Insert Facility and/or LHJ Letterhead

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: Insert Name and Phone Number of Responsible Person

**Action Requested: Please consider providing influenza prophylaxis to your patient residing in our facility.**

Your patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

resides at [insert name of facility or community]. An influenza outbreak has been confirmed at our facility.

The [insert LHJ name] is helping us to control this outbreak and gave us the following information.

**During outbreaks of influenza at group living facilities, the Centers for Disease Control (CDC) recommends that all residents take preventive antiviral medication, even if they have had a seasonal flu vaccination.**

Information about management of influenza in long-term care facilities, including the recommendation for antiviral prophylaxis, is available here <https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>

**Please consider prescribing antiviral prophylaxis to your patient.**

Oseltamivir (Tamiflu) is the most frequently used medication, and is *generally* prescribed as follows:

* **Chemoprophylaxis of Influenza:** Oseltamivir 75mg once daily for a minimum of 2 weeks, continuing for at least 7 days after identification of last known case in the facility
* **Note that if your patient has signs and symptoms of influenza, antiviral treatment may be indicated.** Treatment dosing is generally Oseltamivir 75 mg twice daily for 5 days. Treatment is most effective if started within 48 hours of onset of symptoms.

**Note that dosing for some patients, including those with renal impairment, may vary.**

Check the detailed CDC information about appropriate dosing: <https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>