

## Outpatient Antiviral Use for Influenza: 2017-2018

Monroe County Flu Surveillance <https://www2.monroecounty.gov/health-index.php>

CDC Seasonal Influenza A(H3N2) Activity and Treatment Health Advisory <https://emergency.cdc.gov/han/han00409.asp>

### Treatment

- The CDC recommends **treatment as early as possible** for confirmed or suspected influenza in patients who have severe, complicated or progressive illness *OR* who are at high risk for influenza complications including:
  - Children <2 years of age
  - Adults ≥65 years of age
  - Women who are pregnant or up to 2 weeks post-partum
  - Morbidly obese (BMI >40)
  - American Indians & Alaskan Natives
  - Nursing home or chronic care facility residents
  - Immunosuppressed patients
  - Age <19 on long-term aspirin therapy
  - Chronic metabolic, renal, CV, respiratory, hematological or neurologic conditions
- The CDC recommends **considering treatment** in previously healthy, low-risk, symptomatic outpatients, on the basis of clinical judgement *if treatment can be initiated within 48 hours of onset.*
- Initiation of empiric treatment should not be delayed by waiting for diagnostic testing results.

### Considerations for those with severe, complicated or progressive illness and/or high risk patients:

- Initiation of antivirals beyond 48 hours may still provide clinical benefit in patients with severe, complicated or progressive illness.
- Use of antiviral therapies in high risk patients has demonstrated a reduction in lower respiratory tract infections requiring antibiotics.
- Decision to treat in high risk patients is based on disease severity and progression, age, underlying medical conditions, likelihood of influenza, and time since symptom onset.

### Considerations for previously healthy symptomatic outpatients:

- In patients with mild influenza, antivirals started within 48 hours of onset have been shown to reduce symptom duration by 1 day.
- In a 2014 Cochrane review of antivirals for treatment of uncomplicated, mild influenza-like illness oseltamivir or zanamivir reduced symptom duration by 14.4 and 16.8 hours in adults, respectively. **Oseltamivir induced nausea (NNH = 28) and vomiting (NNH = 22) was considerable** whereas zanamivir was better tolerated.
- One post-hoc analysis suggests initiating therapy in children within 72 hours of onset reduced symptoms by 1 day.
- Data on whether duration of viral shedding is reduced with antiviral treatment have been inconsistent.

### Post-Exposure Prophylaxis

- Antiviral agents are 70 – 90% effective at preventing infection, particularly when used as adjunct to vaccination. However, **to limit potential for resistance and morbidity from antiviral adverse events, the CDC does not recommend routine post-exposure prophylaxis.**
- Post-exposure prophylaxis may be considered in certain circumstances such as patients with high risk of influenza complications who are unvaccinated or have exposure within 2 weeks of vaccination or patients with severe immune deficiencies who may not respond to vaccination.
- CDC generally does not recommend initiating prophylaxis if >48 hours have elapsed since exposure.

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