



Use of Antivirals in Island Health Long Term Care Facilities

Antiviral Treatment/Prophylaxis for Long Term Care Residents

In the event of an influenza outbreak within a long term care facility, physicians may be asked to prescribe antiviral medications as prophylaxis for *asymptomatic* patients. **This applies to both vaccinated and unvaccinated residents.**

To facilitate prompt ordering of antiviral prophylaxis, please ensure:

1. A creatinine clearance from **this calendar year** is available on all long term care residents *with stable renal impairment* under your care
2. For patients with *unstable renal impairment* a creatinine clearance from the **current month** should be available in case antiviral treatment or prophylaxis is required

No creatinine clearance is required for residents who do not have renal impairment, and first doses of antiviral prophylaxis can be initiated at the same time as creatinine tests are being collected in order to facilitate initiation of prophylaxis.

Antiviral Prophylaxis for Healthcare Workers

Unvaccinated and vaccinated healthcare workers **may** also require antiviral medication if they will be working on an outbreak unit or affected facility that has prolonged or unusual outbreak. This recommendation will be made on an outbreak-specific basis by the Medical Health Officer or Infection Prevention and Control team managing the facility outbreak.

Please use the prophylaxis dosing as described in the section below.

Please ensure that patients who request antiviral prophylaxis because they work in an outbreak affected facility are assessed and provided with antiviral medication for the duration of the outbreak. Staff shortages due to preventable illness during an outbreak pose a risk to the health and safety of residents.

Summary of Antiviral Recommendations – Oseltamivir and Zanamivir

Neuraminidase inhibitors (Oseltamivir and Zanamivir) remain the recommended drugs of choice for treatment or prophylaxis against influenza A or B for this season.



Due to persisting resistance to Amantadine® among the majority of circulating influenza strains, it is not recommended for treatment or prophylaxis at this time.

For more detailed guidelines on the use of antiviral medication for influenza treatment and prevention, see the 2019 AMMI guidelines at <https://jammi.utpjournals.press/doi/full/10.3138/jammi.2019.02.08>

Treatment Dosage of Oseltamivir for individuals 13 years and older:

Begin treatment within 48 hours of onset of influenza symptoms

1. Renal function normal or CrCl >60ml/min: 75 mg po twice daily x 5 days
2. Impaired renal function (CrCl 30-60 ml/min): 30 mg po twice daily OR 75 mg po once daily x 5 days
3. Severely impaired renal function (CrCl 10-30 ml/min): 30 mg po once daily x 5 days
4. Renal failure (CrCl <10 ml/min): 75 mg po ONCE during illness

Prophylaxis Dosage of Oseltamivir for individuals 13 years and older:

Begin prophylaxis within 48 hours of exposure

1. Renal function normal or CrCl > 60 ml/min: 75 mg po once daily until prophylaxis no longer required
2. Impaired renal function (CrCl 30-60ml/min): 75 mg po on alternate days or 30 mg po daily until no longer required.
3. Severely impaired renal function (CrCl 10-30 ml/min): 30 mg po on alternate days until no longer required

Oseltamivir is available in 75 mg capsules as well as a powder that can be reconstituted into an oral suspension at 12 mg/mL.

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