

Antiviral treatment works best when started within the first 48 hours of symptoms. However, these medications can still help when given after 48 hours to those that are very sick, such as those who have progressive illness, or those at high risk of complications.

Medications Used for Prophylaxis or Treatment of Influenza					
Drug	Form	Prophylaxis Dosing	Treatment Dosing	Cost	Considerations
<b>Oseltamivir</b> (Tamiflu)	Capsule or Suspension	75 mg PO once daily x 2 weeks, continuing 7 days after last known case of influenza	75 mg PO twice daily for 5 days	\$-\$\$+	<i>Preferred agent; reduced dosing for renal impairment*</i>
<b>Zanamivir</b> (Relenza)	Inhalation	10 mg (2 oral inhalations of 5 mg) daily x 2 weeks, continuing 7 days after last known case of influenza	10 mg (2 oral inhalations of 5 mg) twice daily for 5 days	\$	<i>Some residents may have difficulty using the inhaled device</i>
<b>Baloxavir</b> (Xofluza)	Tablet		80+ kg: 80 mg PO x 1 40-79 kg: 40 mg PO x1	\$-\$\$+	<i>Single dose therapy; no renal adjustment</i>
<b>Peramivir</b> (Rapivab)	IV infusion		600 mg IV x 1 dose	\$\$\$	<i>Reduced dosing for renal impairment</i>
<b>Amantadine and Rimantadine</b> are <b>not</b> recommended at this time due to high levels of resistance					
<small>*Oseltamivir Suspension and Xofluza 80 mg are higher cost</small>					

COST LEGEND	
Index	Approximate Cost
(\$)	< \$100
(\$\$)	\$101 - 200
(\$\$\$)	\$1,000

*Oseltamivir Dosing in Renal Insufficiency		
Creatinine Clearance	Prophylaxis Dosing (x 2 weeks minimum)	Treatment Dosing (x 5 days)
> 60 ml/min	75 mg PO once daily	75 mg PO twice daily
> 31-60 ml/min	30 mg PO once daily	30 mg PO twice daily
> 11-30 ml/min	30 mg PO every other day	30 mg PO once daily
<= 10 ml/min	Not recommended	Not recommended

## Management of Influenza Outbreaks in an Institutional Setting

- **Identification:**
  - When at least 2 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.
  - Chemoprophylaxis may be considered for all employees, regardless of their influenza vaccination status, if the outbreak is caused by a strain of influenza virus that is not well matched by the vaccine.
- **Chemoprophylaxis:**
  - Start therapy within 48 hours of exposure or symptom onset.
  - Treat for a minimum of 2 weeks, and continuing up to 7 days after the last known case was identified.