<table>
<thead>
<tr>
<th>Indication and Population</th>
<th>Definitive Therapy</th>
<th>Duration/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Indications:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| • Hospitalized patients with suspected or confirmed influenza regardless of time from symptom onset | Preferred: **Oseltamivir**<sup>*</sup>  
Infants <12 months of age:  
Born at <37 wks gestation:  
<38 wks PMA: 1 mg/kg PO BID  
38-40 wks PMA: 1.5 mg/kg PO BID  
>40 wks PMA: 3 mg/kg PO BID  
Born at ≥37 wks gestation:  
3 mg/kg PO BID  
Children ≥1-year-old:  
≤15 kg: 30 mg PO BID  
>15 - 23 kg: 45 mg PO BID  
>23 - 40 kg: 60 mg PO BID  
>40 kg: 75 mg PO BID  | **Oseltamivir**: 5 days  
• For most ICU patients or those with mild to moderate immunosuppression, 5 days is recommended  
• In select patients with extended ventilation or profound immunosuppression in whom oseltamivir duration is extended beyond 5 days, treatment should not be continued after two negative influenza PCRs. |
| • Outpatients with suspected or confirmed influenza who are at high risk for influenza complications, regardless of time from symptom onset:  
  o Children under 2 years of age  
  o Patients with chronic pulmonary, cardiovascular, renal, hepatic, hematologic, or metabolic, or neurological or neurodevelopmental conditions  
  o Immunocompromised patients  
  o Pregnant women  
  o Patients under 19 years of age receiving long-term aspirin therapy  
  o American Indians and Alaskan Natives  
  o Morbidly obese patients  
  o Residents of nursing homes and other chronic-care facilities  | Alternative for patients ≥7-years old who are not intubated and have a documented intolerance to oseltamivir or an influenza strain resistant to oseltamivir:  
**Zanamivir** 2 inhalations (10 mg) BID  
Restricted alternative for patients >12-years old with neuraminidase inhibitor-resistant strains:  
**ID consult is strongly recommended + Baloxavir**  
40-79 kg: 40 mg x1  
>80 kg: 80 mg x1  | **Zanamivir**: 5 days  
**Baloxavir**: 1 day  
**Peramivir**: should not exceed 5 days in hospitalized patients.  
• Patients with uncomplicated influenza in the clinic or ED (for whom drug delivery by a route other than IV is not feasible) should receive a one-time dose |
| Can consider for outpatients with suspected or confirmed influenza who lack risk factors for complications, if treatment can start within 48 hours of symptom onset | **Baloxavir** requires ID consult prior to use.  
• Baloxavir should not be used routinely due to its low barrier to resistance and lack of efficacy data in hospitalized and critically ill patients.  
• Baloxavir should be administered at least 2 hours prior or 4 hours after administration of polyvalent cations due to the formation of a chelate which can significantly decrease baloxavir exposure  | **Peramivir**:  
• Oseltamivir-resistant influenza strains are cross-resistant to peramivir. |

Comments:  
**Oseltamivir**  
• Can rarely cause neuropsychiatric effects  
• Well absorbed in the setting of vasopressor therapy and enteral feeding  
**Zanamivir**  
• Zanamivir should be used with caution in patients with chronic lung disease (e.g. children with asthma, cystic fibrosis)  
• Requires respiratory effort and should not be used in patients with respiratory distress and/or limited respiratory drive  
**Baloxavir**  
• Baloxavir requires ID consult prior to use.  
• Baloxavir should not be used routinely due to its low barrier to resistance and lack of efficacy data in hospitalized and critically ill patients.  
• Baloxavir should be administered at least 2 hours prior or 4 hours after administration of polyvalent cations due to the formation of a chelate which can significantly decrease baloxavir exposure  
**Peramivir**  
• Oseltamivir-resistant influenza strains are cross-resistant to peramivir.
Prophylaxis Indications:
Consider for select patients (below) with documented ongoing influenza exposure OR in whom prophylaxis can be started within 48 hours of the last exposure:

- Patients at high risk for complications (see above) who have not received an influenza vaccine or were vaccinated within the last 2 weeks
- Unimmunized family members with ongoing, close exposure to unimmunized children at high risk for complications
- As a supplement to immunization among immunocompromised children who may not respond to vaccine
- Vaccinated individuals at high risk for complications (see above) and at high risk for a poor response to the vaccine (e.g. transplant, rituximab treatment)

In seasons where the vaccine is a poor match for circulating influenza strains, prophylaxis of high-risk patients may be considered regardless of immunization status.

<table>
<thead>
<tr>
<th>Preferred:</th>
<th>Oseltamivir*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants ≥3 months and &lt;12 months: 3 mg/kg PO once daily</td>
<td></td>
</tr>
<tr>
<td>Children ≥ 1-year old:</td>
<td></td>
</tr>
<tr>
<td>≤15 kg: 30 mg PO once daily</td>
<td></td>
</tr>
<tr>
<td>&gt;15 - 23 kg: 45 mg PO once daily</td>
<td></td>
</tr>
<tr>
<td>&gt;23 - 40 kg: 60 mg PO once daily</td>
<td></td>
</tr>
<tr>
<td>&gt;40 kg: 75 mg PO once daily</td>
<td></td>
</tr>
</tbody>
</table>

| Alternative for patients ≥5-years old with a documented intolerance to oseltamivir or an influenza strain resistant to oseltamivir: |
| Zanamivir 2 inhalations (10 mg) once daily |

Prophylaxis Duration:
Oseltamivir or zanamivir: 7 days after last known exposure
- For ongoing exposure, resolution of symptoms in case patient defines end of exposure

Comments:
- Use of oseltamivir for chemoprophylaxis is not recommended in patients <3-months old unless situation is judged critical due to limited data in this age group
- Oseltamivir can rarely cause neuropsychiatric effects
- CDC does not recommend seasonal or pre-exposure antiviral chemoprophylaxis
- Amantadine and rimantadine are no longer recommended due to increasing rates of resistance

*Adjust dose based on renal function. See Pediatric Renal Dosing Guidelines.
-Consult with Infection Prevention or the Health Department for institutional/hospital outbreaks.
-Consult with Occupational Health or Infection Prevention for occupational exposures

References:
1. [https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm](https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm)