fewer side effects than amantadine.
  - Reduce dose to 100 mg once a day for age 65 and older, creatinine clearance  $\leq$  10 mL/min., or severe liver disease.
- ✓ Alternate: Oseltamivir (Tamiflu®) may be used for patients who cannot take amantadine or rimantadine due to their side effects. Recommended dose for prophylaxis is 75 mg orally once a day for duration of outbreak, as supplies allow.

#### Seasonal influenza B

- ✓ Oseltamivir may be used; recommended dose for prophylaxis is 75 mg once a day for duration of outbreak.

### Which drugs for *treatment* of seasonal flu A or B

- ✓ Oseltamivir 75 mg twice a day for 5 days; note: may cause nausea, vomiting.
  - Contact your local pharmacy if oseltamivir is needed.
  - Reduce dose to 75 mg once daily of creatinine clearance 10-30 mL/min.

Amantadine and rimantadine are also approved for treatment of seasonal influenza A, but use of these drugs has been associated with the development of resistant influenza virus. (Dose for both drugs: 100 mg orally twice daily for 5 days; reduce doses for age or renal insufficiency as for prevention.)

*The Centers for Disease Control and Prevention (CDC) is the authoritative source for this document; see <http://www.cdc.gov/flu/professionals/treatment/>.*