VIRAL SEASON IMPORTANT INFORMATION

FLU

If you send any viral testing, it will include Flu. Please determine if the patient is eligible for Tamiflu, discuss risks/benefits of Tamiflu with family, and document that you had this conversation & if they accepted or declined Tamiflu.

You can add Smartphrases from Sara Holmstrom (.FLUNO, .FLUYES) for documentation.

Flu eligibility (patient might benefit from Tamiflu):

1) Severe, complicated, or progressive illness, regardless of duration of symptoms.
2) At high risk for complications (age <2 years, immunocompromised, asthma, etc.), regardless of duration of symptoms.
3) May be considered for those not at high risk if treatment can be initiated within 48 hours of illness onset.
4) Those with high-risk close contacts.

Example Conversation:
"If your child tests positive, they might benefit from a medicine called Tamiflu. It shortens the duration of symptoms by about 1 day. The most common side effects are GI upset like vomiting and diarrhea. If that were to happen, we would want you to stop the medication. Some families think it doesn't sound worth it, and that is ok. Some families want to try anything if it might help. Would you be interested in this medication if your child were positive for the flu? You can also decide if/when you get a call with a positive result."

CALLBACKS:

There are NO callbacks over the weekend.

Flag the result and if it returns while you are still on shift, call the family with the result, and document that you did so. Consider printing Tamiflu Rx for vulnerable/high risk patients and instruct them to use MyChart to see flu result and/or call them back yourself with the result.

We ONLY call back the follow positive results:

- All ages: Flu, COVID, Mycoplasma and Chlamydia pneumoniae
- <18 years: Adenovirus
- <2 years: RSV, Metapneumovirus
- <3 months old: ALL positive results
- Other positive results are NOT called back

Do not tell families or write in the AVS to families that we will call with any positive result.

Encourage families to use MyChart to follow up results.

TABLE 2 High-Risk Groups for Influenza Complications

Category	Description
Demographic characteristics	Children <5 y, especially those <2 y[a]
	Children born preterm or near term[b]
	Residents of a chronic care facility or nursing home
Underlying condition or treatment with common examples[c]	
Chronic pulmonary disease	Asthma[11]
	Cystic fibrosis
	Bronchopulmonary dysplasia[11]
	Compromised respiratory function (eg, requiring mechanical ventilation, tracheostomy)
Cardiovascular disease	Hemodynamically significant conditions (excluding hypertension alone)
Kidney disease	Chronic kidney disease, including end-stage kidney disease
	Dialysis
Hepatic disease	Chronic liver disease
	Cirrhosis[12,13]
Hematologic disease	Sickle cell disease
	Other hemoglobinopathies
Metabolic disorders	Diabetes mellitus
Neurologic and neurodevelopmental conditions	Cerebral palsy
	Epilepsy
	Stroke
	Intellectual developmental disorder
	Moderate to severe developmental delay
	Muscular dystrophy
	Spinal cord injury
Extreme obesity	BMI ≥40 for adults[d]
Immunosuppression	Receipt of immunocompromising medications
	Receipt of bone marrow, hematopoietic stem cell transplant, and solid organ transplant
	Congenital or acquired immune deficiency, including HIV
	Asplenia
Receiving treatment with aspirin- or salicylate-containing therapies[e]	
Pregnancy and up to 2 wk postpartum	

Source: Adapted from Grohskopf LA, Blanton LH, Ferdinands JM, Chung JR, Broder KR, Talbot HK. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices—United States, 2023–24 influenza season. *MMWR Recomm Rep.* 2023;72(2):1–25.

[a] Regardless of the presence of underlying medical conditions.

[b] Higher risk of influenza hospitalization in the first 5 years of life.

[c] List of examples is not exhaustive.

[d] BMI associated with increased risk not well defined in children, but could consider BMI at or above the 95th percentile for children and teens of the same age and sex.[14,15]

[e] Applies to children and adolescents aged <19 years who may be at increased risk of Reye syndrome.

Table from AAP Policy Statement: Recommendations for Prevention and Control of Influenza in Children, 2023-24

https://doi.org/10.1542/peds.2023-063772

Tamiflu Treatment dosing		
Age/Weight	**Dose**	**Frequency and Duration**
<1 year old	3 mg/kg per dose	Twice a day for 5 days
If 1 year or older, dose by weight range:		
≤15 kg	30 mg per dose	Twice a day for 5 days
>15kg to 23 kg	45 mg per dose	Twice a day for 5 days
>23 kg to 40 kg	60 mg per dose	Twice a day for 5 days
>40 kg and adults	75 mg per dose	Twice a day for 5 days