

Provincial Drugs & Therapeutics Antimicrobial Stewardship Subcommittee

To:	Health PEI Physicians, Nurse Practitioners, Pharmacists, Nurses
From:	PD&T Antimicrobial Stewardship Subcommittee
Date:	Sept 23 rd , 2025
Re:	NEW Guideline: Seasonal Influenza in Adults

The Antimicrobial Stewardship Subcommittee (ASSC) has developed the enclosed guideline for oseltamivir use in adults with seasonal influenza. Development of the new guideline was informed by recommendations from AMMI Canada, IDSA, and Nova Scotia Health.

Associated order sets are also available:

- Oseltamivir (Tamiflu) for the TREATMENT of Seasonal Influenza
- Vaccines for Respiratory Illnesses (RSV/COVID-19/Influenza) – 2025-26 Season

10 Questions and Answers about oseltamivir (Tamiflu®) and influenza

1. Who should be considered for antiviral therapy with oseltamivir (Tamiflu®)?

Consider oseltamivir as early as possible for patients who:

1. have suspected or test-confirmed severe, complicated, or progressive influenza **OR**
2. are hospitalized with suspected or test-confirmed influenza **OR**
3. have suspected or test-confirmed influenza and are at higher risk of complications

(See [full guideline](#) for description of above patient populations)

2. Should I wait until the influenza swab result is reported to order oseltamivir?

No. It is encouraged to prescribe oseltamivir empirically in those with clinical suspicion of influenza as oseltamivir is most effective when initiated as early as possible after symptom onset. Discontinue empirically initiated oseltamivir if the swab returns as influenza negative.

3. My patient has had influenza-like symptoms for more than 48 hours. Should I still order antiviral treatment?

For the three patient populations described above who are hospitalized with or have severe/complicated influenza, or who have high risk criteria for complications, oseltamivir therapy may still have a role in improving outcomes like duration of hospitalization when initiated beyond 48 hours of symptoms.

4. What is the dose and duration?

Oseltamivir 75 mg PO BID x 5 days. Renal adjustment is advised for CrCl below 60 mL/min.

5. How much does oseltamivir cost?

Oseltamivir is listed on the hospital formulary but is not currently a benefit on the PEI Pharmacare formulary. The cost of a 5-day supply is around \$50. PEI Pharmacare has received endorsement from PD&T to add to the formulary for the populations outlined in the guideline. Communication will be

sent out from PEI Pharmacare if any updates are made. Patients with private insurance may have coverage.

6. What are the potential benefits of oseltamivir?

Treatment with oseltamivir decreases the duration of influenza symptoms and can help to prevent the complications of influenza, such as hospitalization and potentially deaths.

7. What are the potential harms of oseltamivir?

Gastrointestinal adverse effects like nausea and vomiting are the most common side effects associated with oseltamivir administration. Up to one in every five patients may experience this. Headache, and rarely, neuropsychiatric events like delirium occur.

8. Where can I find more information about prophylaxis in the setting of an influenza outbreak?

See [PEI Guidelines for Viral Respiratory Infections and Outbreak Management in Long-term Care and Community Care Facilities](#)

Prophylaxis in the setting of an outbreak in hospital may be prescribed in consultation with Infection Prevention and Control.

9. Where can I find my patient's vaccine record?

Review patient vaccine record in [provincial all immunizations registry \(AIR\)](#) to ensure they are up to date with all eligible vaccinations.

10. What HPEI resources are available for treatment of other respiratory infections?

- [Adult Chemical Pneumonitis and Aspiration Pneumonia](#)
- [Community Acquired Pneumonia](#)
- [Hospital Acquired Pneumonia](#)
- [Acute Exacerbation of COPD](#)
- See [Firstline](#) for updated guidance on antivirals for mild to moderate COVID-19

You can find these guidelines, along with other Health PEI empiric treatment guidelines, on the [Health PEI Antimicrobial Stewardship website](#) or on the [Firstline App](#).

For questions, please contact Fiona Mitchell (Provincial Antimicrobial Stewardship Pharmacist; fcmitchell@ihis.org)



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Seasonal Influenza in Adults

Definitions

Influenza severity definitions:

- **Severe or complicated:** characterized by signs of lower respiratory tract disease, CNS abnormalities, complications of low blood pressure, myocarditis or rhabdomyolysis, or invasive secondary bacterial infection
- **Progressive:** characterized by signs or symptoms suggesting more than mild illness, including chest pain, poor oxygenation (e.g., tachypnea, hypoxia, laboured breathing), cardiopulmonary insufficiency (e.g., low blood pressure), CNS impairment (e.g., confusion, altered mental status), severe dehydration, or exacerbations of chronic conditions (e.g., asthma, COPD)

Most Common Organisms

- Influenza A and B cause seasonal outbreaks
- Co-infection with bacterial microorganisms (e.g. *Streptococcus pneumoniae*, *Staphylococcus aureus*) may be present

Initial Laboratory and Diagnostic Considerations

- Consider influenza when circulating in the community
- Weekly [PEI respiratory illness summary](#) reports are available
- Influenza is characterized by acute respiratory illness symptoms which vary and may include:
 - Systemic symptoms: fever, myalgia, arthralgia, headache, nausea, vomiting, diarrhea
 - Upper respiratory tract symptoms: sore throat, rhinorrhea
 - Lower respiratory tract symptoms: cough, shortness of breath
- Nasopharyngeal (NP) swab detects presence of influenza A and B. Testing detects live and dead virus, so test of cure is unnecessary in most patients

Management Considerations

- Initiate droplet/contact precautions
- For suspected influenza cases awaiting influenza PCR result, discontinue oseltamivir if the lab test returns as negative
- Consider treatment of bacterial co-infection (see Community acquired pneumonia guideline) if severe illness at onset or if deterioration after initial improvement.
- Antiviral therapy generally works best when initiated within 48 hours of symptom onset. For the three patient populations described below, oseltamivir therapy may still have a role in improving outcomes like duration of hospitalization when initiated beyond 48 hours of symptoms.

