

influenza

prophylaxis

- Administration of the current influenza vaccine, before winter, provides protection against the disease and its complications in up to 70% of vaccinees.
- Currently in Australia vaccination is recommended for the following at-risk groups:
  - (i) health care workers,
  - (ii) all adults aged >65 years,
  - (iii) all Aboriginal or Torres Strait Islander adults aged >50 years, and
  - (iv) people with specified chronic diseases.
- Neuraminidase inhibitors may have a role in prophylaxis in institutions (eg hospitals or aged care facilities) or in major outbreaks such as pandemics. Following brief exposure to known influenza, 5 days of antiviral drug is adequate. Prolonged courses of up to 42 days may be considered in those likely to be subjected to repeated exposure during a major epidemic or pandemic.

general

- Influenza is caused by influenza A and B viruses.
- During influenza epidemics, patients with early influenzal symptoms (fever >38 °C, plus at least one systemic symptom, such as myalgia, and one respiratory symptom) have a 60% to 70% chance of influenza.

treatment

- Treatment with a neuraminidase inhibitor is of no benefit unless commenced within 48 hours of the patient developing symptoms.
- Even if started within 48 hours, neuraminidase inhibitors will shorten symptom duration by only 1 day and reduce by only half a day the time to return to work.
- They do, however, reduce the incidence of complications.
- Resistance has emerged during therapy.
- If treatment is given, use:
  - oseltamivir 75 mg (child: 2 mg/kg up to 75 mg) orally, 12-hourly for 5 days
  - OR
  - zanamivir (adult and child >5 years) 10 mg by inhalation, 12-hourly for 5 days.