

CDC RECOMMENDATIONS: ANTIVIRAL DRUGS TO TREAT AND PREVENT INFLUENZA (continued)

^aTreatment: Start antivirals as soon as possible (ideally within 2 days of symptom onset); do not wait for lab test confirmation. Starting later may help severe/complicated/hospitalized patients. Consider treating longer if patients remain severely ill after 5 days of treatment, especially if immunosuppressed. Treat patients at high risk of influenza complications: age <2 yo or ≥65 yo; chronic pulmonary, cardiovascular (except hypertension only), renal, hepatic, hematologic, metabolic, neurologic/neurodevelopment disorders; immunosuppressed or HIV; pregnant or within 2 weeks postpartum; child or adolescent on long-term aspirin; native American/Alaskan native; morbid obesity; resident of nursing home or chronic care facility.

^bPrevention: Treat for 10 days after household exposure, and for 7 days after most recent known exposure in other situations. For long-term care facilities and hospitals, treat for at least 14 days and up to 7 days after the most recent case was identified.

^cBaloxavir: FDA-approved for uncomplicated acute influenza A/B in patients 12 yo or older. Give within 24 h of symptom onset for greatest efficacy. Do not simultaneously take dairy products or calcium-fortified drinks, or drugs or supplements that contain polyvalent cations (e.g., antacids, Al, Ca, Mg, selenium, zinc).

^dPharmacists can compound 6 mg/mL suspension from oseltamivir package insert recipe. Contents of 30, 45, and 75 mg capsules can also be mixed with a sweetened liquid. Make sure that dosing instructions give the volume of the dose in mLs and that patients have an oral dose dispenser that measures the appropriate volume in mLs. Oseltamivir is FDA-approved for treatment of influenza in infants 2 weeks of age or older and prevention of influenza in children 1 yo or older.

^eAAP (<http://pediatrics.aappublications.org/content/early/2018/08/30/peds.2018-2367>) recommends that infants age 9 to 11 mo receive oseltamivir 3.5 mg/kg/dose PO twice daily for treatment and once daily for prevention. This is based on pharmacokinetic data suggesting a higher dose is needed for adequate exposure in this age group. No data suggests the higher dose is more effective or causes more adverse effects than the usual dose.

^fThis dose is not intended for premature infants who may have increased oseltamivir exposure due to immature renal function.

^gZanamivir should not be used by patients with underlying pulmonary disease. Do not use Relenza in a nebulizer or ventilator; lactose in the formulation may clog the device.

^hIV peramivir is FDA-approved for uncomplicated acute influenza in adults and children 2 yo or older who have been symptomatic for not more than 2 days. The AAP considers it an option to treat influenza in children who cannot absorb PO/NG oseltamivir or use inhaled zanamivir. Per CDC, there is insufficient data to evaluate peramivir efficacy in hospitalized patients. CDC recommends PO/NG oseltamivir for influenza in hospitalized patients. In patients who cannot tolerate or absorb PO/NG oseltamivir (due to gastric stasis, malabsorption, or GI bleeding), consider IV peramivir (age 6 yo or older: 10 mg/kg up to 600 mg IV once daily for at least 5 days).

AMANTADINE—ANTIMICROBIAL Prevention/treatment of influenza A: 5 mg/kg/day up to 150 mg/day PO divided two times per day for age 1 to 9 yo and any child wt less than 40 kg. Give 100 mg PO two times per day for adults and children age 10 yo or older; reduce to 100 mg PO daily if age 65 yo or older. The CDC generally recommends against amantadine/rimantadine to treat or prevent influenza A in the United States due to high levels of resistance. See amantadine—neurology for other uses. [Generic only: Caps 100 mg. Tabs 100 mg. Syrup 50 mg/5 mL (480 mL).] ▶K ♂ ♀ ♂? \$\$\$

BALOXAVIR MARBOXIL (XOFLUZA) Uncomplicated influenza A/B treatment, age 12 yo or older: Single dose of 40 mg for wt 40 to less than 80 kg; 80 mg for 80 kg or greater. Intended for use within 48 hours of symptom onset; most effective when given within 24 h of symptom onset. [Trade only: Tabs 20, 40 mg. Blister cards of 2 tabs to provide doses of 40 or 80 mg. doses of 40 or 80 mg.] ▶L, Feces ♀/?/??? \$\$\$