

28 September 2009

BJACH Interim Recommendations for the Use of Tamiflu (oseltamivir) in the Treatment and Prevention of Influenza for the 2009-2010 Season.

Reference: <http://cdc.gov/h1n1flu/recommendations.htm>

### **1. Influenza Treatment:**

- Most healthy persons who develop influenza do not need Tamiflu treatment or prophylaxis.
- Persons with suspected influenza and severe symptoms such as evidence of lower respiratory tract infection or rapid clinical deterioration should receive prompt Tamiflu, regardless of previous health or age.
- Tamiflu is recommended for all persons with suspected or confirmed influenza requiring hospitalization.
- Early TREATMENT with Tamiflu should be considered for persons with suspected or confirmed influenza **who are at higher risk for complications of influenza** including:
  - Children younger than 5 years old;
  - Persons aged 65 years or older;
  - Pregnant women;
  - Persons of any age with certain chronic medical or immunosuppressive conditions; and,
  - Persons younger than 19 years of age who are receiving long-term aspirin therapy.
- Treatment initiated early (i.e., within 48 hrs of symptom onset) is more likely to provide benefit.
- In higher risk patients identified above, treatment should not wait for lab confirmation of influenza because testing can delay treatment and because a negative rapid test for influenza does not rule out influenza.
- Testing for 2009 H1N1 influenza infection with real-time reverse transcriptase-polymerase chain reaction (rRT-PCR) should be prioritized for persons with suspected or confirmed influenza requiring hospitalization.

### **2. Influenza Chemoprophylaxis:**

- Tamiflu post exposure prophylaxis can be considered for the following:
  - **Persons who are at higher risk for complications of influenza** (see list in treatment section above) and are a CLOSE contact of a person with confirmed, probable, or suspected influenza during that person's infectious period.
- Tamiflu prophylaxis should NOT be prescribed for healthy children or adults based on potential exposures in the home, community, school, or other settings.
- Prophylaxis generally is not recommended if more than 48 hours have elapsed since the last contact with an infectious person.

- Patients given prophylaxis should be informed that it lowers but does not eliminate the risk of influenza, and protection stops when Tamiflu is stopped. Higher risk patients receiving prophylaxis should be encouraged to seek medical evaluation if they develop a febrile respiratory illness.
- Early treatment is an emphasized alternative to chemoprophylaxis after a suspected exposure. Higher risk patients (see above) with household or close contacts of confirmed or suspected cases can be counseled about the early signs and symptoms of influenza, and advised to immediately contact their health care provider for evaluation and possible early treatment if clinical signs or symptoms develop.

### **3. Tamiflu Dosing for Treatment and Prophylaxis**

<b>Tamiflu (oseltamivir)</b>		<b>Treatment (5 days)</b>	<b>Prophylaxis (10 days)</b>
<b>Adults</b>		75 mg BID x 5	75 mg daily x 10 days
<b>Children &lt; 12 months</b>			
<b>Age</b>			
Under 3 months		12 mg BID x 5	Not recommended*
3-5 months		20 mg BID x 5	20 mg daily x 10 days
6-11 months		25 mg BID x 5	25 mg daily x 10 days
<b>Children ≥ 12 months</b>			
<b>Weight (kg)</b>	<b>Weight (lbs)</b>		
≤15 kg	≤33lbs	30 mg BID x 5	30 mg daily x 10 days
> 15 kg to 23 kg	>33 lbs to 51 lbs	45 mg BID x 5	45 mg daily x 10 days
>23 kg to 40 kg	>51 lbs to 88 lbs	60 mg BID x 5	60 mg daily x 10 days
>40 kg	>88 lbs	75 mg BID x 5	75 mg daily x 10 days

\* Prophylaxis with Tamiflu in children under the age of 3 months is not recommended unless situation judged critical due to limited data on use in this age group.

When reconstituted, Tamiflu oral suspension is stable for up to 5 days at room temperature and 10 days when stored in the refrigerator.

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