ADULT
YUKON RAPID GUIDE TO ASSESSMENT AND MANAGEMENT OF SEASONAL INFLUENZA or INFLUENZA LIKE ILLNESS (ILI)

Clinical evidence of seasonal ILI: Does the patient have signs and symptoms consistent with ILI?
ILI is characterized by: acute onset of respiratory illness with fever and cough with one or more of the following: sore throat, arthralgia, myalgia or prostration that could be due to influenza virus. *In patients 65 and older, fever may not be prominent.*

Illness associated with novel influenza viruses may present with other symptoms. *Always* ask a travel history in patients presenting with a febrile illness.

Considerations in selecting treatment include: severity of illness; the presence of risk factors or co-morbidities; the interval between onset of illness and diagnosis, and local influenza epidemiology.

**Mild or uncomplicated illness**
Characterized by typical signs and symptoms *but* no shortness of breath and little change in chronic health conditions.

**Moderate or progressive illness**
Characterized by typical signs and symptoms *plus* signs or symptoms suggesting more than mild illness: chest pain, poor oxygenation, cardio pulmonary insufficiency, CNS impairment, severe dehydration or exacerbation of chronic conditions (e.g. asthma, COPD, CRF, diabetes or CVD).

**Severe or complicated illness**
Characterized by signs of lower respiratory tract disease, CNS abnormalities, complications with low blood pressure, myocarditis, rhabdomyolysis or invasive secondary infection based on lab testing or clinical signs i.e. persistent high fever and other symptoms lasting beyond 3 days.

**Adult with mild or uncomplicated illness**
Initiate lab testing
No risk factors
- If within 48 hours of symptom onset, antiviral therapy may be considered
- If > 48 hours since onset, antiviral therapy is not generally recommended
- Provide instructions regarding indications for reassessment

With risk factors (see Table 1)
- If within 48 hours of symptom onset, *initiate antiviral therapy immediately*
- If pregnant or up to 4 weeks postpartum regardless of how pregnancy ended, *initiate antiviral therapy immediately*
- If > 48 hours since onset antiviral therapy may be considered

**Adult with moderate, progressive, severe or complicated illness**
Initiate lab testing
Initiate antiviral therapy *immediately* even if the interval between symptom onset and initiation of therapy is longer than 48 hours
- Consider hospitalization
- Consider admission to intensive care unit

**Educate patient to seek re-assessment for concerning or progressing ILI symptoms**

PLEASE NOTE: THIS ALGORITHM DOES NOT REPLACE CLINICAL JUDGEMENT
Yukon Communicable Disease Control, October 2015
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Yukon Communicable Disease Control, October 2015

Table 1
Physiological at-risk groups for severe influenza

- Asthma and other chronic pulmonary disease including bronchopulmonary dysplasia, cystic fibrosis, chronic bronchitis and emphysema
- Cardiovascular disease (excluding hypertension, including congenital and acquired heart disease such as congestive heart failure and symptomatic coronary artery disease.
- Malignancy
- Chronic renal insufficiency
- Diabetes mellitus and other metabolic diseases
- Hemoglobinopathies such as sickle cell anemia
- Immunosuppression or immunodeficiency due to disease (e.g. HIV infection especially if CD4 is < 200x10^6/L) or iatrogenic due to medication
- Neurological disease and neurodevelopmental disorders that compromise handling of respiratory secretions (e.g. spinal cord injuries, cerebral palsy as well as neuromuscular, seizure and metabolic disorders
- Individuals 65 years and older
- People of any age who are residents of nursing homes or other chronic care facilities (also see Prevention and Control of Respiratory Outbreaks in Residential and Acute Care Settings)
- Pregnant women up to 4 weeks post-partum regardless of how the pregnancy ended
- Individuals < 18 years of age who are on chronic aspirin therapy
- Obesity with a BMI ≥40

Adult Antiviral Treatment Dosing in Adults

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Route</th>
<th>Duration of Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oseltamivir (Tamiflu®)</td>
<td>75 mg</td>
<td>Twice Daily</td>
<td>Oral</td>
<td>5 days</td>
</tr>
<tr>
<td>Zanamivir (Relenza®)</td>
<td>10mg (two 5mg inhalations)</td>
<td>Twice daily</td>
<td>Inhalation</td>
<td>5 days</td>
</tr>
</tbody>
</table>

Note: Zanamivir should be considered for those not responding to Oseltamivir or those with influenza despite Oseltamivir prophylaxis or where influenza B is confirmed or strongly suspected. It is not recommended for treatment or prophylaxis of influenza in individuals with underlying airways disease (such as asthma or chronic obstructive pulmonary disease).

Oseltamivir recommendations for adults with renal impairment

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Route</th>
<th>Duration of Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oseltamivir (Tamiflu®)</td>
<td>75 mg</td>
<td>Once Daily</td>
<td>Oral</td>
<td>5 days</td>
</tr>
<tr>
<td>Oseltamivir (Tamiflu®)</td>
<td>30 mg suspension or capsule</td>
<td>Twice daily</td>
<td>Oral</td>
<td>5 days</td>
</tr>
</tbody>
</table>

Note: Consultation with internist for dosing regimens in patients with creatinine clearance below 30 mL/min is recommended

1. Public Health Association of Canada, Case definitions for Communicable Diseases under National surveillance-2008, Laboratory –Confirmed Influenza

For more direction on treatment of influenza see: AMMI, The Use of Antiviral Drugs for Influenza Foundation Document: https://www.ammi.ca/guidelines/

Note: Oseltamivir and Zanamivir are schedule II drugs.