

For recommendations on the use of COVID-19 and influenza diagnostic tests when considering prescribing prophylaxis in at-risk patients see Table 1 in the UKHSA guidance document

For further information, please contact your Primary Care Pharmacist

Lead Author: SW London CCG Medicines Optimisation Infection Network (version 1.1) Date final document written: January 2022 Approved by IMOC on date: February 2022 Review date: February 2024

Table 1: Recommended dosage of oseltamivir in patients with renal dysfunction (adults aged 13 or over)⁵

Creatinine Clearance (eGFR may be used if CrCl is not available)	Oseltamivir PO (Prophylaxis – 10 days)
Moderate impairment (CrCl 31-60mL/min)	30mg OD
Severe impairment (CrCl 11-30mL/min)	30mg every 48 hours
Established renal failure (CrCl <10mL/min)	30mg ONCE repeated after 7 days based on expert opinion. Specialist advice should be sought

NB: For further information and prescribing guidance (based on expert opinion) for haemodialysis see section 3.1.2 <u>here</u> There is NO dose adjustment for zanamivir in renal impairment³.

There is NO dose adjustment for oseltamivir and inhaled zanamivir in hepatic impairment^{2,3}.

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	Dominant influenza	Dominant influenza strain is	Exposed to suspected or
	strain is lower risk for	higher risk for oseltamivir	confirmed oseltamivir
	oseltamivir resistance	resistance e.g. H1N1	resistant influenza
	e.g. H3N2, Influenza B		7
At risk of complicated	Oseltamivir PO 10 days,	Oseltamivir PO 10 days,	Zanamivir INH 10 days,
influenza (including	once daily, if therapy can	once daily, if therapy can be	once daily, if therapy can be
pregnant women but	be started within 48 hrs of	started within 48 hrs of last	started within 36 hrs of last
excluding severely	last exposure; or after 48	exposure; or after 48 hrs on	exposure; or after 36 hrs on
immunosuppressed	hrs on specialist advice	specialist advice only	specialist advice only.
patients and excluding	only.	Pregnancy: see Note 1	Pregnancy: see Note 1 and
children under 5 years)	Pregnancy: see Note 1		Note 2
Severely	Oseltamivir PO 10 days,	Zanamivir INH 10 days, once	Zanamivir INH 10 days,
immunosuppressed	once daily, if therapy can	daily, if therapy can be started	once daily, only if therapy
patients (excluding	be started within 48 hrs of	within 36 hrs of last exposure;	can be started within 36 hrs
children under 5 years)	last exposure; or after 48	or after 36 hrs on specialist	of last exposure; or after 36
	hours on specialist advice	advice only.	hrs on specialist advice only.
	only	If unable to administer	If unable to administer
		zanamivir INH, oseltamivir	zanamivir INH, discuss with
		PO 10 days once daily, if	specialist, monitor closely
		therapy can be started within	and begin treatment
		48 hrs of last exposure; or	promptly if influenza-like
		after 48 hours on specialist	illness symptoms develop
		advice only	(follow treatment pathway)
Children under 5 years	Oseltamivir PO 10 days,	Oseltamivir PO 10 days,	Discuss with specialist.
in at risk groups	once daily, if therapy can	once daily, if therapy can be	Monitor closely and begin
including severely	be started within 48 hrs of	started within 48 hrs of last	treatment promptly if
immunocompromised	last exposure; or after 48	exposure; or after 48 hrs on	influenza-like illness
children .	hrs on specialist advice	specialist advice only	symptoms develop (follow
	only	. ,	treatment pathway)

Table 3: Advice for use in pregnancy⁶

Antivirals are recommended for pregnant women due to the adverse clinical outcomes that have been observed for influenza infection in this group.

Oseltamivir	First line option for the vast majority of pregnant women with influenza. Discuss with patient regarding risks	
	and benefits	
Zanamivir		
	treatment should be discussed with a local infection specialist	

For use while breastfeeding:

- For Infants born full term and healthy, both oseltamivir and zanamivir are considered acceptable for use in breastfeeding mothers. If the mother is receiving oseltamivir or zanamivir and the breastfed infant also needs direct treatment or prophylaxis, the recommended dose of oseltamivir or zanamivir for infants should be given to the infant.
- If an infant is unwell, premature, or the mother is taking multiple medicines, then an individual risk assessment will need to be made.

References

- 1. NICE technology appraisal guidance 158 Amantadine, oseltamivir and zanamivir for the prophylaxis of influenza (Sept 2008). Click here
- 2. Summary of Product Characteristic Tamiflu® (Oseltamivir); accessed 3/12/21. Click here
- 3. Summary of Product Characteristics Relenza® (Zanamivir; accessed 3/12/21. Click here
- 4. BNFC online; accessed 3/12/21. Click here
- 5. UKHSA guidance on use of antiviral agents for the treatment and prevention of seasonal influenza November 2021. Click here
- 6. SPS medicines Q&A Oseltamivir or zanamivir Can mothers breastfeed after treatment for influenza? Accessed 3/12/21; Click here