MEDICATIONS TO TREAT INFLUENZA



Influenza antiviral medications can minimize the duration and severity of infection. Treatment should be initiated as soon as possible (within 48 hours of symptom onset), particularly in clients who are hospitalized, at high risk for influenza complications due to chronic conditions or immunocompromised status, and those showing signs of severe or progressive illness. Treatment should be initiated empirically, while awaiting laboratory confirmation.

In addition to the at-risk populations mentioned above, influenza antiviral medications are recommended for uncomplicated outpatients with confirmed or suspected influenza infection based on clinician judgment, with drug selection guided by client age, medication history, and contraindications.

Drug name	Oseltamivir (Tamiflu)	Zanamivir (Relenza)	Peramivir (Rapivab)	Baloxavir (Xofluza)
Class	Neuraminidase inhibitor	Neuraminidase inhibitor	Neuraminidase inhibitor	Endonuclease inhibitor
Active against	Influenza A & B	Influenza A & B	Influenza A & B	Influenza A & B
Approved use	Treatment (2 weeks and over)Prevention (1 year and over)	Treatment (7 years and over)Prevention (5 years and over)	Treatment (6 months of age and over)	Treatment (5 years and over)Prevention (5 years and over)
Route	Oral	Inhalation powder	IV	Oral
Duration of treatment	Treatment:5 daysPrevention:7–42 days per risk status	Treatment:5 daysPrevention:7 days	Single dose, given over 30–60 minutes	Single dose for treatment & prevention
Adverse effects	Adverse effects common to all neuraminidase inhibitors: Gl upset Hypersensitivity reaction (rare) Neuropsychiatric effects (very rare, typically pediatric population)			None more common than placebo in clinical trials
Precautions/ contraindica- tions	None	Precaution: lung disease (asthma, COPD)Contraindication: egg allergy	None	Contraindications: Pregnancy Lactation Immunocompromise
Other	Preferred treatment in pregnancy	None	None	Recommended for uncomplicated, outpatient use only

NOTES

