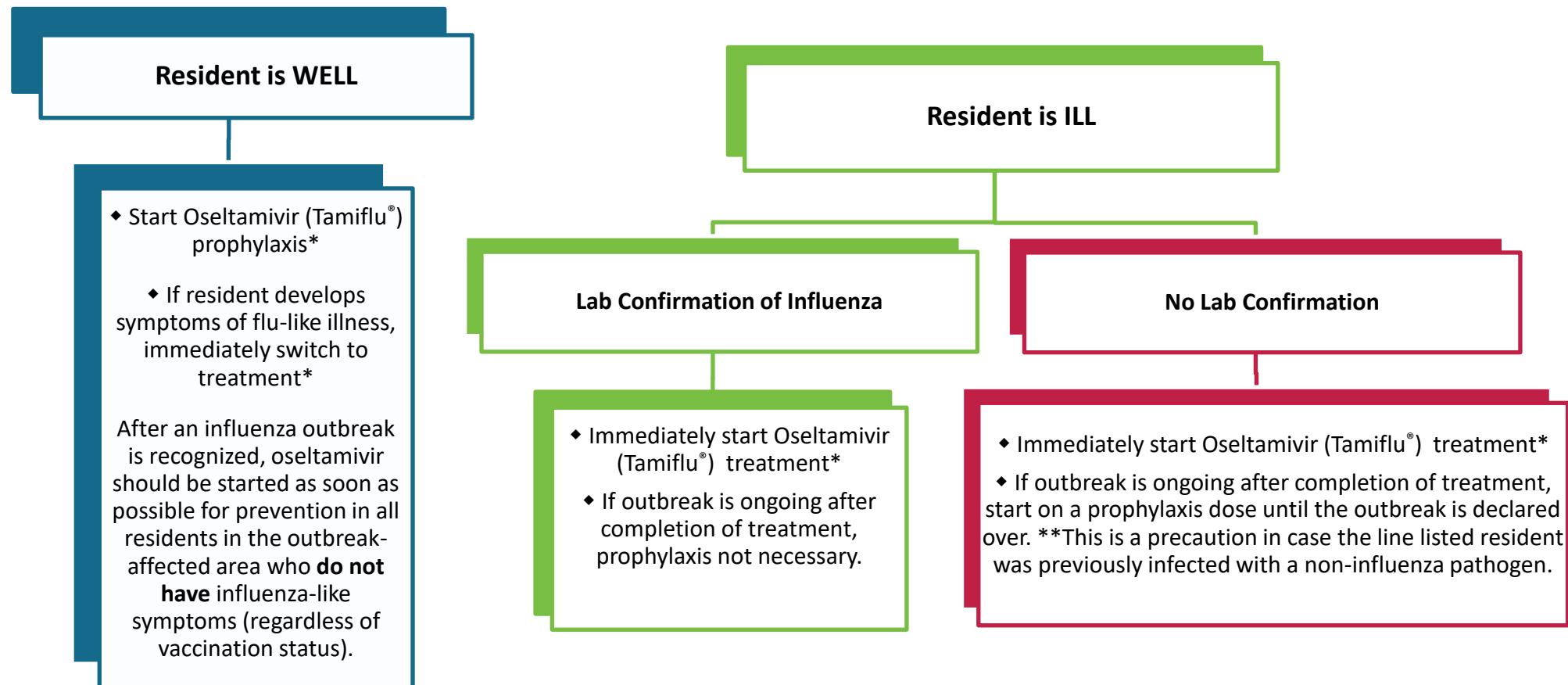


Use of Antivirals for Prevention and Treatment of Residents During Influenza Outbreaks in Long-Term Care Homes



- It is advised that facilities consult with their medical director for antiviral treatment and prophylaxis decision-making.
- Ill residents starting a treatment dose of antivirals are advised to complete the regimen as prescribed.
- *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.](#)
- **As per Appendix B of “Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings” Ministry of Health (2025)
- As per AMMI Canada**, treatment should be initiated as rapidly as possible. At-risk groups include individuals 65 years and older and people of any age who are residents of nursing homes or chronic care facilities. Treatment is recommended for those at-risk even if the interval between illness and antiviral administration exceeds 48 hours.
- LTCHs and other institutions are eligible for reimbursement 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.

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

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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