Navigating potential influenza antiviral medication shortages: Information for healthcare providers

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On December 14, 2022, the Centers for Disease Control and Prevention (CDC) issued a Health Alert Network (HAN) advisory entitled **"Interim Guidance for Clinicians to Prioritize Antiviral Treatment of Influenza in the Setting of Reduced Availability of Oseltamivir."** Please review the HAN advisory for additional details. The FAQs below provide pediatric-specific context for the advisory.

What is the status of oseltamivir availability?

Although the **Food and Drug Administration (FDA)** has not indicated shortages of oseltamivir (generic or Tamiflu) in any of its forms (capsules, oral suspension), CDC has received numerous anecdotal reports of availability issues for generic oseltamivir in some locations. Many Pediatric Pandemic Network members have reported similar shortages locally. This may continue to occur in some communities as influenza activity continues. Because some shortages may be limited to a specific formulation (e.g., suspension only), it is important to state "please compound if necessary" on prescriptions for oseltamivir suspension to avoid delays in patient receipt of their antiviral medication.

Which children will most benefit from oseltamivir for influenza infection?

In general, influenza antiviral medications will most benefit children admitted to the hospital for influenza and children with risk factors for severe influenza infection (see below) who are not yet hospitalized but are early in their infection course (within 48 hours of symptom onset). In children hospitalized for influenza, treatment should be started as soon as possible irrespective of duration of symptoms.

Which groups of pediatric outpatients will most benefit from oseltamivir for influenza infection?

In children with influenza who are not requiring hospitalization, the **highest risk pediatric groups** should be prioritized for antiviral treatment. This includes:

- All children younger than 5 years old (and especially children younger than 2 years old)
- Children receiving long-term aspirin/salicylates for an underlying condition
- Children with underlying pulmonary (including asthma), cardiac, liver, kidney, metabolic (including diabetes mellitus), neurologic, or immunocompromising conditions

Antiviral treatment should generally only be given to these high-risk groups of outpatients when it can be started within 48 hours of symptom onset. Treatment should still be given after 48 hours if a patient has progressive or severe influenza.

Are there alternatives to oseltamivir that can be given to children?

Yes, there are several other influenza antiviral medications that can be given to children depending on age. **Indications and dosing are available from the CDC**. Please note that there are limited data for using the three medications listed below for treating influenza specifically in hospitalized patients.

- Zanamavir: A 5-day course of twice daily inhaled zanamivir can be given as treatment to children ages 7 years and older. Zanamavir may cause bronchospasm in children with underlying airway disease.
- Baloxavir: A single dose of oral baloxavir can be given as treatment to children ages 5 years and older. Side effects are rare.
- Peramivir: A single dose of intravenous peramivir can be given as treatment to children ages 6 months and older. Some children may develop diarrhea as a side effect.

How can we best prevent influenza in children?

Vaccination remains the key practice for influenza prevention, and the **CDC generally recommends seasonal influenza vaccine** for all people age 6 months and older **with rare exception**. Vaccines for influenza and COVID-19 can **safely be given concurrently**. Antiviral medications are occasionally recommended as post-exposure prophylaxis in certain circumstances; **indications and dosing for antiviral prophylaxis are available from the CDC**.

Where can the full details of the CDC HAN advisory be reviewed?

Please see **"Interim Guidance for Clinicians to Prioritize Antiviral Treatment of Influenza in the Setting of Reduced Availability of Oseltamivir."**

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