MIDDLESEX-LONDON HEALTH UNIT

Recommendations for Oseltamivir (Tamiflu®) use for Prevention and Treatment of Residents/Patients during an Influenza Outbreak
Reviewed September 2021

Resident/patient is WELL

- Oseltamivir (Tamiflu®) prophylaxis
- If resident/patient develops symptoms of influenza-like illness, immediately switch to treatment dose.

After an influenza outbreak is recognized, oseltamivir prophylaxis should be started as soon as possible in all residents/patients in the outbreak-affected area who **do not have** influenza-like symptoms (regardless of vaccination status).

It is not necessary to measure creatinine values prior to initiating oseltamivir if the person is not known to have renal problems.

See reverse for information about recommended dosing.

The MOHLTC reimburses LTCHs and other institutions for the use of oseltamivir for prophylaxis and treatment in residents only during public health-confirmed influenza outbreaks. Supply is limited to a maximum of 6 weeks for prophylaxis and five days for treatment. Please see Control of Respiratory Infection Outbreaks in Long-Term Care Homes, November 2018.

*Please see AMMI Influenza Guidelines (as current) for a definition of high-risk groups available at: www.ammi.ca/guidelines

Resident/patient is ILL

Symptomatic for **less than 48 hours:**

- Immediately start Oseltamivir (Tamiflu®) treatment.
- Upon completion of treatment, switch to prophylaxis dose unless resident/patient is a lab confirmed case – then no prophylaxis is needed.

Symptomatic for **more than 48 hrs**

Not clinically improving:

- Immediately start treatment.
- Upon completion of treatment, switch to prophylaxis unless resident/patient is a lab confirmed influenza case – then no prophylaxis is needed

Clinically improving:

- Consider antiviral therapy for individuals in high risk groups*, or individuals with moderate, severe, or complicated illness.
- If treatment is initiated, switch to prophylaxis once treatment is complete unless resident/patient is a lab confirmed influenza case – then no prophylaxis is needed

MIDDLESEX-LONDON HEALTH UNIT

Influenza Outbreak Recommendations for Oseltamivir (Tamiflu®) use for Prevention and Treatment of Residents/Patients

Prevention:

Status of resident/patient	Dosage for Prevention
No known renal disease[1] or creatinine clearance **>60mL/min**	75 mg once daily by mouth for a minimum of 14 days or until outbreak is declared over
Known creatinine clearance of **>30 - ≤ 60 mL/min**	30 mg once daily for a minimum of 14 days or until outbreak is declared over
Known creatinine clearance of **10-30 mL/min**	30 mg every other day over a minimum period of 14 days or until outbreak is declared over
Known to be on hemodialysis or peritoneal dialysis or have a creatinine clearance **<10 mL/min**	Consult with a specialist regarding appropriate dosing and refer to Tamiflu® product monograph.

Treatment:

Status of resident/patient	Dosage for Treatment
No known renal disease[1] or creatinine clearance **>60mL/min**	75 mg twice daily for 5 days.
Known creatinine clearance of **>30 - ≤ 60 mL/min**	30 mg twice daily for 5 days.
Known creatinine clearance of **10-30 mL/min**	30 mg once daily for 5 days.
Known to be on hemodialysis or peritoneal dialysis or have a creatinine clearance **<10 mL/min**	Consult with a specialist regarding appropriate dosing and refer Tamiflu® product monograph.

Side Effects:

- Nausea and vomiting may occur in approximately 2-10% of people. Nausea and vomiting can be minimized if taken with food.
- Other possible side effects include headache and abdominal pain, allergic reactions to the medication and liver toxicity. Please see the Compendium of Pharmaceuticals and Specialties (CPS) or product monograph for more details.

Pregnancy and Lactation:

- Pregnant women **(in all trimesters)** and women who are up to 4 weeks post-partum are recommended to receive oseltamivir for treatment because of their increased risk of complications from influenza. Its use for **prevention** of influenza in this population needs to be considered carefully due to lack of safety data from clinical studies
- Administration of oseltamivir to nursing women may be considered where the potential benefit to the lactating mother justifies the potential risk to the nursing infant. Limited data has demonstrated that oseltamivir and the active metabolite were detected in breast milk; however the levels were low, which would result in a sub-therapeutic dose to the infant.

[1] Testing for creatinine clearance is not necessary in the absence of renal disease as no dose adjustment is required for elderly patients with normal renal function.

Reference:
Aoki, F. Y., Allen, U.D., Evans, G.A., *Laverdière*, M. Stiver, H.G. (2015). Guidance on the use of antiviral drugs for influenza in acute care facilities in Canada, 2014-2015. Downloaded from http://www.ammi.ca/guidelines
Aoki, F. Y., Allen, U. D., Stiver, H. G., & Evans, G. A. (2013). The use of antiviral drugs for influenza: A foundation document for practitioners, Autumn 2013. Downloaded from http://www.ammi.ca/guidelines
Hoffman-La Roche Canada. (February 27, 2017). Product Monograph PRTamiflu®. Available online at: http://www.rochecanada.com/en/products/pharmaceuticals/consumer_information/tamiflu.html
Ministry of Health and Long-Term Care. (2018). Control of Respiratory Infection Outbreaks in Long-Term Care Homes.