



COVID-19 and Seasonal Influenza: Interim Guidance for Health Care and Public Health Providers

TREATMENT

TABLE 8.3: INFLUENZA TREATMENT

Table 8.3 Influenza Treatment <i>Adapted from the CDC Influenza Antiviral Medications: Summary for Clinicians</i>	
Treatment	Direction
Oseltamivir/Tamiflu	<ul style="list-style-type: none"> • 75 mg BID x 5 days for suspected or confirmed patients at high risk of complications***. • Treatment within the first 48 hours has the maximum benefit. • Clinical judgment for treating previously healthy outpatients, if treatment can be initiated within 48 hours of illness onset. • Treatment of choice in pregnancy. • Adjust for renal impairment. • Those with end-stage renal disease (eGFR <20), NOT on dialysis, should not use oseltamivir. • Do not use if there is an allergy to oseltamivir. <ul style="list-style-type: none"> ▪ If allergic or intolerant to oseltamivir, there is a non-formulary option – Baloxavir – which can be considered for use in patients at risk of influenza complications***.
Antibiotics	<ul style="list-style-type: none"> • In the setting of bacterial co-infection, which occurs in 12-50% of hospitalized patients with influenza.
Bronchodilators	<ul style="list-style-type: none"> • Adults with wheezing.
Amantadine	<ul style="list-style-type: none"> • NOT RECOMMENDED due to marked resistance unless local resistance is known to be low.

***Risk factors for severe influenza include but are not limited to: Age >65, chronic medical conditions such as chronic lung disease and asthma, ASCVD, diabetes, HIV/Aids, cancer, and other immunocompromising conditions, neurologic conditions, pregnant women up to 2 weeks after delivery, American Indians, Alaska Natives, 18-19-years-old on chronic salicylate medications, and nursing home residents. More details: <https://www.cdc.gov/flu/highrisk/index.htm>

Excerpted from the Treatment section of the CCHCS Interim Guidance for Health Care and Public Health Providers: <https://cchcs.ca.gov/covid-19-interim-guidance/>

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