

Prevention and Treatment of Seasonal Influenza A and B Using Oseltamivir

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

- ✓ The highest priority for treatment should be for patients with potentially life-threatening influenza-related illness OR patients at high risk for influenza complications (see box above) AND
→Within the first 48 hours of illness onset←
- ✓ A lower priority for treatment would be for patients likely to be infected with influenza BUT not at high risk for influenza complications

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 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 and B

- ✓ Oseltamivir (Tamiflu®) - Recommended dose for prophylaxis is 75 mg orally once a day for duration of outbreak, as supplies allow.

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

- ✓ Oseltamivir 75 mg twice a day for 5 days; note:
 - Reduce dose to 75 mg once daily for creatinine clearance 10-30 mL/min.

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

See also "Criteria for Use of Antiviral Agents for Influenza," Jan. 2006, <http://www.pbm.va.gov/PBM/criteria.htm>,

(Note: The drug zanamivir (Relenza®) is approved by the Food and Drug Administration for treatment of influenza A and B, but supply in the US is very limited. VA is unable to purchase any centrally and does not anticipate a change in availability this season. It is therefore not included here.)

Changes from earlier: VA had previously described the use of amantadine and rimantadine for prevention. VA is eliminating them here because of a CDC Health Alert recommending against their use due to the development of resistance to these drugs by a circulating flu virus strain.



<http://www.publichealth.va.gov/flu/>

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