

## 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.*<sup>1</sup>

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

#### Mild or uncomplicated illness Moderate or progressive illness Severe or complicated illness Characterized by typical signs and symptoms plus signs or Characterized by signs of lower respiratory tract Characterized by typical signs and symptoms but no symptoms suggesting more than mild illness: chest pain, disease, CNS abnormalities, complications with low shortness of breath and little change in chronic health poor oxygenation, cardio pulmonary insufficiency, CNS blood pressure, myocarditis, rhabdomyolsis or invasive conditions. impairment, severe dehydration or exacerbation of chronic secondary infection based on lab testing or clinical conditions (e.g. asthma, COPD CRF diabetes or CVD). signs i.e. persistent high fever and other symptoms lasting beyond 3 days Adult with mild or uncomplicated illness Initiate lab testing No risk factors Educate patient to seek re-assessment for • If within 48 hours of symptom onset, antiviral therapy concerning or progressing ILI symptoms may be considered • If > 48 hours since onset, antiviral therapy is not generally recommended Provide instructions regarding indications for Adult with moderate, progressive, severe or complicated illness reassessment Initiate lab testing With risk factors (see Table 1) Initiate antiviral therapy immediately even if the interval between symptom onset and initiation of • If within 48 hours of symptom onset, initiate antiviral therapy is longer than 48 hours therapy immediately • If pregnant or up to 4 weeks postpartum regardless of Consider hospitalization how pregnancy ended, initiate antiviral therapy Consider admission to intensive care unit immediately Consider possibility of acute primary bacterial pneumonia • If > 48 hours since onset antiviral therapy may be considered

PLEASE NOTE: THIS ALGORITHM DOES NOT REPLACE CLINICAL JUDGEMENT

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Oseltam

Zanami

#### Table 1

### Risk factors for severe influenza in adults<sup>2</sup>

- Asthma and other chronic pulmonary disease, including asthma, bronchopulmonary dysplasia, cystic fibrosis, chronic bronchitis, and emphysema
- Cardiovascular disease (excluding isolated hypertension; including congenital and acquired heart disease, such as congestive heart failure and symptomatic coronary artery disease)
- Renal disease
- Chronic liver disease
- Diabetes mellitus and other metabolic diseases
- Anemia and hemoglobinopathies, such as sickle cell disease
- Cancer, immunosuppression, or immunodeficiency due to disease (eg, HIV infection, especially if CD4 is <200 × 106/L) or management of underlying condition (solid organ transplant or hematopoietic stem cell transplant recipients)
- Neurological disease and neurodevelopmental disorders that compromise handling of respiratory secretions (cognitive dysfunction; spinal cord injury; neuromuscular, neurovascular, neurodegenerative, and seizure disorders; cerebral palsy; metabolic disorders)
- Individuals aged 65 years or older
- People of any age who are residents of nursing homes or other chronic care facilities
- Pregnancy and up to 4 weeks postpartum regardless of how the pregnancy ended
- Obesity with a BMI ≥40
- Indigenous Peoples

Health care providers may consider remote and isolated communities as an additional high risk group. Remote and isolated communities are those that:

- do not have scheduled flights; OR
- do not have year round access by land/water routes that are functional in all weather conditions; OR
- are over 350 km from a hospital

### Adult Antiviral Treatment Dosing in Adults<sup>3</sup>

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

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

**Note:** Zanamivir should be considered for those not responding to Oseltamivir <u>or</u> those with influenza despite Oseltamivir prophylaxis <u>or</u> where influenza B is confirmed or strongly suspected. It is not recommended for treatment or prophylaxis of influenza in individuals with underlying airway disease (such as asthma or chronic obstructive pulmonary disease).

Oseltamivir recommendations for adults with renal impairment							
Drug	Dosage	Frequency	Route	Duration of Therapy*			
Creatinine Clearance 30-60mL/min							
Oseltamivir (Tamiflu®)	75 mg	Once daily	Oral	5 days			
Oseltamivir (Tamiflu®)	30 mg suspension or capsule	Twice daily	Oral	5 days			
Creatinine clearance 10-30 mL/min							
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							

- 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, 2021-2022 AMMI Canada guidance on the use of antiviral drugs for influenza in the COVID19 pandemic setting in Canada, 7.1, 2022. doi: 10.3138/jammi-2022-01-31
- 3. Association of Medical Microbiology and Infectious Disease Canada, Use of antiviral drugs for seasonal influenza: Foundation document for practitioners Update 2019, 4.2, 2019, <a href="doi:10.3138/jammi.2019.02.08">doi:10.3138/jammi.2019.02.08</a>

For more direction on treatment of influenza (including recommendation for those under 1), see: AMMI, Use of antiviral drugs for seasonal influenza: Foundation document for practitioners - Update 2019, available at: https://www.ammi.ca/guidelines/\*Treatment duration should routinely be 5 days but may be continued longer than 5 days if clinically indicated after review with an infectious disease specialist.

Note: Oseltamivir and Zanamivir are schedule II drugs.