

Influenza Outbreak Management

This guide reviews the two recommended influenza antiviral drugs, treatment, and dosing, as well as strategies when antiviral supplies are limited.

The influenza season is in full swing, with many states experiencing significant regional and even widespread reports of confirmed influenza and influenza-like-symptoms. The Centers for Disease Control and Prevention (CDC) has provided a guideline “Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities,” which instructs all long-term care facility residents who have confirmed or suspected influenza to receive antiviral treatment immediately.

Antiviral treatment works best when started within the first two days of symptoms. However, these medications can still help when given after 48 hours to those who are very sick, such as hospitalized individuals or those with a progressive illness.

When at least two patients are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza, the facility should promptly initiate antiviral chemoprophylaxis to all non-ill residents, regardless of whether they received influenza vaccination during the previous fall. Priority should be given to residents living in the same unit or floor as an ill resident. However, since staff and residents may spread influenza to residents on other units, floors, or buildings of the same facility, all non-ill residents are recommended to receive antiviral chemoprophylaxis to control influenza outbreaks. All eligible residents in the entire long-term care facility should receive antiviral chemoprophylaxis as soon as an influenza outbreak is determined.

Should you have any questions, please contact your consultant pharmacist and/or account manager.

CDC 2014 Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities

<http://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>

Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza. All long-term care (LTC) facility residents who have confirmed or suspected influenza should receive antiviral treatment immediately. Antiviral treatment works best when started within the first two days of symptoms. However, these medications can still help when given after 48 hours to those who are very sick, such as hospitalized individuals or those with a progressive illness.

Drug Choice - Two influenza antiviral drugs are currently recommended for use:

- **Oseltamivir (Tamiflu)**, available as a capsule or suspension
- **Zanamivir (Relenza)**, available as an inhaled powder using a disk inhaler device
Note: Some long-term care residents may have difficulty using the inhaled device
- Amantadine and Rimantadine are NOT recommended for use because of high levels of antiviral resistance among circulating influenza A viruses

Duration of Treatment or Chemoprophylaxis

- **Treatment:** Recommended duration for antiviral treatment is twice daily for five days; longer treatment courses for patients who remain severely ill after five days of treatment, can be considered
 - **Chemoprophylaxis:**
Recommended duration is once daily for seven days (after last known exposure)
- ** For control of outbreaks in institutional settings (e.g., LTC facilities and hospitals), the CDC recommends antiviral chemoprophylaxis for a minimum of two weeks, and continuing up to 1 week after the last known case was identified

Dosing Considerations for Renal Impairment:

• **Oseltamivir (Tamiflu)**

Influenza treatment

CrCl > 60 ml/min: 75 mg PO twice daily for five days

CrCl > 30-60 ml/min: 30 mg PO twice daily for five days

CrCl > 10-30 ml/min: 30 mg PO once daily for five days

CrCl ≤ 10 ml/min, not undergoing dialysis: Oseltamivir is not recommended

Influenza prophylaxis

CrCl > 60 ml/min: 75 mg PO once daily

CrCl > 30-60 ml/min: 30 mg PO once daily

CrCl > 10-30 ml/min: 30 mg PO every other day

CrCl ≤ 10 ml/min, not undergoing dialysis: Oseltamivir is not recommended

• **Zanamivir (Relenza)**

No recommended dosage adjustment of inhaled five-day course of treatment in patients with mild, moderate, or severe renal impairment

Considerations for Antiviral Use When Antiviral Supplies Are Limited

- When antiviral supplies are limited, recommendations for antiviral treatment and chemoprophylaxis might differ according to disease incidence, severity of illness, and likelihood for influenza-related complications
- Conservation of antiviral supplies to prioritize use for those with higher risk for complications or severe illness may be necessary; updated information on the most recent guidance for antiviral use from CDC and local public health officials should be sought during widespread illness or a pandemic, and medications should be reserved as much as possible for use in patients who are severely ill or at higher risk for complications