

## INFLUENZA

Assess patient factors,  
medical history

- < 1 year of age → antivirals off- label – if symptoms warrant, **refer**
- Heart failure → possible decompensation - **refer** for medical assessment
- Allergic rhinitis → consider as alternative diagnosis (see MA guideline)
- Drug-induced symptoms (e.g. cough, rhinitis) – consider alternatives, consult with prescriber

### Risk Factors for Severe Disease

- Asthma, COPD, other chronic pulmonary diseases
- Cardiovascular disease (excluding hypertension)
- Malignancy
- Chronic kidney disease
- Diabetes mellitus, other metabolic diseases
- Blood disorders such as anemia
- Immunosuppression or immunodeficiency due to disease or medication
- Cognitive dysfunction, spinal cord injury, seizure disorders, neuromuscular disorders, cerebral palsy (compromised handling of respiratory secretions)
- Pregnancy
- Age < 5 years or > 65 years
- Children ≤ 18 years of age on ASA therapy
- Obesity – BMI ≥ 40
- Aboriginal peoples
- Residents of long-term care and other chronic care facilities

### Red Flag Symptoms

- Respiratory distress - difficulty breathing, wheezing, chest pain on breathing, hypoxia (cyanosis – bluish skin, nailbeds; tachycardia, tachypnea)
- Barking cough, stridor, dysphonia
- Increased shortness of breath in patients with COPD, asthma, heart failure
- High fever (>40.5 ° C) or fever lasting for more than 3 days
- Lethargy, confusion
- Severe headache, neck pain or stiffness, photophobia
- Severe throat pain, dysphagia
- Persistent symptoms - no improvement or worsening after 5 days
- Cough for > 3 weeks
- Signs, symptoms of dehydration
- Patient appears very unwell

**REFER**

Assess symptoms

### Mild or uncomplicated: influenza

- Fever, cough, sore throat, rhinorrhea, muscle pain, headache, chills, malaise, occasionally diarrhea, vomiting
- No shortness of breath or worsening of comorbid conditions

Moderate, progressive, severe or complicated (See guideline) – hospitalization recommended

No risk  
factors  
(Ages 1 to 65  
years)

### Symptomatic treatment options

- Non-pharmacologic therapy
- Acetaminophen or ibuprofen

Risk factors +  
“flu” season

> 48 hrs since onset  
**Symptomatic  
treatment**

< 48 hrs since onset  
**Antiviral x 5 days**  
• Oseltamivir or  
• Zanamivir  
+ **symptomatic  
treatment**

Follow-  
up in 3  
days

Improvement, no bothersome side effects: if taking an anti-viral, finish course; continue symptomatic treatment as needed

No improvement or worsening symptoms → **REFER**

AMMI Canada guidelines suggest antiviral therapy can also be considered on a case-to-case basis for:

\* Adults & children 1 to < 5 years of age with no risk factors if less than 48 hours since onset of symptoms

\*\*Adults with risk factors when more than 48 hours have elapsed since onset of symptoms

**NB: Antivirals can be prescribed by pharmacists only if an influenza epidemic or pandemic has been declared by the Sask. Chief Medical Health Officer**