



Clinical practice guidelines for influenza: executive summary



**World Health
Organization**

Clinical practice guidelines for influenza: quick reference



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Executive summary

Clinical questions:

- What is the role of medications in the treatment of patients with influenza virus infection?
- What is the best diagnostic strategy for patients with suspected influenza virus infection?
- What is the role of medications in the prevention of influenza virus infection?

Context: The evidence base for therapeutics for influenza continues to evolve with a number of randomized controlled trials (RCTs) recently completed and others under way. In this update, the scope of the guideline has been expanded from the previously published WHO guideline that focused on the clinical management of patients with severe influenza or at risk of severe influenza.

The purpose of these updated guidelines is to assist clinicians in the care of persons with suspected or confirmed influenza virus infection. This update includes recommendations on the management of both severe and non-severe influenza and also includes recommendations on the use of antiviral medications to prevent influenza virus infection in individuals exposed to the virus in the previous 48 hours. This update applies to patients with seasonal influenza viruses, pandemic influenza viruses and novel influenza A viruses known to cause severe illness in infected humans (zoonotic influenza), such as avian influenza A(H5N1), A(H5N6) and A(H7N9). This update also includes baseline risk estimates for hospitalization and death pooled from observational studies, and proposed definitions of patients at high or extremely high risk of developing severe influenza, so as to enable the recommendations to be targeted appropriately (see Sections [5.1](#) and [5.2](#)).

Target audience: The guidelines are designed primarily for health care providers who manage patients with influenza virus infection. The guidelines can be applied at all levels of the health system including community-based care, primary care, emergency departments and hospital wards.

The guidelines will also serve as a reference source for policy-makers, health managers and health facility administrators to support the development of national, regional and local guidelines for epidemic and pandemic preparedness.

These guidelines provide recommendations on the following:

- Treatment with antivirals for both severe and non-severe influenza.
- Treatment with adjunctive therapies for patients with severe influenza, including corticosteroids, non-steroidal anti-inflammatory drugs (NSAIDs), macrolides and passive immune therapy.

- Use of diagnostic testing strategies to guide treatment of patients with, or at risk of, influenza virus infection.
- Use of antivirals to prevent symptomatic influenza.
- Use of concomitant antibiotics in patients with non-severe influenza.

New recommendations for antiviral and antibiotic treatment of patients with non-severe influenza:

- conditional recommendation for the use of baloxavir for patients with non-severe influenza and at high risk of progression to severe disease;
- conditional recommendation against the use of baloxavir for patients with non-severe influenza at low risk of progression to severe disease;
- conditional recommendation against the use of laninamivir for patients with non-severe influenza;
- strong recommendation against the use of oseltamivir for patients with non-severe influenza;
- conditional recommendation against the use of peramivir for patients with non-severe influenza;
- strong recommendation against the use of zanamivir for patients with non-severe influenza;
- strong recommendation against the use of favipiravir for patients with non-severe influenza;
- conditional recommendation against the use of umifenovir for patients with non-severe influenza;
- strong recommendation against the use of antibiotics for patients with non-severe influenza and low probability of bacterial co-infection.

New recommendations for antiviral treatment of patients with severe influenza (including infection with novel influenza A associated with high mortality or unknown risk of severe disease):

- conditional recommendation for the use of oseltamivir for patients with severe influenza;
- conditional recommendation against the use of peramivir for patients with severe influenza;
- conditional recommendation against the use of zanamivir for patients with severe influenza.

New recommendations for adjunctive treatment of patients with severe influenza:

- conditional recommendation against the use of macrolides for patients with severe influenza and without bacterial co-infection;
- conditional recommendation against the use of plasma therapy for patients with severe influenza;
- conditional recommendation against the use of mTOR inhibitors for patients with severe influenza;
- conditional recommendation against the use of corticosteroids for patients with severe influenza.

New recommendations for prevention amongst persons with exposure to seasonal influenza virus but without infection:

- conditional recommendation for the use of baloxavir for asymptomatic persons at extremely high risk for hospitalization if they were to develop seasonal influenza;
- conditional recommendation against the use of laninamavir for asymptomatic persons not at extremely high risk for hospitalization if they were to develop seasonal influenza;
- conditional recommendation for the use of oseltamivir for asymptomatic persons at extremely high risk for hospitalization if they were to develop seasonal influenza;
- conditional recommendation against the use of zanamivir for asymptomatic persons not at extremely high risk for hospitalization if they were to develop seasonal influenza.

New recommendations for prevention amongst persons with exposure to zoonotic influenza virus (novel influenza A associated with high mortality) but without infection:

- conditional recommendation for the use of baloxavir.
- conditional recommendation for the use of laninamivir;
- conditional recommendation for the use of oseltamivir;
- conditional recommendation for the use of zanamivir;

New recommendations for testing strategies for patients with suspected seasonal influenza virus infection:

- conditional recommendation for use of nucleic acid amplification test (NAAT) for diagnosis of influenza in patients with suspected severe influenza;

- conditional recommendation for use of digital immunoassay (DIA) or NAAT for diagnosis of influenza in patients with suspected non-severe influenza.

About these guidelines: This updated guidelines from the World Health Organization (WHO) incorporate available new evidence, enabling updated recommendations on the treatment of influenza virus infection. The Guidelines Development Group (GDG) typically evaluates a therapy when WHO judges sufficient evidence is available to make a recommendation. While the GDG takes an individual patient's perspective in making recommendations, it also considers resource implications, acceptability, feasibility, equity and human rights. The guidelines were developed according to standards and methods for trustworthy guidelines.[1]

Updates and access: This publication is the update of the document published in 2022 entitled “Guidelines for the clinical management of severe illness from influenza virus infections”. The current guidelines and earlier documents are available through the [WHO Clinical management of influenza website](#) and [MAGICapp](#) platform (both online and also as PDF outputs for readers with limited internet access).

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