Summary of UKHSA influenza guideline – adults 2022 - see full UKHSA guideline

Treatment of influenza

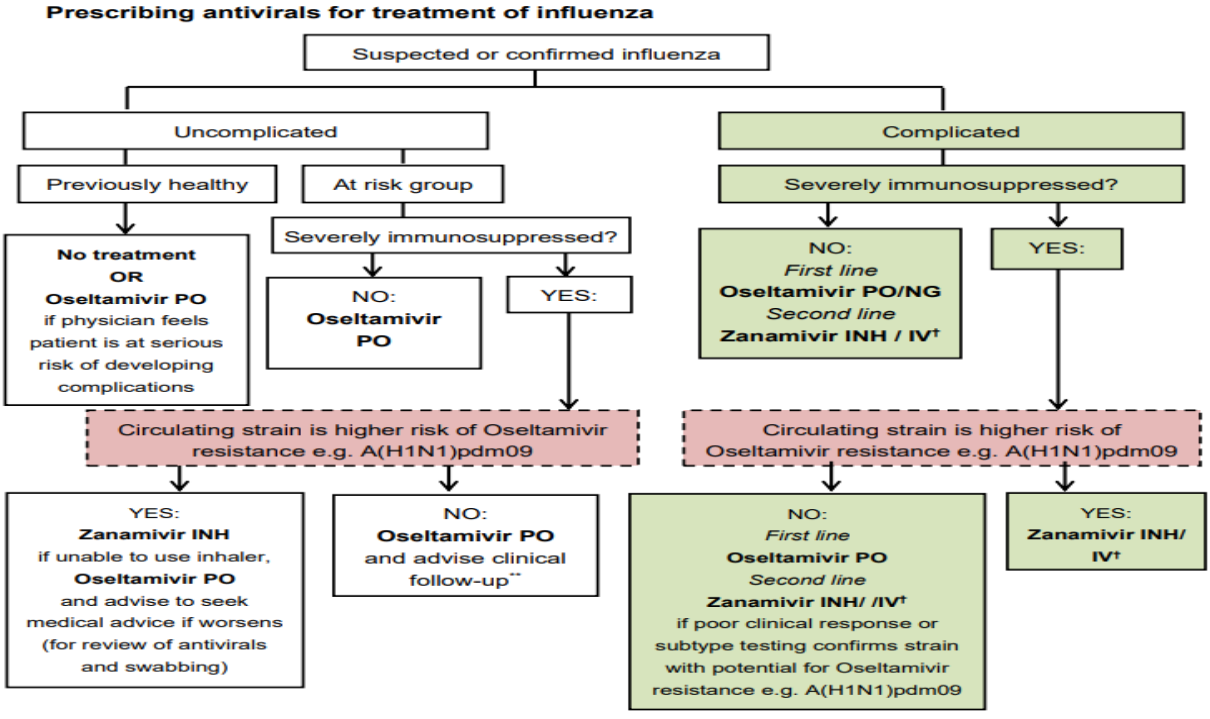
If suspecting influenza – see algorithm
Consider treatment of suspected/confirmed cases if
1)Complicated influenza i.e. Hospital admission or
2)uncomplicated influenza - patients at the risk group – see below definition*

Complicated influenza
Influenza requiring hospital admission and/or with symptoms and signs of lower respiratory tract infection (hypoxaemia, dyspnoea, lung infiltrate), central nervous system involvement and/or a significant exacerbation of an underlying medical condition.

Uncomplicated influenza
Influenza presenting with fever, coryza, generalised symptoms (headache, malaise, myalgia, arthralgia) and sometimes gastrointestinal symptoms, but without any features of complicated influenza.

