INFLUENZA POST EXPOSURE PROPHYLAXIS for ADULTS

- PRESCRIBE AN ANTIVIRAL FOR POST-EXPOSURE PROPHYLAXIS IF ALL OF THE FOLLOWING CIRCUMSTANCES APPLY:
  - The national surveillance scheme indicates that influenza is circulating.
  - 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. haematological malignancy, transplant (HSCT or SOT) or patients being treated with cytotoxic chemotherapy, DMARDs (azathioprine etc), biologics or prednisolone >20mg/day, HIV patient with CD4<200 or <15%) whether or not they have been vaccinated
    - 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

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

<table>
<thead>
<tr>
<th>Previously healthy (excluding pregnant women)</th>
<th>If identified strain in index case/dominant circulating strain is lower risk for oseltamivir resistance e.g. influenza A (H3N2), influenza B</th>
<th>If identified strain in index case/ dominant circulating strain is higher risk for oseltamivir resistance e.g. influenza A (H1N1)pdm09</th>
<th>Exposed to suspected or confirmed oseltamivir resistant influenza</th>
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</thead>
<tbody>
<tr>
<td>No prophylaxis</td>
<td>No prophylaxis</td>
<td>No prophylaxis</td>
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<tr>
<td>At risk of complicated influenza (including pregnant women but excluding severely immunosuppressed adult patients)</td>
<td>Oseltamivir PO once daily for 10 days, if therapy can be started within 48 hrs of exposure (after 48 hrs on specialist advice only)</td>
<td>Oseltamivir PO once daily for 10 days, if therapy can be started within 48 hrs of exposure (after 48 hrs on specialist advice only)</td>
<td>Zanamivir INH once daily for 10 days, if therapy can be started within 36 hrs of exposure (after 36 hrs on specialist advice only)</td>
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<tr>
<td>Severe immuno-suppressed adult patients</td>
<td>Oseltamivir PO once daily for 10 days, if therapy can be started within 48 hrs of exposure (after 48 hrs on specialist advice only)</td>
<td>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 hrs on specialist advice only)</td>
<td>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</td>
</tr>
</tbody>
</table>

ORAL OSELTAMIVIR (Tamiflu®): Duration: 10 days
75 mg ONCE daily started within 48 hours of exposure
Weight 40kg or less: 60mg once daily

RENAL IMPAIRMENT: NHS Tayside recommended doses are as per Renal Drug Handbook (these doses which differ from SPC/PHE guidance)
CrCl 31–60 mL/min: 75mg ONCE daily  
CrCl 11–30 mL/min: 30mg ONCE daily
CrCl ≤10mL/min 30mg ONE off dose repeated after 7 days

DIALYSIS dosages:
HDF/HD (haemodiafiltration/haemodialysis) 30mg ONCE and then 30mg after every HDF/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. Oral oseltamivir or inhaled zanamivir can be used in women who are pregnant or breast-feeding when the potential benefit outweighs the risk. Oseltamivir is the preferred drug in women who are pregnant or breast-feeding.