ANMC 2020-2021 Influenza Testing and Treatment Recommendations

During the 2020-2021 influenza season, all patients with influenza-like illness should 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

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 →)

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)

Influenza Treatment Dosing for Oseltamivir*

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

Antimicrobial Stewardship Program Approved 2016; Updated January 2021

Flu Treatment. Centers for Disease Control and Prevention. 2017. https://www.cdc.gov/flu/treatment/index.html.