

# ANTIVIRALS



Viral Respiratory Diseases  
Detection and Containment in  
Long-term Care Facilities  
2019 Workshops





## Disclosure

**The speaker does not have a financial or non-financial relationship with a commercial interest that would create a conflict of interest with this presentation.**

# ANTIVIRAL CHEMOPROPHYLAXIS

- Antiviral chemoprophylaxis is recommended for all non-ill residents, regardless of their influenza vaccination status, in long-term care facilities that are experiencing outbreaks
- Antiviral chemoprophylaxis can be offered to personnel
- Duration: minimum of 2 weeks, and continuing for at least 7 days after the last known case was identified



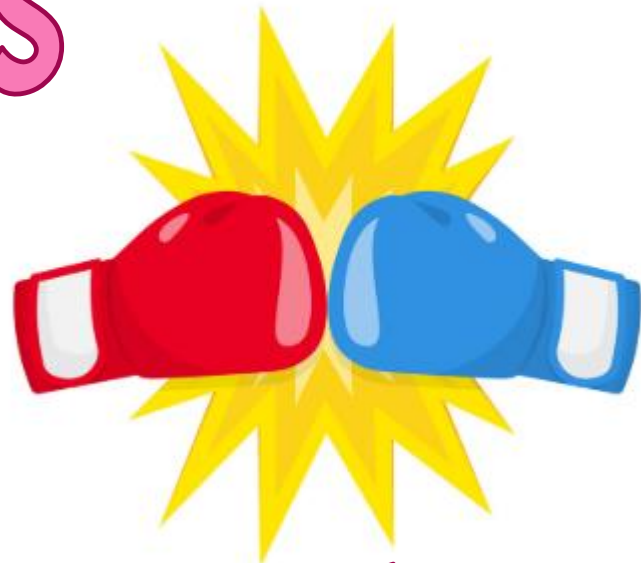
# ANTIVIRAL TREATMENT

- **All long-term care facility residents who have confirmed or suspected influenza should receive antiviral treatment immediately**
- **Treatment should not wait for laboratory confirmation of influenza.**
- Antiviral treatment works best when started within the first 2 days of symptoms. May still have a benefit after 2 days
- Four recommended antivirals :
  - Oral oseltamivir (generic or Tamiflu®)
  - Inhaled zanamivir (Relenza®)
  - Intravenous peramivir (Rapivab®)
  - Oral Baloxavir (Xofluza®)



