



Testing Recommendations	
<p>Suspected Influenza in the Ambulatory Setting:</p> <ul style="list-style-type: none"> • Patients considered <u>High Risk for Complications</u> (See below.) • Adults >65 years of age • Children <2 years of age • Patients with complicated influenza-like illness that may warrant treatment • Individuals with febrile illness of unclear etiology or as part of a sepsis evaluation <p><i>*It is not recommended to perform testing in most ambulatory patients who present with uncomplicated flu-like illness.</i></p>	<p>Suspected Influenza in the Inpatient Setting:</p> <p><u>All</u> patients admitted with febrile illness or respiratory symptoms should be tested.</p>
<p>High Risk for Influenza Complications:</p> <ul style="list-style-type: none"> • Chronic Pulmonary Disease (including asthma and pediatric patients with chronic lung disease and recurrent respiratory infections) • Cardiovascular Disease (except for hypertension) • Diabetes Mellitus, or other metabolic disorders • Immunosuppressed (chronic steroids/biologics, chemotherapy, AIDS, etc.) • Pregnant or Postpartum up to 2 weeks • Morbid Obesity (BMI >40) • <19 years of age receiving long-term aspirin therapy • Renal, hepatic, hematologic impairment/disease • Neurologic and neurodevelopment conditions (cerebral palsy, epilepsy, moderate-severe developmental delay, neurodegenerative disorders, etc.) 	

Treatment Recommendations	
<p>Indications for Treatment</p> <ul style="list-style-type: none"> • All patients with confirmed influenza, regardless of timing, who: <ul style="list-style-type: none"> - Have severe, complicated, or progressive illness. - Require hospitalization. - Are high risk for influenza complications (see above). • Can be considered based on supply and clinical judgment in low risk patients within 48 hours of symptom onset. 	<p>Treatment NOT Recommended</p> <ul style="list-style-type: none"> • Non-institutionalized (hospital or other health care facility) patients age 2-64 years not at high risk for influenza complications. • Patients with uncomplicated illness after 48 hours of symptom onset.
<p style="text-align: center;">Chemoprophylaxis Recommendations</p> <p>Chemoprophylaxis of household members is <u>not</u> routinely recommended except for: -Medically high-risk (see above) close contacts within 48 hours of exposure <i>* For neonates born to mothers with influenza, defer to Seattle Children's Hospital Infectious Disease Physician Consult Line for formal recommendations: (206) 987-7777.</i></p>	

Influenza Treatment Dosing for Oseltamivir				
	Age/Weight	Dose	Renal Dose Adjustments	Duration
Neonates	PMA <38 weeks: 1 mg/kg/dose PO q12hr PMA 38-40 weeks: 1.5 mg/kg/dose PO q12hr PMA >40 weeks: 3 mg/kg/dose PO q12hr >2 weeks: 3 mg/kg/dose PO q12hr <i>Confirm with Seattle Children's Hospital Infectious Disease Physician Consult Line (206) 987-7777.</i>			5 days
Infants	Term, 3-8 months 9-11 months	3 mg/kg/dose PO q12hr 3.5 mg/kg/dose PO q12hr	CrCl <30mL/min: usual dose given q24hr *additional dose adjustment needed for hemodialysis (consult pediatric nephrology in all cases)	5 days
Children 1-12 years	<15 kg 15-23 kg 23-40 kg	30 mg PO q12hr 45 mg PO q12hr 60 mg PO q12hr		5 days
Adults and Children ≥ 12 years	>40 kg or >12 years	75mg PO q12hr	CrCl 30-60 mL/min: 75mg PO q24hr CrCl 10-30mL/min: 30 mg PO q24hr Hemodialysis: Consult nephrology	5 days

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
 Approved by MSEC 4/14/20.
If comments about this guideline, please contact Megan_Young@ykhc.org.