INFLUENZA POST EXPOSURE PROPHYLAXIS for ADULTS

NHS Tayside

- **PRESCRIBE AN ANTIVIRAL FOR POST-EXPOSURE PROPHYLAXIS IF ALL OF THE FOLLOWING CIRCUMSTANCES APPLY:**
  - The national surveillance scheme indicates that influenza is circulating in the community
  - The person has been exposed to a person (in the same household) with an influenza-like illness
  - The person is either:
    - Severely immunosuppressed (e.g. patients with primary immunodeficiency, current or recent (within 6 months) chemotherapy or radiotherapy for malignancy, solid organ transplant on immunosuppressive therapy, bone marrow transplant recipients currently receiving immunosuppressive treatment/within 12 months of receiving immunosuppression, patients with graft v host disease, patients currently receiving high dose systemic steroids (equivalent to ≥20mg prednisolone per day, HIV patients CD4<200 or <15%, patients currently or recently (within 6 months) on other types of highly immunosuppressive therapy or where the patient's specialist regards them as severely immunosuppressed)

    OR
    - is in an 'at risk' group and may not have been adequately protected by vaccination i.e. <14 days since vaccination and date of contact with influenza or vaccine not well matched to circulating strain
  - The person is able to start treatment within 48 hours of this contact for oseltamivir, or 36 hours of this contact for zanamivir. Prophylaxis out with these stated times are off-label use – under specialist advice only.

Management of outbreak in care homes – see **PHE Guidelines on the management of outbreaks of influenza-like illness in care homes**

Management of contacts of confirmed human cases of avian influenza - as advised by Public Health Incident Management Team - see **UK guidance**

SELECTION OF ANTIVIRALS FOR POST-EXPOSURE PROPHYLAXIS – SEE DOSAGES BELOW TABLE

See link in HPS data and surveillance section for information on current circulating strain

	If identified strain in index case/dominant circulating strain is *lower risk for oseltamivir resistance* e.g. influenza A (H3N2), influenza B	**If identified strain in index case/ dominant circulating strain is *higher risk for oseltamivir resistance* e.g. influenza A (H1N1)pdm09**	**Exposed to suspected or confirmed oseltamivir resistant influenza**
Previously healthy (excluding pregnant patients)	No prophylaxis	No prophylaxis	No prophylaxis
At risk of complicated influenza (including pregnant /2 weeks post partum patients but excluding severely immunosuppressed adult patients)	**Oseltamivir PO once daily for 10 days,** if therapy can be started within 48 hrs of exposure (after 48 hrs on specialist advice only)	**Oseltamivir PO once daily for 10 days,** if therapy can be started within 48 hrs of exposure (after 48 hrs on specialist advice only)	**Zanamivir INH once daily for 10 days,** if therapy can be started within 36 hrs of exposure (after 36 hrs on specialist advice only)
Severely immunosuppressed adult patients (see definition at top of page)	**Oseltamivir PO once daily for 10 days,** if therapy can be started within 48 hrs of exposure (after 48 hours on specialist advice only)	**Zanamivir INH once daily for 10 days,** if therapy can be started within 36 hrs of exposure (after 36 hrs on specialist advice only). If unable to administer zanamivir INH, **oseltamivir PO once daily for 10 days,** if therapy can be started within 48 hrs of exposure (after 48 hours on specialist advice only)	**Zanamivir INH once daily for 10 days,** only if therapy can be started within 36 hrs of exposure (after 36 hrs on specialist advice only). If unable to administer zanamivir INH, monitor closely and begin treatment promptly if Influenza like illness (ILI) symptoms develop

ORAL OSELTAMIVIR (Tamiflu®):

Standard dose: 75 mg ONCE daily for 10 days started within 48 hours of exposure (40kg or less: 60mg ONCE daily for 10 days)
Confirmed avian influenza: as advised by Public Health Incident Management Team - dosing depends on subtype - guidance here

RENAL IMPAIRMENT: NHS Tayside recommended doses are as per Renal Drug Database (these doses which differ from SPC/UKHSA guidance)
CrCl 30–60 mL/min: 75mg ONCE daily **CrCl 10–29 mL/min: 30mg ONCE daily or 75mg every 48 hours**
CrCl <10ml/min 30mg ONE off dose repeated after 7 days

DIALYSIS dosages:

HD/HDF (haemodialysis/haemodiafiltration)	30mg ONCE and then 30mg after every HD session
CAPD/APD (peritoneal dialysis)	30mg ONE off dose repeated after 7 days

INHALED ZANAMIVIR (Relenza®) 10 mg ONCE daily for 10 days started within 36 hours of exposure

Note: this formulation is NOT suitable for use IV or via nebuliser **RENAL IMPAIRMENT/DIALYSIS: no dosage adjustment required.**

PREGNANCY/BREASTFEEDING: Limited safety data. Please refer to p28 of UKHSA guidance and seek further advice if needed

References: UKHSA Guidance 2021 PHS Guidance 2023 Oseltamivir SPC Zanamivir IV SPC NG Oseltamivir
Renal Drug Database accessed 27/11/2023 BNF accessed 27/11/2023

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