***Risk Group for complicated influenza**
- neurological, hepatic, renal, pulmonary and chronic cardiac disease
- diabetes mellitus
- severe immunosuppression – see definition – page 5
- age over 65 years
- pregnancy (including up to 2 weeks post-partum)
- children under 6 months of age
- morbid obesity (BMI ≥40)

Patients with suspected influenza



Produced by Michelle Wong – Lead pharmacist antimicrobials 23/12/22.
Approved by Microbiology Meeting 23/12/22
Review date – Sept 23
Reference: locally adated from UKHSA Guidance on use of antiviral agnets for the treatment and prophylaxis of seasonal influenza version 11 Nov 21

Dosing for treatment of influenza

Oseltamivir

Adults (over 40kg) within 48hours of onset (unless immunocompromised-see page 5)

Oseltamivir 75mg po/NG BD for 5 days

If ≤40kg – reduce dose to 60mg BD for 5 days

Dosing of **oseltamivir** with Renal impairment

CrCl (mL/min)*	Treatment oseltamivir	Duration
>60	75mg** PO BD	5 Days (10 days if immunocompromised)
31-60	30mg PO BD	5 Days (10 days if immunocompromised)
11-30	30mg PO OD	5 Days (10 days if immunocompromised)
≤10	30mg PO ONCE ONLY	ONCE ONLY

*If Crcl is not available - eGFR may be used initially to guide dosing

**If patient weight ≤40kg – reduce dose to 60mg po BD

Zanamivir Inhaler

Adults (within 48hours unless for immunocompromised- see page 5)

Zanamivir 10mg inh BD for 5 days

If requiring IV – see full UKHSA guideline and must be discussed with microbiologist

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Post Exposure Prophylaxis

Post exposure prophylaxis should be considered for patients in the '**at risk groups'** (see below) following significant exposure (same bay) to a confirmed case of influenza.

Nb. **Previously healthy (exclude pregnant women) usually do not require prophylaxis**

At risk groups for complicated influenza

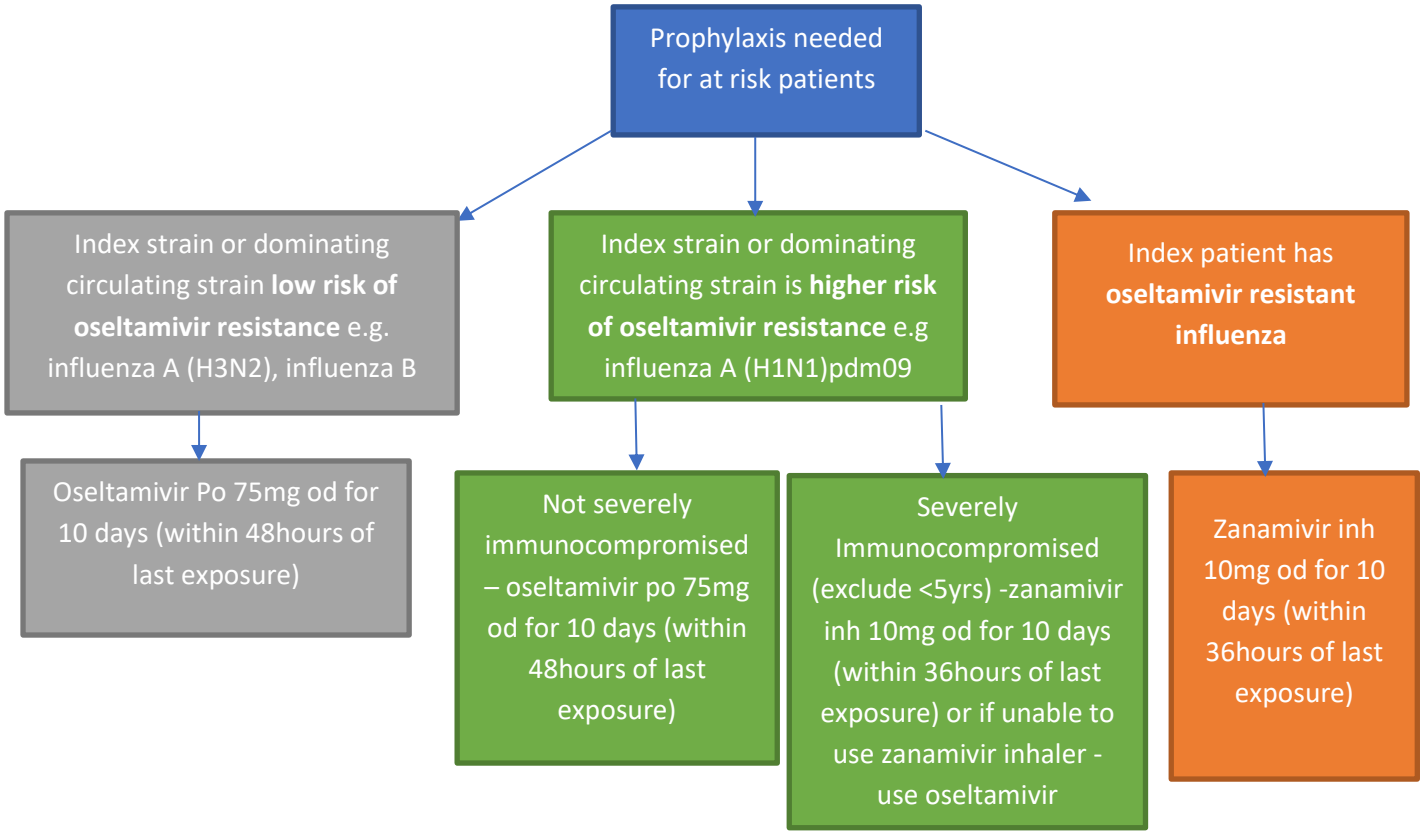
- neurological, hepatic, renal, pulmonary and chronic cardiac disease
- diabetes mellitus
- severe immunosuppression (see definition – see page 5)
- age over 65 years
- pregnancy (including up to 2 weeks post-partum)
- children under 6 months of age
- morbid obesity (BMI ≥40)

