



[Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities | Influenza \(Flu\) | CDC](#)

- Ask pharmacy to calculate the creatinine clearance for each resident and provide that list in case we need to utilize Tamiflu for an outbreak.
- Test any resident with symptoms of COVID-19 or influenza for both.
- When 2 cases of laboratory-confirmed influenza are identified within 72 hours of each other in residents on the same unit, outbreak control measures should be implemented asap.
- Implement Standard and Droplet Precautions for all residents with suspected or confirmed influenza.
- All long-term care facility residents who have confirmed or suspected influenza should receive antiviral treatment immediately (within 48-72 hours).
- When at least 2 patients are ill within 72 hours of each other and at least one resident has laboratory-confirmed influenza, the facility should promptly initiate antiviral chemoprophylaxis with oral oseltamivir to all non-ill residents living on the same unit as the resident with laboratory-confirmed influenza (outbreak affected units), regardless of whether they received influenza vaccination during the current season.
- Treatment: Oseltamivir (Tamiflu) 75mg po TWICE daily x 5 days.
- Prophylaxis: Oseltamivir 75mg po daily x 2 weeks and continuing for at least 7 days after the last known laboratory-confirmed influenza case was identified on affected units.
 - Oseltamivir must be renally dosed if Creatinine Clearance is < 60.
- According to manufacturer's labeling, oseltamivir is not recommended in patients with end-stage kidney disease not on dialysis.
- For Hemodialysis patients: ~50% Dialyzable
 - Assumes HD 3 times per week.
 - If the usual indication-specific dose is 75 mg twice daily (eg, seasonal influenza treatment):
 - Oseltamivir 30 mg immediately and then 30 mg after every hemodialysis session for at least 5 days.
 - If the usual indication-specific dose is 75 mg once daily (eg, seasonal influenza prophylaxis):
 - Oseltamivir 30 mg immediately and then 30 mg after every other hemodialysis session



for 2 weeks.

Oseltamivir Dose Adjustments in Altered Kidney Function^a

CrCl	If the usual indication-specific dose is 75 mg once daily (eg, seasonal influenza prophylaxis)	If the usual indication-specific dose is 75 mg twice daily (eg, seasonal influenza treatment)
≥60 mL/minute	No dosage adjustment necessary	No dosage adjustment necessary
>30 to <60 mL/minute	30 mg once daily	75 mg × 1 dose, ^b then 30 mg twice daily
>10 to 30 mL/minute	30 mg every other day	30 mg once daily
≤10 mL/minute	30 mg once weekly ^c	30 mg every other day ^c

References:

[Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities | Influenza \(Flu\) | CDC](#)

[Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza^a | Clinical Infectious Diseases | Oxford Academic](#)

[Influenza Antiviral Medications: Summary for Clinicians | Influenza \(Flu\) | CDC](#)

[Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating | Influenza \(Flu\) | CDC](#)