FHCC Outpatient Influenza Treatment Guidelines and FAQ

How should I test my patient for influenza?
Patients with new respiratory symptoms should get tested for influenza and other respiratory viruses including SARS-CoV-2 according to FHCC respiratory viral testing guidelines. Respiratory virus co-infections may occur.

Who should get treated for influenza?
Antiviral treatment is recommended for patients who test positive for influenza who are at high risk for complications due to influenza which include adults ≥ 65 years, those who are immunosuppressed (e.g. active therapy for cancer or use of corticosteroids or other immunosuppressive agents), or who have underlying medical conditions (e.g. heart, lung, kidney, liver, neurologic disorders, sickle cell disease, diabetes). Please refer to CDC website for comprehensive list of high risk conditions associated with influenza complications.

Empiric therapy prior to test result should be considered on a case-by-case basis for individuals with a high clinical suspicion for influenza (e.g. exposure to known contact) or situations where access to rapid testing is limited.

Does treatment for influenza need to be initiated within a certain time window to be effective?
Antiviral treatment for influenza should be started as early as possible for patients at high risk for influenza complications or for those with progressive illness. Ideally, treatment should be initiated within 48 hours of symptom onset but several studies, particularly among hospitalized patients, suggest there may be benefit when given up to 4-5 days after illness onset. High risk outpatients who are having persistent or worsening symptoms should be offered treatment *regardless of duration of symptoms*.

What treatments are available for outpatients with influenza?
The primary antiviral used for treatment of outpatients with influenza is oseltamivir.

Osteltamivir dosing according to renal function:

Dosing	CrCl> 60 mL/min	CrCl 10-59 mL/min	CrCl≤ 10 mL/ min	Hemodialysis
Oseltamivir	75 mg PO q12h	30 mg PO q12	30 mg q24h	30 mg x 1, then 30 mg q48h

Alternative agents that are FDA approved for treatment of outpatients with influenza include inhaled zanamivir and baloxavir. Due to concern regarding emergence of resistance, baloxavir is not recommended as monotherapy of influenza in immunosuppressed individuals. Please consult ID if you have questions regarding use of alternatives to oseltamivir for treatment of influenza.

What adverse effects may occur with oseltamivir?
The most commonly reported side effects are nausea and vomiting but if these occur, they are generally transient and not treatment-limiting. Rarely, neuropsychiatric events such as confusion and delirium have been reported.

How long should patients be treated?
The recommended duration for most patients, including those with solid tumors, is 5 days. There are some patients for whom a longer duration, 10 days, may be appropriate. This includes hematologic malignancy patients on active therapy, due to their propensity towards prolonged duration of viral shedding. For BMT/ IMTX patients, please refer to the Standard Practice Guidelines. *Note: oseltamivir has faced intermittent shortages in part due to increased demand this season. The FHCC Antimicrobial Stewardship Program is monitoring supply and will notify teams should this impact prescribing guidance.*