CLINICAL GUIDELINE

Influenza treatment in adult patients

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

Version Number:	1
Does this version include changes to clinical advice:	N/A
Date Approved:	24th December 2025
Date of Next Review:	30th November 2026
Lead Author:	Lee Stewart
Approval Group:	Antimicrobial Utilisation Committee
Guideline ID Number:	1253

Important Note:

The online version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

INFLUENZA TREATMENT in ADULT PATIENTS (2025/26)

NHS Greater Glasgow and Clyde

The full UK guidance on the use of antiviral agents for the treatment and prophylaxis of seasonal influenza can be found here. This NHSGGC document summarises the UK guidance and provides further local guidance on how patients with influenza should be managed. Unless otherwise stated, treatment recommendations assume there is no confirmed antiviral resistance. This guideline does NOT cover post-exposure prophylaxis against influenza – refer to the full UK guidance for this indication.

PRIMARY CARE: This guidance can be used when a CMO letter advising influenza is circulating has been issued by the Scottish Government (exceptions click here). This was issued on 10th November 2025 for the 2025/26 season.

SECONDARY CARE: This guidance can be used when influenza is suspected or confirmed at any time.

NON-SEVERE influenza (any dominant circulating strain)

- **Previously healthy patients** (EXCLUDING current pregnancy or up to 2 weeks post-partum)
  - **NO** antiviral treatment.
  - If the clinician feels that a patient is at risk of developing serious complications from influenza then manage as per the 'at risk' group below. Treatment may also be considered to reduce transmission to severely immunosuppressed household contacts OR to other contacts on a hospital ward.

- **Patients in an 'at risk' group**
  - Patient groups at risk of disease progression to severe influenza include those with chronic neurological, hepatic, renal, respiratory and cardiovascular disorders, diabetes mellitus, potential immunosuppression, morbid obesity (BMI ≥40), aged over 65 years, current pregnancy (including up to 2 weeks post-partum, see pregnancy/breast feeding note below).
  - Do **NOT** wait for laboratory confirmation before starting treatment. Treatment with antivirals may be stopped if not clinically indicated following testing.

Antiviral treatment: non-severe influenza for those in an 'at risk' group

1st line: **oral/NG oseltamivir** ideally within 48 hours of symptom onset (treatment beyond 48 hours is off-label, but may still be valuable)

2nd line: if oral/NG oseltamivir cannot be given – **inhaled zanamivir** ideally within 48 hours of symptom onset (treatment beyond 48 hours is off-label, but may still be valuable)

- where possible, patients who have good respiratory function despite their illness should use the zanamavir Diskhaler® when zanamivir is indicated.
- inhaled zanamivir may not be an effective delivery route in some patients, including those unable to administer the Diskhaler® and those with severe underlying respiratory disease.
- if the patient's condition deteriorates seek infection specialist advice.

SEVERE influenza (any dominant circulating strain)

- Severe influenza illness is characterised by clinical complications resulting directly from influenza such as pneumonia, sepsis, multi-organ failure, encephalopathy or exacerbation of chronic disease **which warrant management in a hospital or critical care setting.**
- Not all patients who are hospitalised for other reasons with an incidental finding of influenza have *severe* influenza and clinical judgement should be used.
- Do **NOT** wait for laboratory confirmation before starting treatment. Treatment with antivirals may be stopped if not clinically indicated following testing.

Antiviral treatment: severe influenza

1st line: oral/NG oseltamivir ideally within 48 hours of symptom onset (treatment beyond 48 hours is off-label, but may still be valuable)

2nd line: if oral/NG oseltamivir cannot be given or is unsuitable, there is poor response to oseltamivir or if oseltamivir resistance is confirmed – **inhaled zanamivir** ideally within 48 hours of symptom onset (treatment beyond 48 hours is off-label, but may still be valuable).

- Where possible, patients who have good respiratory function despite their illness should use the zanamivir Diskhaler® when zanamivir is indicated.
- Inhaled therapy is **NOT** suitable for systemic disease with other organ dysfunction that could be caused directly by influenza.
- Inhaled zanamivir may not be an effective delivery route in some patients, including those unable to administer the Diskhaler® and those with severe underlying respiratory disease.

3rd line – if oral/NG and inhaled routes are unavailable/unsuitable, there is poor clinical response to oseltamivir (and *inhaled* zanamivir cannot be used), there is systemic disease with other organ dysfunction that could be caused directly by influenza, or there are concerns about oseltamivir resistance development (and *inhaled* zanamivir cannot be used) consider switching to **IV zanamivir – this is a Protected Antimicrobial and use should be discussed with an infection specialist**.

