

UPPER RESPIRATORY TRACT INFECTIONS

Influenza A and B

[\(CKS Treatment of influenza\)](#)

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

Prescribing of antivirals in England under General Medical Services contracts is **limited** to periods when: 'The Department of Health and Social Care (DHSC) has notified general medical practitioners that the influenza virus is circulating in the community.' This notification is issued by the Chief Medical Officer (CMO) for England.

- 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 (Pain on eye movement, photophobia)
 - Gastrointestinal symptoms

For otherwise healthy adults, antivirals are not recommended.

Treat 'at risk' patients only when influenza is circulating in the community, and the patient can start therapy **within 48 hours of symptom onset**. At risk patients include:

- Pregnant women (including up to 2 weeks post-partum)
- People aged ≥65 years, children aged <6 months
- Asplenic or dysfunction of the spleen
- Chronic respiratory disease (including COPD and asthma)
- Chronic heart disease (Significant cardiovascular disease - not hypertension)
- Immunosuppressed, Diabetes mellitus, Chronic renal, liver, or neurological disease
- Morbid obesity BMI≥40

Post exposure prophylaxis:

At risk groups and those not adequately protected by vaccination may be offered prophylaxis. For current guidelines see [UKHSA website](#) or contact the UKHSA office for guidance on 0344 225 4524.

Note that if the case is in a nursing / residential home, other residents in 'at risk' groups may need post-exposure prophylaxis please contact infection control team / local PHE team for advice.

Treatment

Note: FP10 prescriptions must be endorsed 'SLS'.

Adults and children ≥13 years of age:

Antiviral	Dosage ¹	Duration
First choice – ONLY FOR AT RISK GROUPS		
Oseltamivir <i>Renal impairment see dose adjustments below</i>	Treatment: Adults & children ≥13 years: 75mg twice a day Post Exposure Prophylaxis: Adults & children ≥13 years: 75mg once daily	5 days (10 days if severely immunosuppressed) 10 days
If resistant to Oseltamivir or A(H1N1) strain and severely immunosuppressed		
Zanamivir (diskhaler)	Treatment: Adults & children ≥13 years: 10mg twice a day (2 inhalations twice a day by diskhaler) Post Exposure Prophylaxis: Adults & children ≥13 years: 10mg once daily	5 days (Up to 10 days if suspected or confirmed Oseltamivir resistance). 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.

