

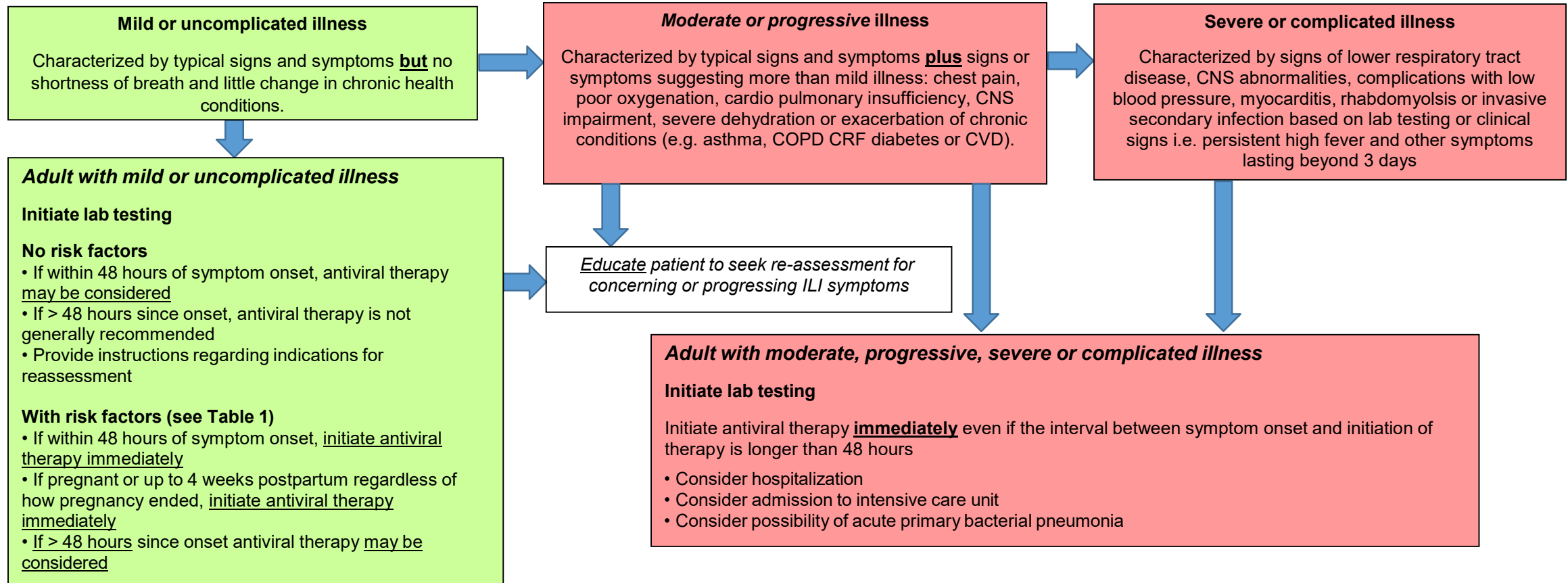
## ADULT YUKON RAPID GUIDE TO ASSESSMENT AND MANAGEMENT OF SEASONAL INFLUENZA or INFLUENZA LIKE ILLNESS (ILI)

**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**



**PLEASE NOTE: THIS ALGORITHM DOES NOT REPLACE CLINICAL JUDGEMENT**

**ADULT**  
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**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 × 10<sup>6</sup>/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>**

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

<b>Adult with moderate, progressive, severe or complicated illness</b>				
<b>Oseltamivir (Tamiflu®)</b>	75 mg	Twice Daily	Oral	5 – 10 days
<b>Zanamivir (Relenza®)</b>	10mg ( two 5 mg inhalations)	Twice daily	Inhalation	5 days

**Note:** Zanamivir should be considered for those not responding to Oseltamivir *or* those with influenza despite Oseltamivir prophylaxis *or* 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).

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

1. 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](https://doi.org/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, [doi:10.3138/jammi.2019.02.08](https://doi.org/10.3138/jammi.2019.02.08)

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.

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