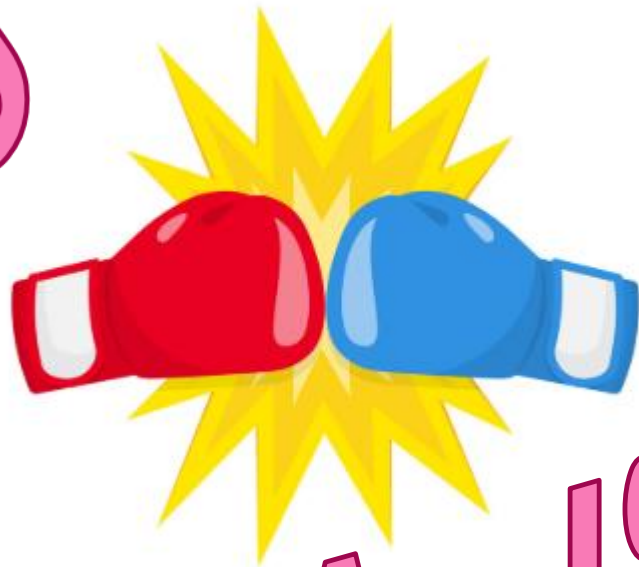


Prophylaxis



Treatment

ANTIVIRALS



Antibiotics

Antiviral Agent	Activity Against	Use	Recommended For	Not Recommended for Use in	Adverse Events
Oral Oseltamivir	Influenza A and B	Treatment	Any age <sup>1</sup>	N/A	<b>Adverse events:</b> nausea, vomiting, headache. Post marketing reports of serious skin reactions and sporadic, transient neuropsychiatric events <sup>2</sup>
		Chemo-prophylaxis	3 months and older <sup>1</sup>	N/A	
Inhaled Zanamivir	Influenza A and B	Treatment	7 yrs and older <sup>3</sup>	people with underlying respiratory disease (e.g., asthma, COPD) <sup>3</sup>	<b>Adverse events:</b> risk of bronchospasm, especially in the setting of underlying airways disease; sinusitis, and dizziness.. Post marketing reports of serious skin reactions and sporadic, transient neuropsychiatric events <sup>2</sup>
		Chemo-prophylaxis	5 yrs and older <sup>3</sup>	people with underlying respiratory disease (e.g., asthma, COPD) <sup>3</sup>	
Intravenous Peramivir	Influenza A and B <sup>4</sup>	Treatment	2 yrs and older <sup>4</sup>	N/A	<b>Adverse events:</b> diarrhea. Post marketing reports of serious skin reactions and sporadic, transient neuropsychiatric events <sup>2</sup>
		Chemo-prophylaxis <sup>5</sup>	Not recommended	N/A	
Oral Baloxavir	Influenza A and B <sup>6</sup>	Treatment	12 yrs and older <sup>6</sup>	N/A	<b>Adverse events:</b> none more common than placebo in clinical trials
		Chemo-prophylaxis <sup>5</sup>	Not recommended	N/A	



# PLAN NOW: ANTIVIRAL AND CHEMOPROPHYLAXIS ADMINISTRATION

- Having preapproved orders from physicians or plans to obtain orders for antiviral medications on short notice can substantially expedite administration of antiviral medications
- Develop a plan on how to obtain antivirals for all residents simultaneously for chemoprophylaxis





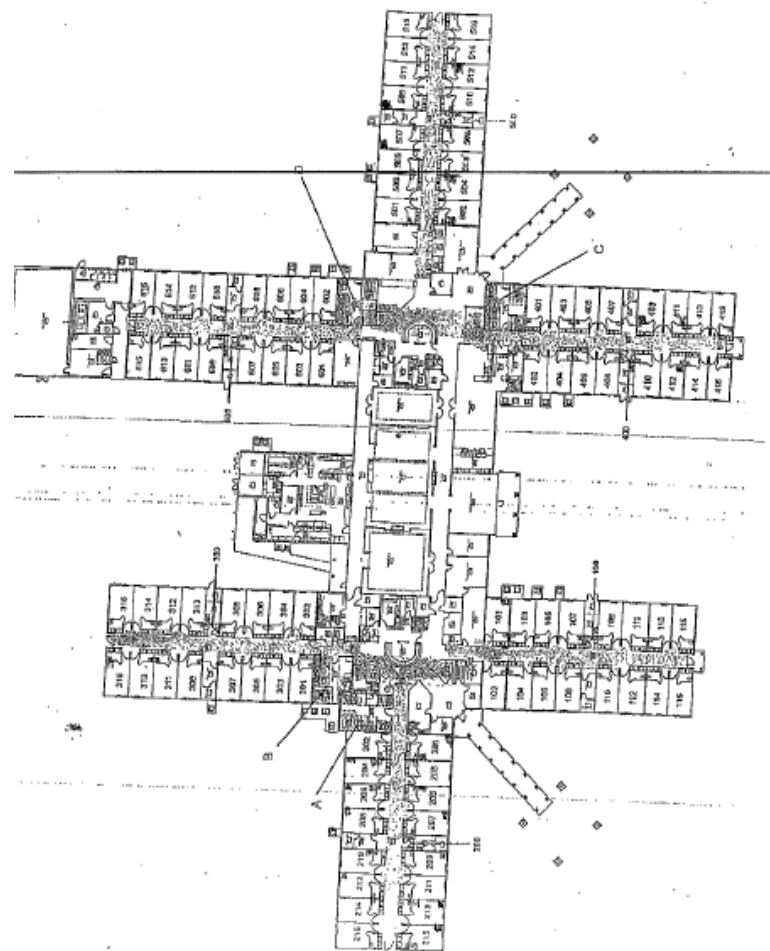
*Clinical Infectious Diseases*

**IDSA GUIDELINE**

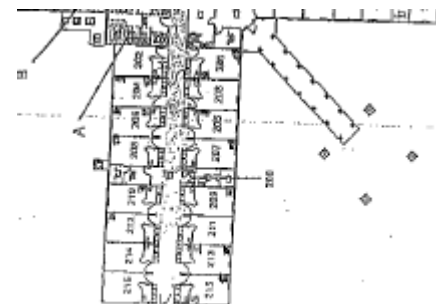


# Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza<sup>a</sup>





VS



Jane Doe from LTCF is on day 4 hospitalization. Patient has chronic respiratory issues. It was just reported to the hospital that the LTCF is having an influenza outbreak. The physician tests her and she is influenza A positive. Should she be prescribed antivirals?

a) Yes

b) No

**THERE ARE NO  
STUPID QUESTIONS**

