Seasonal Influenza in Adults

MOST COMMON MICROORGANISMS
- Influenza A and B cause seasonal outbreaks, weekly surveillance reports are available at Weekly FluWatch report
- Co-infection with bacterial microorganisms (e.g. Streptococcus pneumoniae, Staphylococcus aureus) may be present

DIAGNOSTIC CONSIDERATIONS
- Clinical manifestations vary widely and may include
  - Systemic symptoms: fever, myalgia, arthralgia, headache, nausea, vomiting, diarrhea
  - Upper respiratory tract symptoms: sore throat, rhinorrhea
  - Lower respiratory tract symptoms: cough, shortness of breath
- High suspicion for influenza warranted in immunocompromised patients as symptom severity may be attenuated
- Nasopharyngeal (NP) swab detects presence of influenza A and B and respiratory syncytial virus (RSV)
  - Influenza testing will detect live and dead virus, so test of cure unnecessary in most patients

During the COVID-19 pandemic, COVID-19 testing is automatically performed on all NP swabs submitted for influenza

MANAGEMENT CONSIDERATIONS
- All patients requiring hospitalization with suspected influenza should be:
  - Initiated on droplet and contact precautions
  - Treated empirically with oseltamivir until NP swab result returns negative infection (regardless of vaccination status or onset of symptoms)
- Healthy patients with mild influenza in the community are not likely to benefit from oseltamivir
- If severe illness at onset or if deterioration after initial improvement, consider treatment of bacterial co-infection [see CAP chapter]
**EMPIRIC TREATMENT**

- Oseltamivir (Tamiflu®) 75 mg PO BID x 5 days, renal adjustment if necessary
  - For administration via NG or OG: suspension available or capsules may be opened and contents administered
  - High-dose oseltamivir (150 mg BID) is not recommended

<table>
<thead>
<tr>
<th></th>
<th>Usual Dose</th>
<th>CrCl</th>
<th>HD</th>
<th>PD</th>
<th>CRRT</th>
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<tbody>
<tr>
<td><strong>Oseltamivir</strong> (PO/NG/OG)</td>
<td>75 mg BID</td>
<td>30-60 mL/min</td>
<td>30 mg daily</td>
<td>75 mg after each HD</td>
<td>30 mg x 1 dose</td>
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<tr>
<td></td>
<td></td>
<td>10-30 mL/min</td>
<td>75 mg x 1 dose</td>
<td>30 mg daily</td>
<td>30 mg daily</td>
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<tr>
<td></td>
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<td>&lt;10 mL/min</td>
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**DURATION**

- 5 days is the standard duration (except in CrCl < 10 mL/min and PD)
  - In critically ill and immunocompromised patients, longer courses of up to 10 days may be appropriate. Consider ID consult.

**SPECIAL CONSIDERATIONS**

- Drug resistance is rare, if suspected consult ID

**REFERENCES**