



Prescribing Guidelines for Influenza

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Influenza

There are two common types of influenza (flu) viruses that cause seasonal infections: Influenza A and Influenza B. Flu symptoms can vary widely, but patients most commonly present with fever, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose and muscle aches. Vomiting and diarrhea may also be signs of the flu, especially among children. Antivirals can be used for confirmed or suspected treatment of the flu or for flu prevention in patients that are high risk for complications with known exposures. They are most effective if initiated within 48 hours of symptom onset, so early treatment is warranted for patients with confirmed disease or high likelihood of flu infection.

Antivirals to treat suspected or confirmed flu infections:

- Are recommended as soon as possible, regardless of symptom duration, for children less than 2 years old, any child with severe, complicated or progressive influenza disease and any child at high risk for complications (see table below)
- May be considered for any symptomatic child or adolescent if treatment can be initiated within 48-hours of symptom onset or any child with a household contact less than 6 months old or at high risk for complications (see table below)

Antivirals to prevent flu infections:

- May be given to family members and close contacts of an infected person if they are at high risk of complications AND have not received the annual influenza vaccine, are within two-weeks of receiving the vaccine OR are immunocompromised and less likely to respond fully to the influenza vaccine

Children at High Risk for Influenza Complications¹

- Children with chronic pulmonary conditions (including asthma and cystic fibrosis); hemodynamically significant cardiovascular disease (except hypertension alone); or renal, hepatic, hematologic (including sickle cell disease and other hemoglobinopathies) or metabolic disorders (including diabetes mellitus)
- Children with immunosuppression attributable to any cause, including that caused by medications or by HIV infection
- Children with neurologic and neurodevelopment conditions (including disorders of the brain, spinal cord, peripheral nerves and muscles including cerebral palsy, epilepsy, stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy or spinal cord injury)
- Children with conditions that compromise respiratory function or handling of secretions (including tracheostomy and mechanical ventilation)
- Women who are pregnant or postpartum during the influenza season
- Children < 19 who are receiving long-term aspirin therapy or salicylate-containing medications (including those with Kawasaki disease and rheumatology conditions) because of increased risk of Reye syndrome
- American Indian and Alaska Native people
- Children with obesity
- Residents of chronic care facilities and nursing homes

The best way to prevent serious illness from the flu is to encourage patients 6 months and older to receive an annual flu-vaccine. Visit the [CDC website](#) for a complete list of available flu vaccine options and notes on timing of administration.

Below are recommended treatment and prevention regimens for oseltamivir (Tamiflu®). Information on other FDA-approved medications to treat influenza, zanamivir (Relenza Diskhaler®), peramivir (Rapivab®) and baloxavir (Xofluza®), can be found in the American Academy of Pediatrics influenza recommendations¹. If considering zanamivir dry powder inhaler (Relenza Diskhaler®), please review proper technique for inhaler use with child and family. Other therapies, including peramivir (Rapivab®) and baloxavir (Xofluza®), require prior authorization by Ohio Medicaid plans.

Influenza Treatment and Prevention				
Medication	Age/Weight	Treatment (Duration is <u>5</u> Days)	Prevention (Duration is <u>7</u> Days)	
Oseltamivir (tamiflu®) Capsule: 30 mg 45 mg 75 mg Suspension: 6 mg/mL Common Side Effects: • Nausea/vomiting • Headache	< 38 weeks	1 mg/kg orally TWICE daily	Limited safety and efficacy data	
	38 – 40 weeks	1.5 mg/kg orally TWICE daily	Limited safety and efficacy data	
	< 3 months	3 mg/kg orally TWICE daily	Limited safety and efficacy data	
	3 – 8 months	3 mg/kg orally TWICE daily	3 mg/kg orally ONCE daily	
	9 – 11 months	3.5 mg/kg orally TWICE daily*	3.5 mg/kg orally ONCE daily*	
	Weight-threshold doses for patients 12 months and older			
	≤ 15 kg	30 mg orally TWICE daily	30 mg orally ONCE daily	
	> 15 kg – 23 kg	45 mg orally TWICE daily	45 mg orally ONCE daily	
	> 23 kg – 40 kg	60 mg orally TWICE daily	60 mg orally ONCE daily	
	> 40 kg	75 mg orally TWICE daily	75 mg orally ONCE daily	

Adapted from American Academy of Pediatrics (AAP) Influenza Treatment Recommendations¹.

*AAP Recommendation. CDC recommends 3mg/kg for both prevention and treatment for all patients < 12 months.

References:

1. COMMITTEE ON INFECTIOUS DISEASES. Recommendations for Prevention and Control of Influenza in Children, 2022-2023. Pediatrics. 2022 Sep 6.
2. Centers for Disease Control and Prevention (CDC). Influenza antiviral medications: summary for clinicians. <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>. Published September 22, 2021a.
3. Uyeki TM, Bernstein HH, Bradley JS, et al. Clinical practice guidelines by the Infectious Diseases Society of America: 2018 update on diagnosis, treatment, chemoprophylaxis, and institutional outbreak management of seasonal influenza. *Clin Infect Dis*. 2019;68(6):895-902.

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