

# Antiviral Treatment and Chemoprophylaxis

(Excerpt from Centers for Disease Control *Influenza Antiviral Medications: Summary for Clinicians*, 2016-2017 Seasonal Influenza homepage)

- Influenza antiviral prescription drugs can be used to **treat** influenza or to **prevent** influenza
- When there is clinical suspicion of influenza and antiviral treatment is indicated, antiviral treatment should be started **as soon as possible** after illness onset, ideally within 48 hours of symptoms onset, without waiting for laboratory confirmation of influenza.
- Special Considerations for Long Term Care Facilities
  - Chemoprophylaxis to control outbreaks among high risk persons in LCTFs is recommended.
  - For example, When influenza is identified as a cause of a respiratory disease outbreak among nursing home residents, use of antiviral medications for chemoprophylaxis is recommended for all residents (regardless of whether they have received influenza vaccination) and for unvaccinated health care personnel.
- Antiviral resistance to oseltamivir, zanamivir, and peramivir among circulating influenza viruses is currently low, but this can change. Also, antiviral resistance can emerge during or after treatment in some patients (e.g., immunosuppressed).
  - For information about antiviral drug resistance to influenza viruses and guidance on the use of influenza antiviral medications when antiviral resistance is suspected or documented this season, see [Antiviral Drug-Resistance among Influenza Viruses](#).
- For additional antiviral/chemoprophylaxis information view:  
<http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>  
<http://www.cdc.gov/mmwr/pdf/rr/rr6001.pdf>

# Antiviral Medications recommended for Treatment and Chemoprophylaxis of Influenza

*(Excerpt from Centers for Disease Control [Influenza Antiviral Medications: Summary for Clinicians](#), 2016-2017 Seasonal Influenza homepage)*

***This page is pending review for the 2015-2016 influenza season. However, information here should be considered current for clinical practice regarding the use of influenza antiviral medications.***

Antiviral Agent	Activity Against	Use	Recommended For	Not Recommended for Use in	Adverse Events
Oseltamivir (Tamiflu®)	Influenza A and B	Treatment	Any age <sup>1</sup>	N/A	<b>Adverse events:</b> nausea, vomiting. Postmarketing reports of serious skin reactions and sporadic, transient neuropsychiatric events (self-injury or delirium; mainly reported among Japanese adolescents and adults).
		Chemo-prophylaxis	3 months and older <sup>1</sup>	N/A	
Zanamivir (Relenza®)	Influenza A and B	Treatment	7 yrs and older	people with underlying respiratory disease (e.g., asthma, COPD) <sup>2</sup>	<b>Allergic reactions:</b> oropharyngeal or facial edema. <b>Adverse events:</b> diarrhea, nausea, sinusitis, nasal signs and symptoms, bronchitis, cough, headache, dizziness, and ear, nose and throat infections.
		Chemo-prophylaxis	5 yrs and older	people with underlying respiratory disease (e.g., asthma, COPD) <sup>2</sup>	

*Updated: March 30, 2017*

<b>Peramivir (Rapivab®)</b>	<b>Influenza A and B<sup>3</sup></b>	<b>Treatment</b>	18 yrs and older	N/A	<b>Adverse events:</b> diarrhea. Postmarketing reports of serious skin reactions and sporadic, transient neuropsychiatric events (self-injury or delirium; mainly reported among Japanese adolescents and adults).
		<b>Chemo- prophylaxis</b>	N/A	N/A	

Abbreviations: N/A = not applicable, COPD = chronic obstructive pulmonary disease.

## Duration of Treatment or Chemoprophylaxis

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<b>Treatment</b>	Recommended duration for antiviral treatment is 5 days for oseltamivir or zanamivir. Longer treatment courses for patients who remain severely ill after 5 days of treatment can be considered. For the treatment of uncomplicated influenza with intravenous peramivir, duration of treatment is 1 day.
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<b>Chemo prophylaxis</b>	Recommended duration is 7 days (after last known exposure).
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**For control of outbreaks in institutional settings (e.g. long-term care facilities for elderly persons and children) and hospitals**, CDC recommends antiviral chemoprophylaxis for a minimum of 2 weeks, and continuing up to 1 week after the last known case was identified. Antiviral chemoprophylaxis is recommended for all residents, including those who have received influenza vaccination, and for unvaccinated institutional employees.