While **oral/NG baloxavir** features on the UK guidelines this is **strictly reserved for use on infection specialist advice** within NHSGGC and stock may not be available immediately

Antiviral TREATMENT DOSES and DURATIONS

For hospital inpatients ALWAYS add the stop date to HEPMA

Antivirals in pregnancy and breastfeeding: limited safety data. Please refer to full UKHSA guidance and seek further advice if needed.

ORAL oseltamivir

- Standard dose oseltamivir is normally absorbed adequately in critical illness in the absence of defined absorption defects (e.g. those on total parenteral nutrition, gastric stasis, malabsorption states, gastrointestinal haemorrhage).
- For patients with swallowing difficulties the capsules can be opened and the contents mixed with honey, sugar dissolved in water or yoghurt. For NG administration see NG oseltamivir below.
- Duration 5 days (consider 10 days if severely immunosuppressed/critically ill).
- Obesity – no dose adjustment required.
- Hepatic impairment – no dose adjustment required.
- Renal impairment: due to clinical experience and good tolerability the Renal Drug Database (RDD) advises doses of oseltamivir which differ from SPC/UKHSA guidance. The RDD doses have been endorsed by the NHSGGC Antimicrobial Utilisation Committee and renal and are given below:

Patient group	Oseltamivir dose
Adult >40kg + CrCl >30ml/min	75mg TWICE DAILY
Adult ≤40kg + CrCl >30ml/min	60mg TWICE DAILY
Adult CrCl 10-30ml/min	75mg ONCE DAILY
Adult CrCl <10ml/min	75mg as a ONE OFF dose
High Flux Haemodialysis	75mg as a ONE OFF dose then 75mg 3x/week post-dialysis

NG oseltamivir

- Dose/durations as per ORAL oseltamivir above.
- Standard dose NG oseltamivir is normally absorbed adequately in critical illness in the absence of defined absorption defects (e.g. those on total parenteral nutrition, gastric stasis, malabsorption states, gastrointestinal haemorrhage).
- Do NOT use oseltamivir oral suspension in adults – stock is reserved for paediatric patients due to supply limitations.
- The contents of the capsule pour easily but are granular in nature. For NG administration, disperse in water, take care to draw up the **entire** dose in an enteral syringe, administer and flush well. Although small particles are visible in the dispersion, this flushes via an 8Fr NG tube without blockage.

INHALED zanamivir (via Diskhaler®)

- 10mg TWICE daily for 5 days (up to 10 days (off label) on infection specialist advice).
- Note: this formulation is **NOT** suitable for use IV or via nebuliser or to a mechanically ventilated patient.
- Renal impairment/dialysis and hepatic impairment: no dosage adjustment required.

IV zanamivir

- This is a Protected Antimicrobial and must be discussed with an infection specialist before use.
- The product SPC recommends commencing as soon as possible and usually within 6 days of symptom onset.
- Total duration: 5 days (may be given for up to 10 days for treatment of severe influenza).
- Obesity – no dose adjustment required.
- Hepatic impairment – no dose adjustment required.
- Renal impairment/renal replacement – dose reduction required, see dosing table below.

Patient group	**ADULT IV zanamivir dose**
CrCl ≥ 80mL/min	Initial dose: 600mg and 12 hours later, maintenance dose: 600mg 12 hourly
CrCl 50-79	Initial dose: 600mg and 12 hours later, maintenance dose: 400mg 12 hourly
CrCl 30-49	Initial dose: 600mg and 12 hours later, maintenance dose: 250mg 12 hourly
CrCl 15-29	Initial dose: 600mg and 24 hours later, maintenance dose: 150mg 12 hourly
CrCl <15	Initial dose: 600mg and 48 hours later, maintenance dose: 60mg 12 hourly
Intermittent haemodialysis (including High Flux)	Initial dose: 600 mg and 48 hours later, maintenance dose: 60 mg 12 hourly Removed by dialysis - give **post-dialysis** on dialysis days.

ORAL/NG baloxavir (note stock may not be available immediately in NHSGGC)

- Baloxavir is licensed but is awaiting SMC/NICE/local formulary approval.
- **STRICTLY reserved for use ONLY on infection specialist advice within NHSGGC.**
- Stock may not be immediately available – do NOT delay antiviral treatment while awaiting a supply, start a suitable alternative treatment option. A very limited amount of stock may be available on QEUH Ward 5c.
- Weight up to 79kg: 40mg ONE off dose.
- Weight 80kg and over: 80mg ONE off dose.
- No dose adjustment required in renal impairment or mild-moderate hepatic impairment (Child-Pugh class A or B). Safety and efficacy have not be established in severe hepatic impairment (Child-Pugh class C).
- For NG administration - tablets should NOT be crushed but can be dissolved in 50ml water in a 100ml medicine bottle and shaken for 10 minutes then a further 50ml water added and shaken further.

Adapted with permission from NHS Tayside
Approved by NHSGGC Antimicrobial Management Team & Virology ***December 2025***
Review date: ***November 2026***