

# ANMC 2022-2023 Influenza Testing and Treatment Recommendations

All patients with influenza-like illness should also be tested for SARS-CoV-2

## Testing Recommendations

### Ambulatory Care:

- It is *not necessary* to perform influenza PCR testing in *most ambulatory patients* who present with uncomplicated influenza-like illness.
  - If confirmation desired, order Influenza A/B, RSV, RT-PCR
- If co-infection is suspected order COVID-19, Influenza A&B, RSV, RT-PCR

### Inpatient:

- Confirm diagnosis by Influenza A/B, RSV, RT-PCR
- When SARS-CoV-2 and influenza are co-circulating, patients being admitted with known COVID-19 should be tested for influenza to rule-out co-infection
  - If co-infection is suspected order COVID-19, Influenza A&B, RSV, RT-PCR

## Indications for Treatment

- Treatment is recommended as soon as possible for all patients with confirmed or suspected influenza who:
  - Have severe, complicated, or progressive illness, or
  - Require hospitalization, or
  - Are at higher risk for influenza complications (see green box →)
- Oseltamivir can be considered on the basis of clinical judgment for low-risk patients who present within 48 hours with stable illness

## High-risk for Influenza Complications

- Treat persons with:
  - Chronic pulmonary disease** (including asthma)
  - Cardiovascular** (*except* hypertension alone)
  - Renal, hepatic, hematological impairment/disease** (including sickle cell)
  - Metabolic disorders** (including diabetes mellitus)
  - Neurologic and neurodevelopment conditions** (including disorders of the brain, spinal cord, peripheral nerve, cerebral palsy, epilepsy [seizure disorders], stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy)
  - Immunosuppressing conditions or medications**
  - Women who are **pregnant or postpartum** (within 2 weeks after delivery)
  - ≤ 19 years** receiving **long-term aspirin therapy**
  - Morbid obesity** (i.e., BMI ≥ 40)

## Treatment NOT recommended

- Do not treat non-institutionalized persons age 2-64 who are not at high-risk for influenza complications presenting >48h after symptom onset with stable or improving uncomplicated illness
- Chemoprophylaxis of household members is not routinely recommended, except in medically high-risk close contacts within 48 hours of exposure (see green box →)

## Influenza Treatment Dosing for Oseltamivir\*

	Age	Dose	Renal dose adjustments	Duration
Neonates	PMA <38 weeks	1 mg/kg/dose PO q12h	<i>CrCl</i> <30 mL/min: usual dose given q24h (additional dose adjustment needed for hemodialysis)	5 days
	PMA 38-40 weeks	1.5 mg/kg/dose PO q12h		
	PMA >40 weeks	3 mg/kg/dose PO q12h		
Infants	Term 0-8 months	3 mg/kg/dose PO q12h		5 days
	9-11 months	3.5 mg/kg/dose PO q12h		
Children ≥1 year	≤15 kg	30 mg PO q12h		5 days
	>15-23 kg	45 mg PO q12h		
	>23-40 kg	60 mg PO q12h		
Adults	>40 kg or ≥12 years	75 mg PO q12h	<i>CrCl</i> 30-60 mL/min: 75 mg PO once daily <i>CrCl</i> 10-30 mL/min: 30 mg PO once daily Hemodialysis: 30 mg PO after HD session	5 days

\*Prophylaxis dosing = above dose q24h for 10 days

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