

Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Antivirals Guidance for Treatment and Prophylaxis of Influenza

Detailed guidance on the use of antiviral agents for the treatment and prophylaxis of influenza is available on the HSE/HPSC website

<https://www.hpsc.ie/a-z/respiratory/influenza/seasonalinfluenza/guidance/antiviraltreatmentandprophylaxisguidance/Antivirals%20guidance%20for%20treatment%20>

Antiviral treatment

- Antiviral treatment is recommended as early as possible for any patient with suspected or confirmed influenza who is hospitalised due to influenza
- Any patient who, while in hospital for other indication, develops influenza, should be assessed for risk from influenza complications (as below). Antiviral treatment is recommended as early as possible for those at higher risk from influenza complications.

Higher risk from influenza complications includes :

1. Age 65 years and over
 2. Pregnancy (including up to two weeks post-partum)
 3. Children aged <2 years of age
 4. Chronic respiratory disease including those on medication for asthma
 5. Chronic heart, kidney, liver or neurological disease
 6. Diabetes mellitus
 7. Haemoglobinopathies
 8. Immunosuppression (whether due to treatment or disease e.g. HIV)
 9. Morbid obesity (BMI \geq 40)
 10. Those with any condition that can compromise respiratory function (e.g cognitive dysfunction, spinal cord injury, seizure disorder, or other neuromuscular disorder), especially those attending special schools/day centres.
 11. Those with Down Syndrome
 12. Persons with moderate to severe neurodevelopmental disorders such as cerebral palsy and intellectual disability
 13. Residents of nursing homes or Residential Care Facilities
- 1st line antiviral treatment is generally PO/NG Oseltamivir 75mg BD for adult patients with normal renal function but:
 - **Dose Adjustment is required in renal impairment .**
 - Alternative therapy with Zanamivir may be indicated for patients with severe immunocompromise – please discuss with Microbiology/Infectious Diseases
 - Treatment duration is generally 5 days.

There is limited evidence to support treating for longer duration in those with severe influenza (e.g critically ill in ICU) and in severely immunosuppressed patients. Discussion with Microbiology/Infectious Diseases is recommended.

Antiviral prophylaxis

Chemoprophylaxis (generally PO/NG Oseltamivir) may be considered for people at higher risk from influenza complications (as above, 1 to 13) who have had recent close contact with a person with influenza. Details on use of Oseltamivir for prophylaxis of high risk contacts, including dose, duration and dose adjustment in renal impairment are to be found in the HPSC/ [HSE guidance](#)