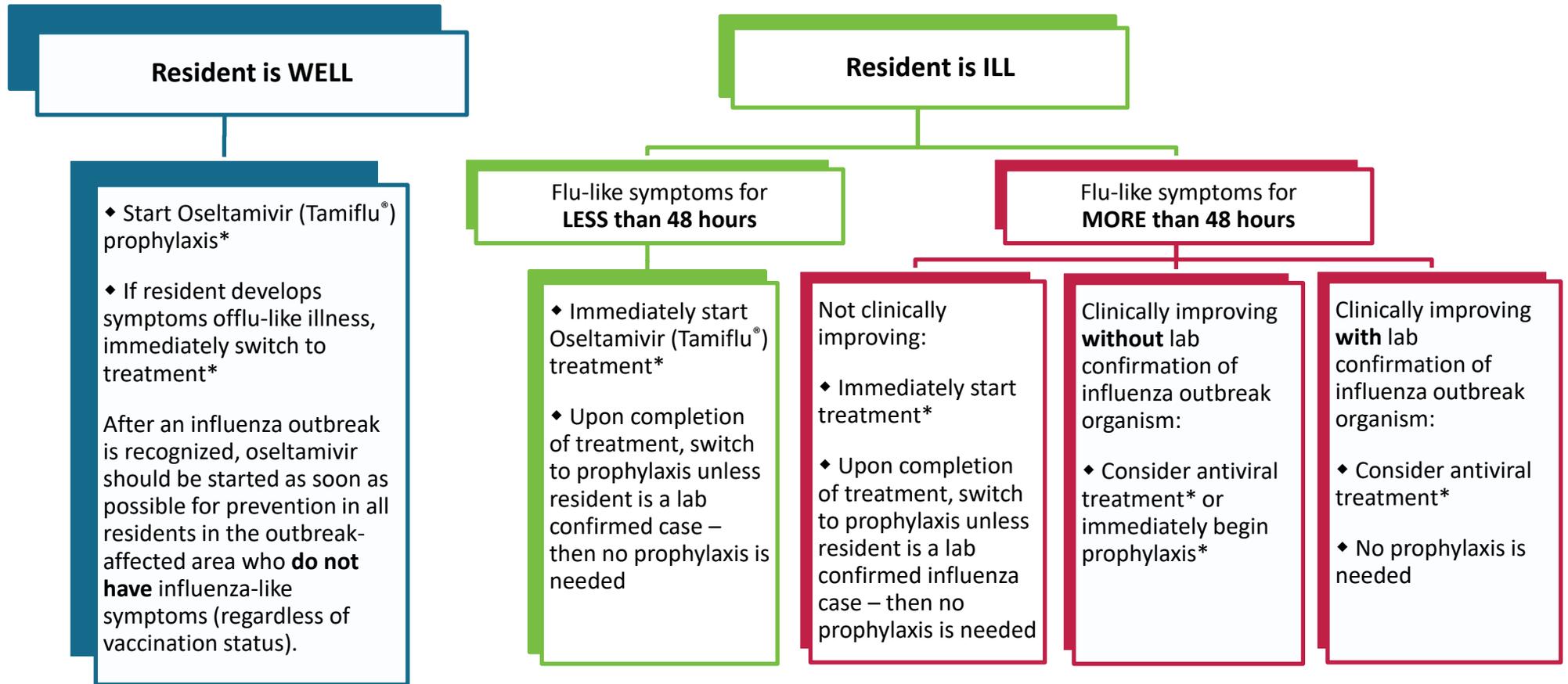


Use of Antivirals for Prevention and Treatment of Residents During Influenza Outbreaks in Long-Term Care Homes



- 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.**
- Treatment should be initiated as rapidly as possible after onset of illness because the benefits of treatment are much greater with initiation at less than 12 hours than with initiation at 48 hours. Antiviral therapy should be initiated even if the interval between illness onset and administration of antiviral medication exceeds 48 hours if:
 - the illness is severe enough to require hospitalization; the illness is progressive, severe, or complicated, regardless of previous health status; the individual belongs to a group at high risk for severe disease.
- 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 “Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes”, MOHLTC, March 2018.

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TREATMENT	
Status of resident/patient	Dosage for Treatment
No known renal disease or creatinine clearance >60 mL/min	75 mg twice daily for 5 days
Known creatinine clearance of >30- 60 mL/min	75 mg once daily for 5 days OR 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.

PROPHYLAXIS	
Status of resident/patient	Dosage for Prevention
No known renal disease or creatinine clearance >60 mL/min	75 mg once daily by mouth until outbreak is declared over
Known creatinine clearance of >30-60 mL/min	30 mg once daily until outbreak is declared over
Known creatinine clearance of 10-30 mL/min	30 mg every other day 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.

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.

References:

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