When to Consider Antiviral Treatment

Prescribe oseltamivir as early as possible for patients who:

1. have suspected or test-confirmed severe, complicated, or progressive influenza **OR**
2. are hospitalized with suspected or test-confirmed influenza **OR**
3. have suspected or test-confirmed influenza and are at higher risk of complications, including the age groups, chronic medical conditions, and persons outlined in Table A

Table A. Risk factors for complications of influenza illness in adults³

- Asthma and other chronic pulmonary disease, including bronchopulmonary dysplasia, cystic fibrosis, chronic bronchitis, and emphysema
- Cardiovascular disease (excluding isolated hypertension), including congenital and acquired heart disease, such as congestive heart failure and symptomatic coronary artery disease.
- Renal disease
- Chronic liver disease
- Diabetes mellitus and other metabolic diseases
- Anemia and hemoglobinopathies, such as sickle cell disease
- Cancer, immunosuppression, or immunodeficiency due to disease (e.g.: HIV infection, especially if CD4 is less than 200) or management of underlying condition (solid organ transplant or hematopoietic stem cell transplant recipients)
- Neurological disease and neurodevelopmental disorders that compromise handling of respiratory secretions (cognitive dysfunction; spinal cord injury; neuromuscular, neurovascular, neurodegenerative and seizure disorders; cerebral palsy; metabolic disorders)
- Individuals aged 65 years or older
- People of any age who are residents of nursing homes or other chronic care facilities
- Pregnancy and up to 4 weeks postpartum regardless of how the pregnancy ended. The risk of influenza-related hospitalization increases with length of gestation (i.e., it is higher in the third trimester than in the second)
- Obesity with a BMI greater than or equal to 40 or a BMI greater than 3 z-scores above the mean for age and gender
- Indigenous peoples

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Oseltamivir (Tamiflu®) Dosing for Treatment of Influenza

Creatinine Clearance	Oseltamivir Dose (PO/NG/OG)	Notes
Greater than 60 mL/min	75 mg BID	- Recommended to dose based on recent serum creatinine (SCr), i.e., within past 12 months. If recent SCr unavailable, begin therapy without delay and adjust as necessary when bloodwork returns. - For administration via NG or OG: capsules may be opened and contents administered, or if available, suspension may be used - High-dose oseltamivir (150 mg BID) is not recommended
31 – 60 mL/min	30 mg BID	
10 – 30 mL/min	30 mg daily	
Less than 10 mL/min	75 mg x 1 dose	
Peritoneal Dialysis (PD)	30 mg x 1 dose	
Hemodialysis (HD)	75 mg x 1 and after each hemodialysis	

Duration

- Usual duration of therapy: **5 days**
- Exceptions**
 - Creatinine clearance less than 10 mL/min and PD as above
 - In critically ill and immunocompromised patients, longer courses of up to 10 days may be appropriate.

Prevention

- Review patient vaccine record in [provincial all immunizations registry \(AIR\)](#) to ensure they are up to date with all eligible vaccinations

Additional Information

- Refer to guidance in IWK Firstline for influenza management in pregnancy and pediatrics.
- Prophylaxis in the setting of an outbreak in LTC should be prescribed in consultation with the Chief Public Health Office, Infection Prevention and Control within HPEI or DHW/CPHO. See [PEI Guidelines for Viral Respiratory Infections and Outbreak Management in Long-term care and community care facilities](#)
- Prophylaxis in the setting of an outbreak in hospital may be prescribed in consultation with Infection Prevention and Control.
- Zanamavir is available (non-formulary) but not recommended as first-line treatment. Peramavir and baloxavir marboxil are approved in Canada, but no formal recommendation for use has been made and they are non-formulary within Health PEI

This document is designed to aid Prince Edward Island practitioners in the appropriate use of antimicrobials. These guidelines provide general recommendations and are not a substitute for clinical judgement or consultation with Infectious Disease experts.

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These guidelines are an adaptation of Nova Scotia Health Authority's "Seasonal Influenza in Adults" 2023 guideline.

References

1. Nova Scotia Health Authority. "Seasonal Influenza in Adults." *NS Health Library*. 2025. Available at: <https://library.nshealth.ca/c.php?g=709478&p=5250029>
2. Government of Canada. Flu (influenza) for health professionals. Accessed online 03/2025. <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/health-professionals.html>
3. Aoki FY, et al. Use of antiviral drugs for seasonal influenza: Foundation document for practitioners—Update 2019. *Journal of the Association of Medical Microbiology and Infectious Disease Canada*. 2019;4(2):60–82.
4. Aoki FY, et al. 2021–2022 AMMI Canada guidance on the use of antiviral drugs for influenza in the COVID-19 pandemic setting in Canada. *Official Journal of the Association of Medical Microbiology and Infectious Disease Canada*. 2022;7(1):1-7.
5. Ontario Agency for Health Protection and Promotion (Public Health Ontario). At a glance: antiviral medications for seasonal influenza: public health considerations. Toronto, ON: King's Printer for Ontario; 2022.
6. Harrison R, et al. AMMI Canada 2023 update on influenza: Management and emerging issues. *Journal of the Association of Medical Microbiology and Infectious Disease Canada*. 2023;8(3):176-86.
7. PEI Guidelines for Viral Respiratory Infections and Outbreak Management in Long-term care and community care facilities. Available at: https://www.princeedwardisland.ca/sites/default/files/publications/viral_respiratory_guidelines_and_outbreak_management_for_ltc_and_ccfs_dec2024_0.pdf