Recommended Influenza Antiviral Medications
For Treatment and Chemoprophylaxis
In Long-Term Care Facilities

<table>
<thead>
<tr>
<th>Dosage</th>
<th>Treatment</th>
<th>Chemoprophylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td>For persons &gt; 13 years</td>
<td>Oseltamivir (Tamiflu®) 75 mg <em>twice</em> daily</td>
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<tr>
<td>Recommended Duration</td>
<td>5 days*</td>
<td>A minimum of 2 weeks and continuing for 1 week after the most recent known case was identified</td>
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*longer treatment courses can be considered for patients who remain severely ill after 5 days of treatment

**Treatment**
- Early antiviral treatment can shorten the duration of illness, prevent hospitalizations, and may reduce the risk of complications from influenza (i.e. pneumonia, respiratory failure, death)
- Antiviral treatment should be started as soon as possible after illness onset, ideally within 48 hours of symptom onset
- Decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza

**Chemoprophylaxis**
- Approximately 70-90% effective in preventing influenza and is a useful tool in combination with influenza vaccination
- Recommended for all exposed, non-ill (including those who received influenza vaccine) residents, and unvaccinated health care personnel when confirmed case of influenza occurs in the facility
  - May be recommended by Public Health even in the absence of confirmatory testing if more than 1 resident is presenting with acute febrile respiratory illness during a 1 week time span during influenza season. Contact the Alaska Section of Epidemiology for recommendations: (907)269-8000
- Vaccinated staff can be administered prophylaxis within 2 weeks of influenza vaccination

**Source:**
http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm