

Influenza Antiviral Medications

Budda Kavya

Department of Pharmaceuticals Sciences, Andhra University, Visakhapatnam, India

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Commentary

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. The best way to prevent flu is by getting vaccinated each year.

The best way to prevent seasonal flu is to get vaccinated every year. This page has resources to help answer your questions about the flu vaccine. During periods of community co-circulation of influenza viruses and SARS-CoV-2, empiric antiviral treatment of influenza is recommended as soon as possible for the following priority groups: a) hospitalized patients with respiratory illness; b) outpatients with severe, complicated, or progressive respiratory illness; and c) outpatients at higher risk for influenza complications who present with any acute respiratory illness symptoms (with or without fever).

Influenza and COVID-19 have overlapping signs and symptoms. Testing can help distinguish between influenza virus infection and SARS-CoV-2 infection. However, clinicians should not wait for the results of influenza testing, SARS-CoV-2 testing, or multiplex molecular assays that detect influenza A and B viruses and SARS-CoV-2 to initiate empiric antiviral treatment for influenza in the above priority groups. Co-infection with influenza A or B viruses and SARS-CoV-2 can occur and should be considered, particularly in hospitalized patients with severe respiratory disease. Clinicians should be aware that a positive SARS-CoV-2 test result does not preclude influenza virus infection. For hospitalized patients with suspected influenza who are started on empiric antiviral treatment with oseltamivir, use of influenza molecular assays or

multiplex assays that detect both influenza viruses and SARS-CoV-2 can inform clinical management. Clinicians should be aware that a positive influenza test result does not preclude SARS-CoV-2 infection. For hospitalized patients with a positive influenza test result, antiviral treatment of influenza with oseltamivir should be started as soon as possible, and clinicians should also follow guidelines for diagnosis and treatment of community-acquired pneumonia. Clinicians can utilize telemedicine in place of office visits for patients with acute respiratory illness. It may be useful for providers to implement phone triage lines to enable high-risk patients to discuss symptoms over the phone. Patients at higher risk for influenza complications should be advised to call their provider as soon as possible if they have acute respiratory illness symptoms (with or without fever) for consideration of infection with influenza A or B viruses (and early antiviral treatment), SARS-CoV-2, and other respiratory pathogens.

There are a number of drugs approved by the FDA for the treatment and prevention of influenza. Yearly vaccination is the primary means of preventing and controlling influenza.

Antibiotics are used to treat illnesses caused by bacteria like strep throat, tuberculosis and many types of pneumonia. Antibiotics do not treat viral illnesses like flu, colds, and most sore throats.

Correspondence to

Dr. Budda Kavya

Department of Pharmaceuticals Sciences, Andhra University

Visakhapatnam

Andhra Pradesh

India

E-mail: srikavyabarla@gmail.com