Seasonal Influenza Quick Reference Guide 2025/26

Current Status (December 2025): Early start to influenza season. Predominant strain is **Influenza A(H3N2)** drifted subclade J.2.4.1 (K). There is currently **no suggestion that this strain has decreased susceptibility to standard antivirals**.

1. Immediate Actions & Testing

Test all patients presenting with Acute Respiratory Infection (ARI) symptoms (fever, cough, etc.). Send combined nose & throat swab in molecular sampling solution for multiplex respiratory PCR. Bed-side testing with multiplex lateral flow devices (Influenza A/B, RSV, Covid-19) may be available in specific locations (EDs, CAUs) – confirm all positive LFD results with formal respiratory PCR.

Note: Co-circulation with RSV and COVID-19 is ongoing; testing supports both management and appropriate patient placement (isolation).

Positive PCR results are NOT routinely phoned out by the laboratory – requesters must check their results independently. Results are available electronically as soon as they have been authorised.

2. Clinical Assessment

Suspect Influenza: Influenza cannot be reliably distinguished from other viral respiratory infections based on clinical presentation alone. Fever with cough is typical, but features also include sore throat, rhinorrhoea, myalgia, headache, diarrhoea and malaise.

Risk Factors for Severe Disease ("At-Risk" Groups):

- Age ≥ 65 years.
- Pregnancy (including 2 weeks post-partum).
- Morbid obesity (BMI ≥ 40).
- Children < 6 months.
- Chronic conditions: Neurological, hepatic, renal, respiratory, cardiovascular, diabetes, immunosuppression.

Severe Influenza = Evidence of complications (pneumonia, sepsis, multi-organ failure, encephalopathy) OR exacerbation of chronic disease requiring hospital/critical care.

3. Antiviral Treatment

Start promptly. Oseltamivir has activity against both Influenza A and Influenza B. Do not wait for test results if severe influenza is suspected or if the patient is "at-risk". **Stop oseltamivir if respiratory multiplex PCR did not detect Influenza.**

The greatest benefit is with antiviral treatment starting within 48 hours of symptom onset, but mortality reductions are observed with treatment in the initial 5 days of symptoms.

First Line: Oseltamivir (Oral/NG)

- **Adults 41kg and above:** 75mg twice daily for 5 days, adjusted for renal function (see below). In adult patients <41kg, seek advice on Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza - GOV.UK
- **Children:** *See BNFc for weight-based paediatric dosing*

Renal Dysfunction (Adults) Adjust Oseltamivir dose based on Creatinine Clearance (CrCl):

- **> 60 mL/min:** 75mg twice daily
- **30–60 mL/min:** 75mg twice daily
- **10–30 mL/min:** 75mg once daily or 30mg twice daily
- **<10 ml/min:** 75mg as a single dose

Note the above dosing recommendations are taken from the Renal Drug Database. Due to clinical experience and good tolerability of oseltamivir, the dosing advice differs from that in the UKHSA guidance. As such this dosing advice is off-label. Off-label use of licensed medicines.

Second Line: Zanamivir (Inhaled)

- **Indication:** Use if Oseltamivir cannot be given (e.g., gastric stasis, malabsorption) or in confirmed resistance.
- **Dose (Adults and children > 5 years):** 10mg (2 inhalations) twice daily for 5 days. Not licensed for children <5 years.

Third Line on Specialist Advice ONLY

- **Consider IV Zanamivir** if:
  - Poor clinical response to first-line.
  - Severe immunosuppression with concern for resistance.
  - Inability to use oral/inhaled routes.
- **Dose**
  - **Adults:** 600mg twice daily, adjusted for renal function (see below) for 5 to 10 days
  - **Children:** *weight-based dosing, see BNFc*

Renal Dysfunction (Adults) Adjust Zanamivir dose based on Creatinine Clearance (CrCl):

- **50-80ml/min:** 600mg loading dose then 400mg twice daily, starting 12 hours after initial dose
- **30–50 ml/min:** 600mg loading dose then 250mg twice daily, starting 12 hours after initial dose
- **15–30 ml/min:** 600mg loading dose then 150mg twice daily, starting 24 hours after initial dose
- **<15 ml/min:** 600mg loading dose then 60mg twice daily, starting 48 hours after initial dose.

Note- the UKHSA guidance recommends IV baloxavir as an alternative 3rd line option. However, this should only be used on Infection Specialist advice as locally this has not been added to formulary, as has not been approved for use in Scotland.

4. Special Patient Groups

Pregnancy & Breastfeeding

- **Treatment: Oseltamivir** is the 1st line choice. Benefits outweigh risks. Both Influenza A and B are more severe in pregnancy and the peri-partum period.
- **Safety:** No evidence of harm in pregnant women treated with oral oseltamivir.

Severe Immunosuppression

- Risk of developing resistance is higher.
- **Duration:** Oseltamivir treatment may be extended to **10 days**
- Consider follow-up testing if patient deteriorates or fails to improve after 5 days.

5. Post-Exposure Prophylaxis (PEP)

Eligibility: At-risk individuals who have had close contact with a known/suspected case **AND** have not been effectively vaccinated (or vaccinated <14 days ago).

Timing: Must start within **48 hours** of contact (Oseltamivir) or **36 hours** (Zanamivir).

Regimen:

- **First Line:**
  - Adults (41kg and above): Oseltamivir 75mg **once daily** for 10 days. Dose adjusted for renal function, see below.
  - In adult patients <41kg, seek advice on Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza - GOV.UK
  - Children: *weight-based dosing, see BNFc*
- **Second Line:**
  - Adults and children >5 years: Zanamivir (Inhaled) 10mg once daily for 10 days.

Renal Dysfunction (Adults) Adjust Oseltamivir dose based on Creatinine Clearance (CrCl):

- **> 60 ml/min:** 75mg once daily
- **30–60 ml/min:** 75mg once daily
- **10–30 ml/min:** 75mg every 48 hours or 30mg once daily
- **<10 ml/min:** 30mg once, repeat after 7 days

Note the above dosing recommendations are taken from the Renal Drug Database. Due to clinical experience and good tolerability of oseltamivir, the dosing advice differs from that in the UKHSA guidance. As such this dosing advice is off-label. Off-label use of licensed medicines.

6. Reference Links & Contacts

- **Full Guidance:** UKHSA Guidance on use of antiviral agents.
- **PHS guidance:** SHPN guide to using the UK guidelines
- **Renal drug Database:** RDD | Homepage for Renal Drugs Database

Disclaimer: This QRG is a summary based on UKHSA and PHS guidance available as of November 2025. Clinical judgement and local board formularies should always be applied.