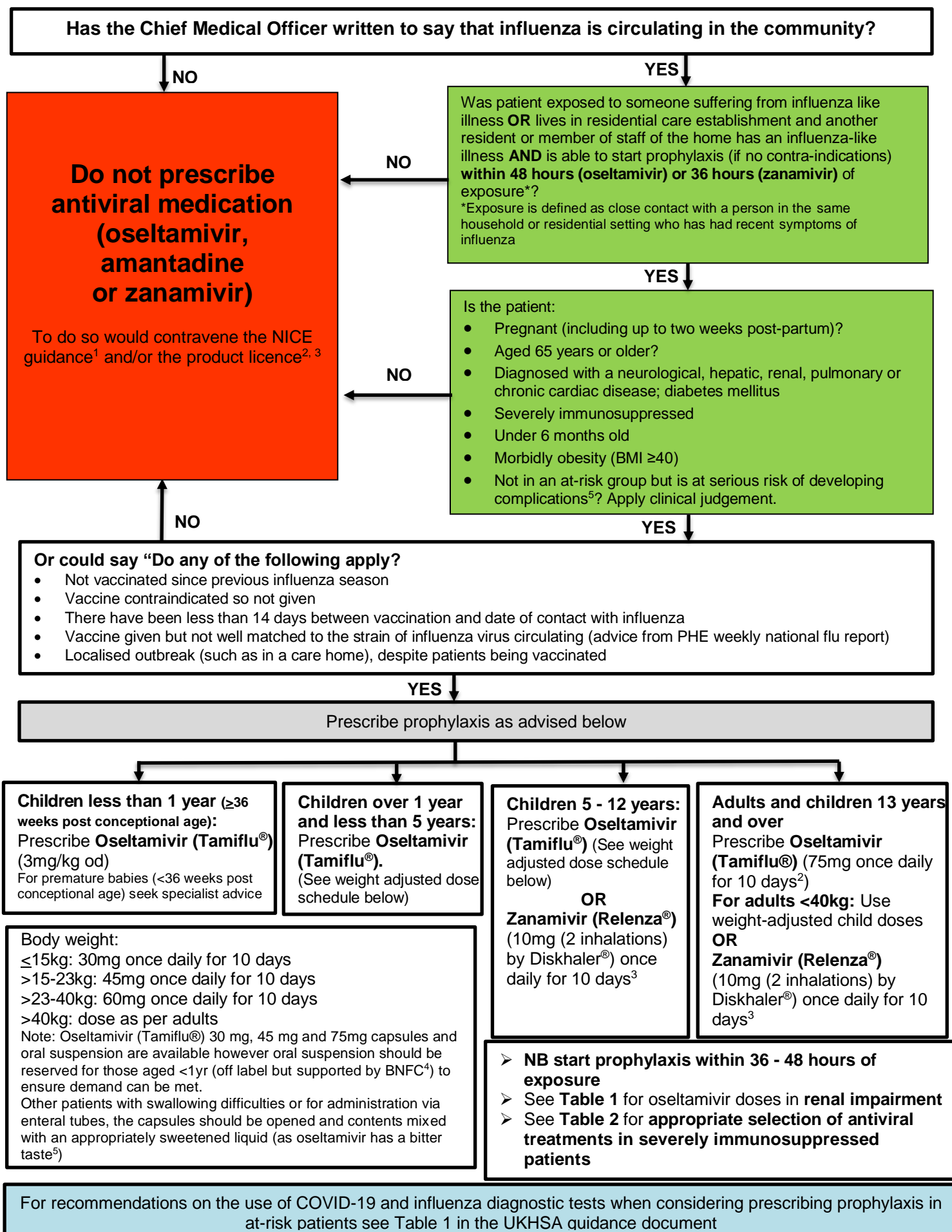


Influenza - Prescribing Antiviral Medicines (oseltamivir or zanamivir) for Prophylaxis in Primary Care (Dec 2021)



For further information, please contact your Primary Care Pharmacist

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 \leq 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 [here](#)

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}.

Table 2: Selection of antivirals for post-exposure prophylaxis⁵ (This regime is not recommended for previously healthy patients)

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