

Fact Sheet

Oseltamivir (Tamiflu®) in residential aged care facilities

Information sheet for general practitioners

This provides information on the use of oseltamivir (Tamiflu®) in residential aged care facilities (RACF).

Background

Influenza outbreaks in RACF can put residents at risk of severe illness and death. Immunisation against influenza is the most effective means of preventing the spread of influenza in RACF, and should be promoted for all residents and staff, as well as for visitors. There are [requirements](#) regarding influenza vaccination within RACF.

Oseltamivir can be used for the treatment or prevention of influenza (with differing dosage and duration). It is available as a capsule or liquid suspension. The susceptibility of circulating influenza strains to oseltamivir can change rapidly and may affect antiviral effectiveness; official surveillance data¹ can be consulted for current information. Recent surveillance data² does not show reduced susceptibility to oseltamivir amongst circulating strains. Resistance has also developed during therapy with neuraminidase inhibitors.

Oseltamivir for treatment of influenza

Oseltamivir treatment should be considered by the treating medical practitioner/s for all residents of RACF with symptomatic influenza. Treatment with neuraminidase inhibitors such as oseltamivir may be associated with improved outcomes in those at higher risk for poor outcomes from influenza, such as residents of aged care facilities^{3,4}.

Where indicated, oseltamivir should be commenced as soon as possible. Use clinical judgment in deciding whether to commence oseltamivir if more than 48 hours have passed since symptom onset³. Commencement of oseltamivir beyond 48 hours may still decrease shedding time and reduce transmission⁵ even if it has less impact on symptoms.

It may be appropriate to commence treatment for presumed influenza, prior to diagnostic laboratory confirmation, based on findings such as clinical features, negative COVID-19 rapid antigen testing (RAT) testing, and the presence of confirmed influenza virus infection in other resident/s. Ongoing oseltamivir treatment should be reviewed promptly according to the results of diagnostic respiratory viral testing.

Use of oseltamivir should have regard to the [product information](#), including contraindications and adverse effects. Adverse effects of oseltamivir can include nausea, vomiting, diarrhoea, and abdominal discomfort. Nausea occurred in 10% of patients in pre-marketing clinical trials, with vomiting in 8% and headache in 2%⁶.

The recommended dose and duration of oseltamivir for treatment of influenza is 75 mg twice a day for 5 days. A longer duration of treatment can be considered in selected patients with immunocompromise or severe infection³. Refer to Therapeutic Guidelines: Antibiotic³ or the Australian Medicines Handbook (AMH) for dosing adjustment in renal impairment.⁷



Oseltamivir prophylaxis for control of an influenza outbreak

Oseltamivir prophylaxis can be administered to asymptomatic exposed residents and unvaccinated staff during a confirmed influenza outbreak, as an adjunct to other control measures. There is evidence from settings that household residents at higher risk for influenza complications that this approach may reduce the duration of influenza outbreaks and the number of residents that acquire infection. Major guidelines support such an approach^{5,8,9}.

Important measures to enable the success of this approach in controlling an outbreak include:

- > A facility-wide outbreak response plan that includes other control measures such as restrictions on staff and resident movement, and infection control precautions.
- > Residents and staff who are not vaccinated with the current season's influenza vaccine should be offered influenza vaccination.
- > Oseltamivir is administered widely (with consent) to residents and unvaccinated staff across the affected wing(s) or floor(s) of the facility, or in small facilities, the entire facility. This should be commenced in all targeted persons ideally within a 24-hour period. Antiviral prophylaxis is most effective at reducing transmission when all asymptomatic residents and unvaccinated staff are commenced on prophylaxis.
- > There is close monitoring facility-wide for the development of influenza symptoms. If symptoms of influenza develop in a person taking prophylaxis, the dose should be increased to the treatment dose while waiting for laboratory confirmation of influenza.
- > Prophylaxis is administered for at least 10 days, and until the end of the outbreak is declared.
- > All unvaccinated staff should be advised to seek general practitioner review to consider whether oseltamivir prophylaxis is appropriate for them as soon as possible after the declaration of an influenza outbreak.
- > Staff with influenza-like illness should not attend work.

Use of oseltamivir should have regard to the product information, including contraindications and adverse effects. The recommended dose of oseltamivir for prophylaxis is 75 mg daily. Refer to Therapeutic Guidelines: Antibiotic or AMH for dosing adjustment in renal impairment^{3,7}.

Advance preparation for the use of oseltamivir

The Commonwealth Department of Health is deploying a one-off preplacement of oseltamivir in RACF in early winter 2022¹⁰. This will support rapid administration to residents, subject to prescription by the responsible medical practitioner. Once this supply is expended, RACF will need to source additional supply through community pharmacies according to normal arrangements, and this will incur associated costs. Oseltamivir is not PBS-listed for treatment or prophylaxis of influenza.

A plan for administration of oseltamivir in the RACF can be prepared in advance to support the rapid commencement of prophylaxis/therapy when it is indicated.

For each resident consider the following:

- > Consent to treatment in the event of infection, and to prophylaxis in the event of an influenza outbreak in the RACF. Discuss risks and benefits (including adverse events) and any costs with the resident/Substitute Decision Maker.
- > Renal function assessment to determine the appropriate oseltamivir dose.

- > Recording the above in the resident's clinical care plan. The [Clinical Care Plan \(COVID-19 & Influenza\) for residents of South Australian aged care facilities](#) is a template for planning to be made and recorded in advance for COVID-19 treatment, and for influenza treatment and prophylaxis.

References

1. Department of Health 2022, Australian Influenza Surveillance Report and Activity Updates <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm>
2. Australian Influenza Surveillance Report No. 03, 2022; Reporting fortnight: 25 April to 08 May 2022. Australian Government Department of Health. [https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm/\\$File/flu-03-2022.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm/$File/flu-03-2022.pdf).
3. Influenza. In: Therapeutic Guidelines: Antibiotic [digital]. Melbourne: Therapeutic Guidelines Limited; 2021 Mar. <https://www.tg.org.au>
4. Robson C et al. Influenza: overview on prevention and therapy. Australian Prescriber 2019 April; 42(2): 51-55.
5. Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia. Communicable Diseases Network Australia. March 2017.
6. Australian Product Information: Tamiflu® (oseltamivir phosphate)
7. Therapeutic Guidelines: Antibiotic or AMH for dosing adjustment in renal impairment.
8. Uyeki TM et al. Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza. Clinical Infectious Diseases 2019 Mar 5; 68(6): e1-e47. Erratum in: Clinical Infectious Diseases 2019 May 2;68(10):1790. PMID: 30566567; PMCID: PMC6653685.
9. Aoki FY et al. The use of antiviral drugs for influenza: Guidance for practitioners 2012/2013. Can J Infect Dis Med Microbiol 2012 Winter; 23(4): e79-e92.
10. Use of Tamiflu in Residential Aged Care. <https://www.health.gov.au/sites/default/files/documents/2022/05/use-of-tamiflu-in-residential-aged-care.pdf>

For more information

Communicable Disease Control Branch
Department of Health and Wellbeing
Telephone: 1300 323 272
www.sahealth.sa.gov.au

Version 1.0 (Jun2022)
Public



www.ausgoal.gov.au/creative-commons



Government
of South Australia
SA Health