



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 order a creatinine clearance on all long term care residents under your care early this fall, unless there is already a creatinine clearance on record for this calendar year, and/or no reason to suspect renal impairment. Some facilities may have access to STAT lab services, which may eliminate the need to order creatinine clearance in advance of an outbreak. Please confirm this with the facility's Director of Care.

VIHA operated facilities in the South Island will have Physician Prepared Orders (PPOs). These include an order to follow the Influenza protocol which will address both the use of antivirals and requirements for creatinine clearance. This order is only valid if it has been signed by the attending physician.

Antiviral Prophylaxis for Unimmunized Healthcare Workers

Unvaccinated healthcare workers may also require antiviral medication if they will be working on an outbreak unit or affected facility. 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 who are unimmunized and do not receive antiviral medication CANNOT work in outbreak affected facilities during an outbreak. Staff shortages 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 AMMI guidelines at <http://www.ammi.ca>.

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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