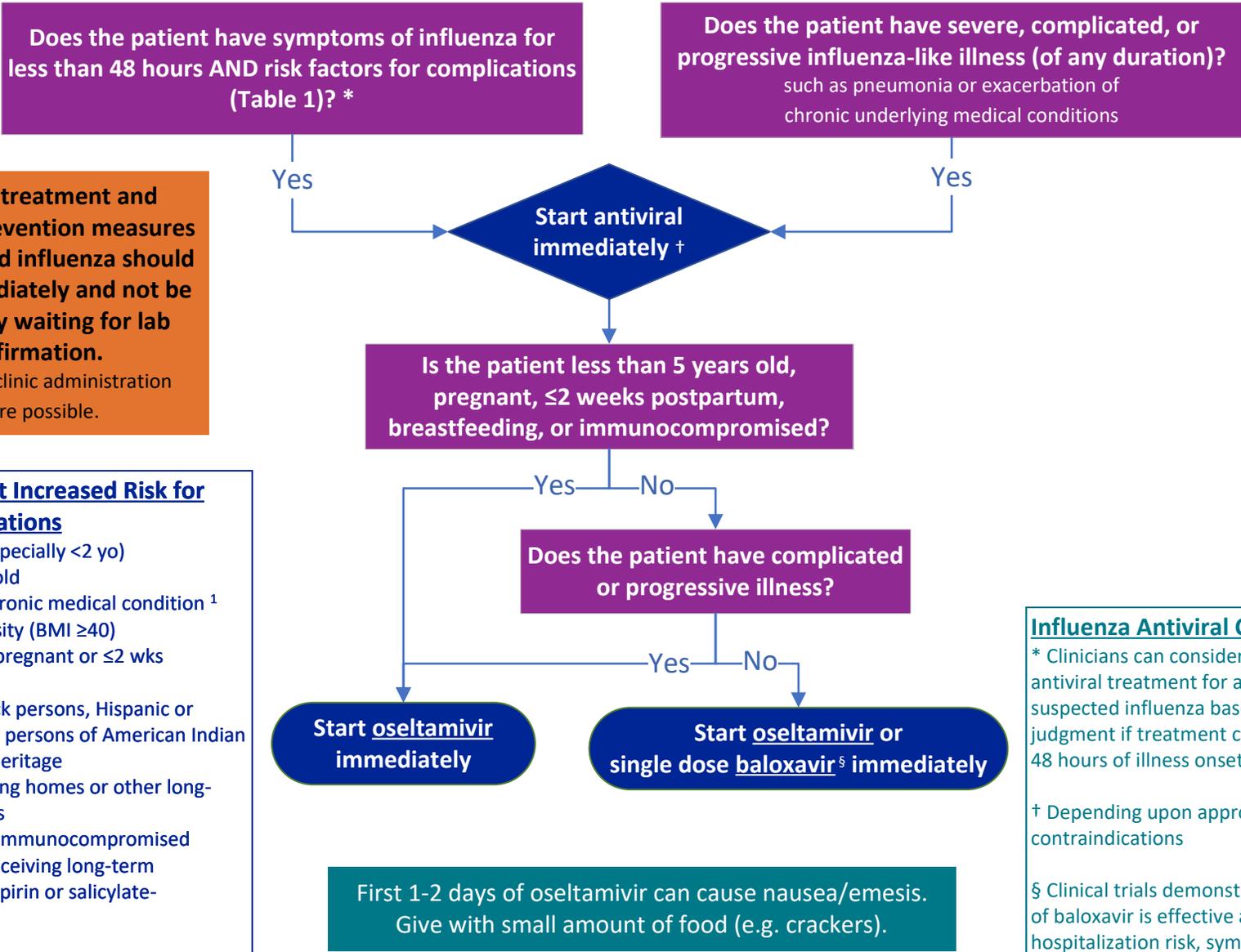


# Don't Delay, Start Antiviral for Suspected Influenza Immediately in Outpatients



Antiviral treatment and infection prevention measures for suspected influenza should begin immediately and not be delayed by waiting for lab confirmation. Consider in-clinic administration where possible.

**Table 1: Persons at Increased Risk for Influenza Complications**

- Children <5 yo (especially <2 yo)
- Adults ≥65 years old
- Patients with a chronic medical condition <sup>1</sup>
- Persons with obesity (BMI ≥40)
- Women who are pregnant or ≤2 wks postpartum
- Non-Hispanic Black persons, Hispanic or Latino persons, or persons of American Indian or Alaska Native heritage
- Residents of nursing homes or other long-term care facilities
- Patients who are immunocompromised
- Patients <19 yo receiving long-term treatment with aspirin or salicylate-containing drugs

<sup>1</sup> including asthma, neurologic or neurodevelopmental conditions, stroke, chronic lung disease, heart or kidney disease, blood, endocrine, liver, or metabolic disorders, and certain disabilities (especially those affecting muscle or lung function, or causing difficulty coughing, swallowing, or clearing fluids from airways)

**Influenza Antiviral Considerations**

\* Clinicians can consider early empiric antiviral treatment for any outpatient with suspected influenza based upon clinical judgment if treatment can be initiated within 48 hours of illness onset.

† Depending upon approved age groups and contraindications

§ Clinical trials demonstrated that one dose of baloxavir is effective at reducing influenza hospitalization risk, symptom duration, hospitalization duration, and household transmission. Baloxavir generally causes fewer side effects than oseltamivir.

For more information, see [bit.ly/TML-flu](https://bit.ly/TML-flu)