

Antivirals for influenza in Residential Care Facilities (RCFs)



Antivirals to prevent and treat influenza are an important, evidence-based component of controlling outbreaks in RCFs.





Decisions regarding prescribing are made by the resident's GP with support, if needed, from Public Health.





- Consider treatment for residents with signs/symptoms of influenza/ influenza like illness who are at high risk of progression to severe disease, following a risk benefit analysis at the clinician's discretion.
- Chemoprophylaxis should be offered as soon as possible to asymptomatic residents who are at extremely high risk for hospitalisation if they were to develop seasonal influenza and who are contacts of a confirmed case.



Empiric treatment should be commenced as soon as possible after symptom onset (within 48 hours for both oseltamivir and zanamivir), without waiting for the results of viral swabs/testing.

How to prescribe oseltamivir for influenza

Treatment dose of oseltamivir

Oseltamivir (Tamiflu™) **75 mg twice** daily for **5 days**

(*10 days in immunocompromised)



Post exposure chemoprophylaxis dose of oseltamivir

Oseltamivir (Tamiflu™) **75 mg once** daily for **10 days**

Dose adjustment for renal impairment (discuss with nephrology/physician if eGFR <10)

	Creatinine clearance (or eGFR if CrCl unknown)	Treatment dose (for 5 days*)	Chemoprophylaxis dose (for 10 days)
	>60 mL/min	75 mg every 12 hours	75 mg every 24 hours
	31-60 mL/min	30 mg every 12 hours	30 mg every 24 hours
	11-30 mL/min	30 mg every 24 hours	30 mg every 48 hours

Zanamivir inhaler may be considered as first line therapy in severely immunocompromised patients.

It is authorised for use in the EU but is only available as an

but is only available as an unlicensed product in Ireland.

See HPSC guidelines for info.

Detailed HPSC guidelines available at:

www.hpsc.ie/a-z/respiratory/influenza/seasonalinfluenza/guidance/

antiviraltreatmentandprophylaxisguidance/



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