

INFLUENZA CLINICAL PATHWAY

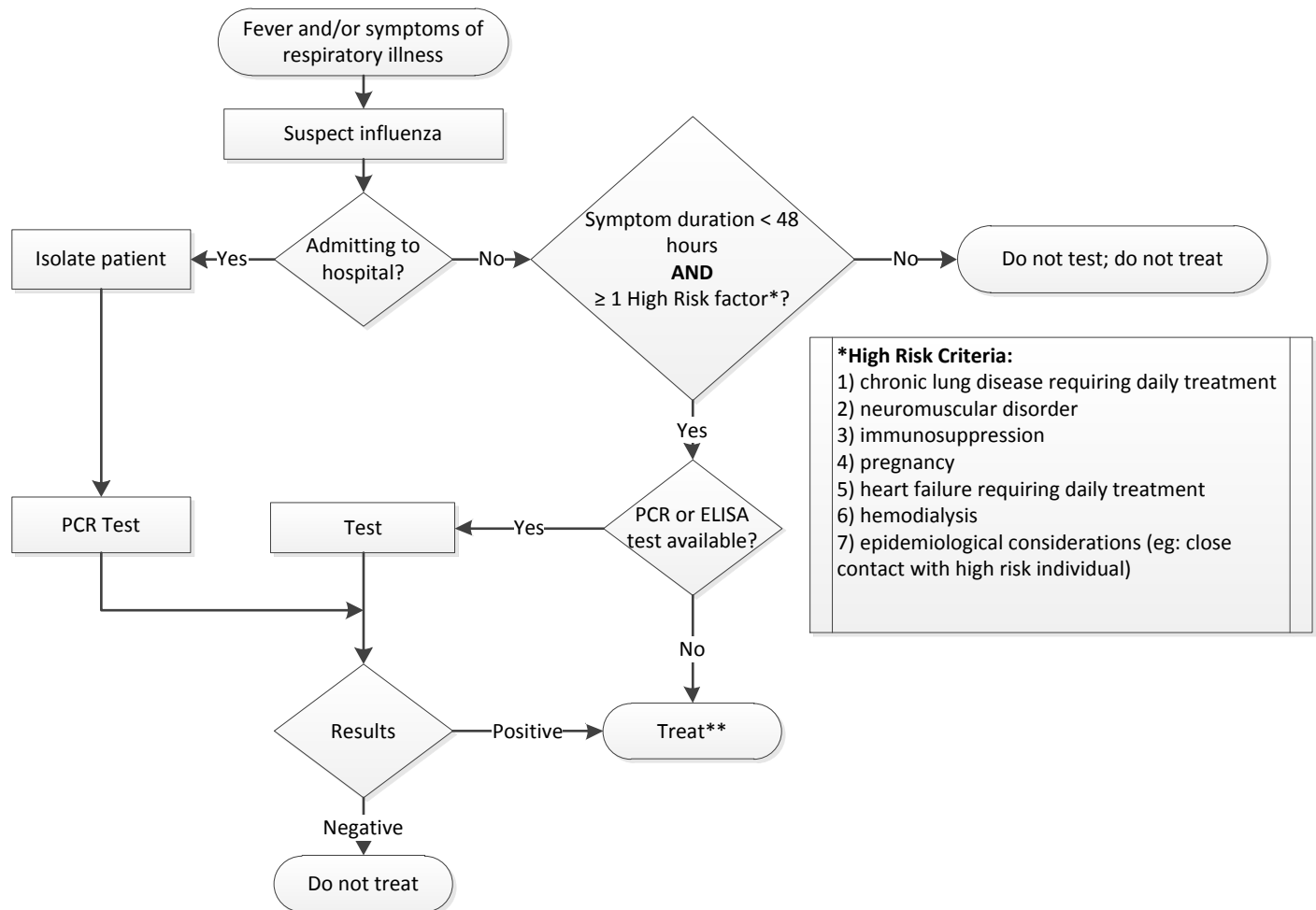
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KEY POINTS

Influenza is a highly contagious respiratory virus that infects humans. The spectrum of disease ranges from mild to severe, and some cases can be fatal. Influenza is best prevented by vaccination and avoidance of ill contacts.

When suspected or diagnosed, influenza treatment has a very limited impact on disease symptom duration (shortening length of illness by approximately 1 day); close contacts and family members may also be less likely to contract the disease, if the ill patient is treated. Current data does not suggest that influenza treatment affects mortality or need for hospitalization.

The following is our recommendation for an approach to patients with suspected influenza.



****Medication Options:**

<p>Oseltamivir (Tamiflu®) Treatment (5 days) If younger than 1 yr old: • 3 mg/kg/dose twice daily If 1 yr or older, dose varies by child's weight: • ≤ 15 kg, the dose is 30 mg twice a day • > 15 to 23 kg, the dose is 45 mg twice a day • > 23 to 40 kg, the dose is 60 mg twice a day • > 40 kg, the dose is 75 mg twice a day</p>	<p>Zanamivir4 (Relenza®) (FDA approved and recommended for use in children 7 yrs or older) Treatment (5 days) • 10 mg (two 5-mg inhalations) twice daily</p>	<p>Peramivir4 (Rapivab®) (FDA approved and recommended for use in adults 18 yrs and older) Treatment (1 day) • One 600 mg dose, via intravenous infusion for 15-30 minutes</p>
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References:

- ¹ Harper SA, Bradley JS, Englund JA, File TM, Gravenstein S, et al. Seasonal Influenza in Adults and Children—Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management: Clinical Practice Guidelines of the Infectious Diseases Society of America. *Clin Infect Dis* (2009) 48 (8): 1003—1032.
- ² WHO Guidelines for Pharmacological Management of Pandemic Influenza A (H1N1) 2009 and other Influenza Viruses. World Health Organization, February 2010. Available at: http://www.who.int/csr/resources/publications/swineflu/h1n1_guidelines_pharmaceutical_mngt.pdf?ua=1
- ³ Antiviral Agents for the Treatment and Chemoprophylaxis of Influenza; Recommendations of the Advisory Committee on Immunization Practices (ACIP). Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report, January 21, 2011, 60 (1): 1-26.

INFLUENZA WORKGROUP FOR THE ACUTE MEDICINE CLINICAL PROGRAM

This team represents expertise in Influenza. If you would like further information, please contact the lead for the Acute Medicine Clinical Program, Cameron Berg, MD—Cameron.Berg@NorthMemorial.com.

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Revision History

This Care Process Model is active and further recommendations regarding the Influenza Pathway are forthcoming. It will be updated as additions develop.

Revision	Description of Changes	Approvals	Date
1.0	Initial Document	Acute Medicine Guidance Team	1-27-2017