

CDC 2016-17 Guidance for Influenza Outbreak Management in Long-Term Care Facilities

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

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 institutionalized 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 5 days; longer treatment courses for patients who remain severely ill after 5 days of treatment, can be considered
- **Chemoprophylaxis**
For control of outbreaks in institutional settings (e.g. LTC facilities and hospitals), CDC recommends antiviral chemoprophylaxis for a minimum of 2 weeks, and continuing up to 7-10 days 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 5 days
CrCl > 30-60 ml/min: 30 mg PO twice daily for 5 days
CrCl > 10-30 ml/min: 30 mg PO once daily for 5 days
CrCl ≤ 10 ml/min, not undergoing dialysis: Oseltamivir is not recommended.
Influenza prophylaxis (x 2 weeks, continuing 7-10 days after last known case of influenza)
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 5-day course of treatment in patients with mild, moderate, or severe renal impairment

Influenza Outbreak:

- 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.