

## Influenza A & B Virology Sampling and Oseltamivir Dose

### Patients with suspected or known Influenza A or B in Critical Care

Day 1. Respiratory secretions for viral respiratory pathogen PCR testing.  
e.g. sputum, tracheal secretions, bronchial washings. (CAP Checklist)

If not ventilated, nose/throat swab in VTM (**this is less optimal**)

IF DAY 1 POSITIVE:

On Day 5. Repeat Respiratory secretions for viral respiratory pathogen PCR

IF DAY 5 POSITIVE:

On Day 10. Repeat Respiratory secretions for viral respiratory pathogen PCR

IF **ANY** OF THESE IS NEGATIVE, ISOLATION NOT REQUIRED

IF **ANY** POSITIVE **AND** SYMPTOMATIC, KEEP ISOLATED AND REPEAT SAMPLES  
AT 5 DAY INTERVALS

All positive influenza A samples are subtyped for H3 and H1.  
H1 samples are tested for oseltamivir resistance routinely

**Oseltamivir Dose:** – 75mg bd for 5 days

#### Oseltamivir treatment dosing in relation to renal function

CrCl ml/min	From Renal Drug Database (09 Jan 18)
>60 ml/min	75mg BD
31-60 ml/min	75mg BD
11-30 ml/min	30mg BD or 75mg OD
≤ 10 ml/min	75mg as single dose
Renal Replacement Therapy (CVVHD, CVVHF, HD)	30mg BD or 75mg OD

*This is different to Public Health England guidance 2018-19.*

- In severe immunocompromised cases, poor GI absorption or failure to respond to oseltamivir with influenza as the likely cause, consider use of IV zanamivir (on named patient basis from GSK Tel: 00800 24683579 or 0208 9904855)
- Pregnant- No differences to above options.
- Do NOT nebulise zanamivir (Relenza) powder.

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