When considering prophylaxis - in addition to whether patient is in the at risk group – consider whether patient is vaccinated – if vaccinated – may not need prophylaxis

Prophylaxis is needed if at risk group and as below:

- Unvaccinated
- there has been less than 14 days between vaccination and date of contact with influenza patient

Nb Vaccination is considered to be well matched as of 23/12/22



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Post exposure prophylaxis dosing

Oseltamivir 75mg po od for 10 days (starting within 48hours of last exposure ideally)

CrCl (mL/min)*	Oseltamivir Prophylaxis	Duration
>60	75mg** PO OD	10 days
31-60	30mg PO OD	10 days
11-30	30mg PO every 48 hours	10 days
≤10	30mg PO STAT and repeat in 7 days	(2 doses)

*If Crcl is not available - eGFR may be used initially to guide dosing

** If patient weight ≤40kg – reduce dose to 60mg po OD

Zanamivir inhaler (not licensed for <5years)

Zanamivir inh 10mg od for 10 days (start within 36hours of last exposure ideally)

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Definition for Severe immunosuppression

Degrees of immunosuppression are difficult to quantify and individual variation exists (list not exhaustive)

Examples of severe immunosuppression include:

- severe primary immunodeficiency
- current or recent (within 6 months) chemotherapy or radiotherapy for malignancy.
- solid organ transplant recipients on immunosuppressive therapy
- bone marrow transplant recipients currently receiving immunosuppressive treatment, or within 12 months of receiving immunosuppression
- patients with current graft-versus-host disease
- patients currently receiving high dose systemic corticosteroids (equivalent to ≥40 mg prednisolone per day for >1 week in an adult, or ≥ 2mg/kg/day for ≥1 week in a child), and for at least 3 months after treatment has stopped.
- HIV infected patients with severe immunosuppression (CD4<200/µl or <15% of total lymphocytes in an adult or child over 5; CD4< 500/µl or <15% of total lymphocytes in a child aged 1 to 5; expert clinical opinion in a child aged under 1)
- patients currently or recently (within 6 months) on other types of highly immunosuppressive therapy or where the patient's specialist regards them as severely immunosuppressed

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