

UPPER RESPIRATORY TRACT INFECTIONS

Influenza A and B

Annual vaccination is strongly recommended for all those at risk of influenza.

This guideline focuses on the treatment and post-exposure prophylaxis (PEP) of non-severe influenza in the community. At the time of writing, this applies to the influenza viruses known to circulate in humans on a seasonal basis and include the strains: Influenza A (H1N1)pdm09, Influenza A (H3N2) and Influenza B/Victoria.

Oseltamivir and zanamivir, have the greatest impact on influenza viral replication at the beginning of illness onset, or as PEP. These antivirals can now be prescribed in the community to eligible patients at any time of the year, following a legislative change introduced in October 2025 that removed the need for a seasonal notification from the Department of Health and Social Care ([Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza – GOV.UK](#)).

As outlined by NICE, when influenza is circulating, diagnosis can be made on clinical features alone. Testing is not required to start anti-virals and should not delay treatment. Diagnostic testing (via POCT or rapid RT-PCR) of the index case may strengthen diagnosis, particularly when Influenza and COVID-19 are co-circulating. Testing is recommended if a patient develops influenza-like illness while on post-exposure prophylaxis (PEP) or has persistent infection despite treatment (to assess for possible antiviral resistance).

When influenza is not circulating, treatment should generally be guided by diagnostic testing, however, empirical treatment may be initiated during a virologically confirmed influenza outbreak in a closed setting.

Symptoms of influenza appear abruptly 2-3 days after exposure:

- Sore throat +/- dry unproductive cough
- Generalised symptoms (headache, malaise, myalgia, and weakness)
- Fever, typically 38-40°C but may not be present at time of consultation
- Ocular symptoms (conjunctivitis, pain on eye movement, photophobia)
- Gastrointestinal symptoms (particularly in children)

Treatment recommendations

FOR OTHERWISE HEALTHY ADULTS (EXCLUDING PREGNANT WOMEN), ANTIVIRALS ARE NOT RECOMMENDED.

- Treat 'at risk' patients only, **ideally within 48 hours of symptom onset.**

People deemed to be at increased risk are those who have one or more of the following*:

- Pregnant women (including those 2/52 post-partum)
- Aged ≥ 65 years
- Children < 6 months of age
- Asplenia or dysfunction of spleen
- Chronic respiratory disease (including COPD and asthma)
- Chronic heart disease (Significant cardiovascular disease - not hypertension)
- Chronic renal disease, liver disease, neurological disease
- Immunosuppression
- Diabetes mellitus

*This list is not exhaustive, for further information about clinical risk groups please see the [Green Book influenza chapter](#)

'At risk' adults and children ≥13 years of age (any circulating strain):

	1 st line	2 nd line (if oseltamivir cannot be given)	Duration
At risk*	Oseltamivir PO/NG Dose: 75mg twice a day ¹	Zanamivir INH Dose: 10mg twice a day (2 inhalations twice a day by diskhaler)	5 days (10 days if immunosuppressed)
1 See BNF for appropriate use and dosing in specific populations, for example, hepatic/ renal impairment, in pregnancy and breastfeeding, or body weight <40kg			

'At risk' children <13years of age (any circulating strain):

	1 st line	2 nd line	Duration
At risk*	Oseltamivir PO¹	Zanamivir INH	5 days (10 days if immunosuppressed)
	Infants 1-11 months ²	3mg/kg/dose twice a day	Children <5yr
	Children 1 to 12 years: 10-15kg	30mg twice a day	Not licensed
	Children 1 to 12 years: >15-23kg	45mg twice a day	10mg twice a day (2 inhalations twice a day by diskhaler)
	Children 1 to 12years: >23-40kg	60mg twice a day	
	Children 1-12 years: >40kg	75mg twice a day	
1 See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment or renal impairment. 2 off label use in <1yr children but supported by BNFC			

Post exposure prophylaxis (PEP) recommendations for 'at risk' population

Oseltamivir and zanamivir can be used for prophylaxis of persons in 'at-risk' groups following exposure to a person in the same household or residential setting with influenza-like illness when influenza is circulating in the community.

Note that if the case is in a nursing / residential home please contact infection control team / local PHE team for advice.

- Initiate PEP as soon as possible ideally **within the first 48 hours of the last exposure to influenza**.
- Monitor closely for symptoms of Influenza like illness and convert to a treatment dose anti-viral schedule if person becomes infected (discount any prophylactic doses received when determining duration of treatment). A swab should be sent for diagnostic testing in this instance but not delay initiation of treatment.

Antiviral dosage and schedules for post-exposure prophylaxis (PEP)

For otherwise healthy adults (excluding pregnant women), antivirals are not recommended

PEP for 'at risk' adults and children ≥13 years:

	1 st line	2 nd line	Duration
At risk*	Oseltamivir PO 75mg once daily	Zanamivir INH 10mg once daily	10 days
1 See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment or renal impairment, and in pregnancy and breastfeeding			

PEP for 'at risk' children <13 years:

	1 st line	2 nd line	Duration	
At risk *	Oseltamivir PO¹	Zanamivir INH Children ≥5years: 10mg once daily ²	10 days	
	Infants 1-11months			3mg/kg once a day
	Children 1-12year ≤15kg			30mg once a day
	Children 1-12year 15-23kg			45mg once a day
	Children 1-12year 23-40kg			60mg once a day
	Children 1-12year >40kg			75mg once a day
1 See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment or renal impairment. 2 Zanamivir is not licensed in children <5years of age.				

Oseltamivir does adjustment in renal impairment in adults and children ≥13 years (CrCl≤60ml/min):

Note these doses are different to SPC and UKHSA guidance and are from the NUH guidance which is based on the national renal dosing handbook guidance.

CrCl (ml/min)	Oseltamivir treatment dose	Oseltamivir prophylaxis dose
31-60 ml/min	Adult: 75mg twice a day for 5 days	Adult: 75mg once daily for 10 days
11-30 ml/min	Adult: 75mg once daily for 5 days	Adults: 30mg once daily for 10 days
<10 ml/min	Adult: 75mg ONCE (a single dose)	Adults 30mg ONCE (a single dose) – repeated in 7 days (day 1 and day 8)

For patients on Haemodialysis (HD), Continuous Ambulatory Peritoneal Dialysis, plus patients on haemofiltration – please refer to renal team for guidance.