

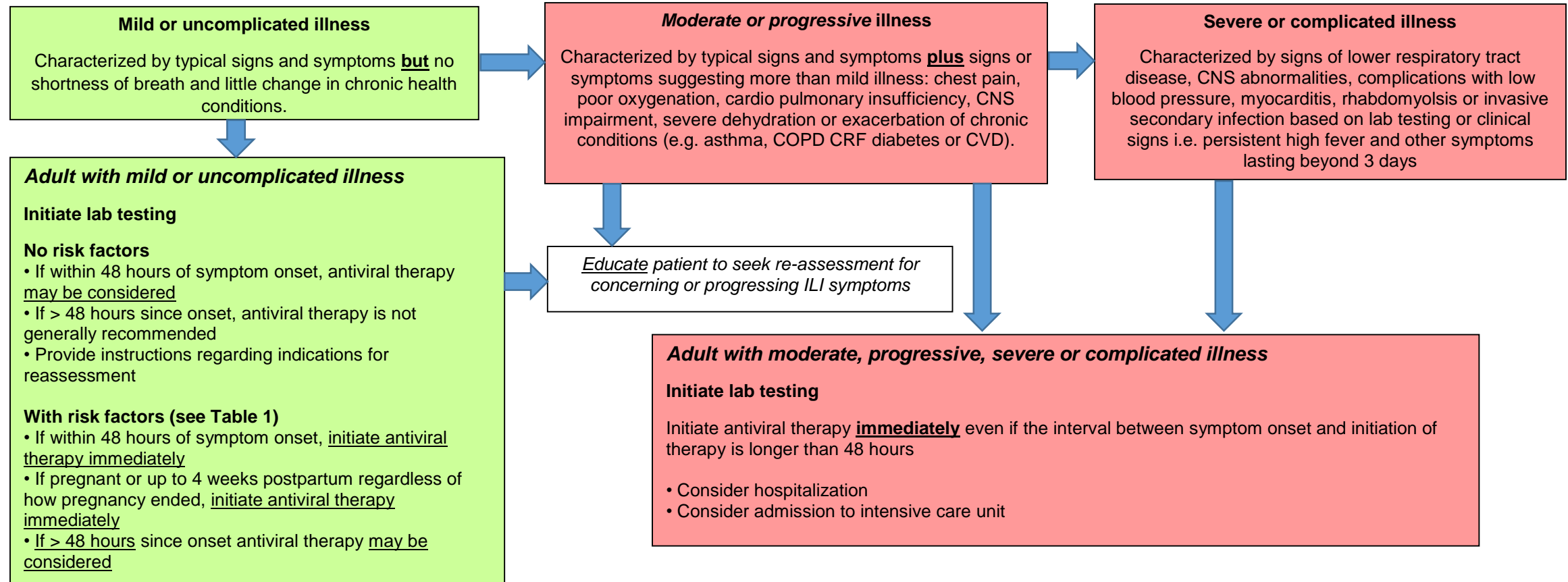
ADULT
YUKON RAPID GUIDE TO ASSESSMENT AND MANAGEMENT OF SEASONAL INFLUENZA or INFLUENZA LIKE ILLNESS (ILI)

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.*¹

*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



PLEASE NOTE: THIS ALGORITHM DOES NOT REPLACE CLINICAL JUDGEMENT

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Table 1

Physiological at-risk groups for severe influenza²

- 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 < 200x10⁶/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 Adults²

Adult with mild or uncomplicated illness				
Drug	Dosage	Frequency	Route	Duration of Therapy
Oseltamivir (Tamiflu®)	75 mg	Twice Daily	Oral	5 days

Adult with moderate, progressive, severe or complicated illness				
Oseltamivir (Tamiflu®)	75 mg	Twice Daily	Oral	5 – 10 days
Zanamivir (Relenza®)	10mg (two 5 mg inhalations)	Twice daily	Inhalation	5 days

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				
Drug	Dosage	Frequency	Route	Duration of Therapy
<i>Creatinine clearance 30-60 mL/min</i>				
Oseltamivir (Tamiflu®)	75 mg	Once Daily	Oral	5 days
Oseltamivir (Tamiflu®)	30 mg suspension or capsule	Twice daily	Oral	5 days

<i>Creatinine clearance 10-30 mL/min</i>				
Oseltamivir (Tamiflu®)	30 mg	Once Daily	Oral	5 days

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-2009, Laboratory –Confirmed Influenza
2. Association of Medical Microbiology and Infectious Disease Canada, The Use of Antiviral Drugs for influenza: A foundation document for practitioners, Autumn 2013, Volume 24, Supplement SC <https://www.ammi.ca/guidelines/>

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.

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