

Be Ready to Treat Common Respiratory Illnesses

Winter will continue to bring an **uptick in flu, COVID-19, and strep.**

Influenza. Don't use antivirals in most otherwise healthy patients. Treatment only reduces flu symptoms by about a day...if started within 48 hours of symptom onset. Advise fluids, rest, antipyretics, etc.

Prescribe 5 days of oseltamivir ASAP for outpatients with confirmed or suspected influenza who are at high risk (pregnant, immunocompromised, etc)...or who have severe illness.

Go with oseltamivir OR 1 dose of baloxavir for NONsevere flu in other outpatients with risks (diabetes, heart disease, etc).

COVID-19. Advise treatment for patients at high risk of developing severe COVID-19 (diabetes, obesity, etc)...even if symptoms are mild.

Stick with oral nirmatrelvir/ritonavir for most of these at-risk outpatients age 12 and up...within 5 days of symptom onset.

Verify the patient's med list...and use an interaction checker, such as COVID19-DrugInteractions.org, to manage interactions. For example, avoid nirmatrelvir/ritonavir with salmeterol, rivaroxaban, or phenytoin.

Group A strep. Treat confirmed strep with 10 days of penicillin or amoxicillin. Give 10 days of cephalexin instead if patients have a nonsevere penicillin allergy (non-itchy rash)...or 5 days of azithromycin if the allergy is more severe (hives, anaphylaxis, etc).

Click on each condition above for more on benefits and risks.

Be aware, more pharmacists may offer "test and treat" services.

The PREP Act extension now allows pharmacists to order and administer COVID-19 tests through 2029. And more states are permitting pharmacists to screen and prescribe meds for flu, strep throat, etc.

Each state has its own requirements regarding pharmacist training, scope, etc. For example, most protocols prohibit testing and treating patients who are pregnant, immunocompromised, or under a certain age.

And most require pharmacists to notify the patient's primary care provider of a positive test result, including medication dispensed, within 24 to 48 hours of the encounter...to ensure continuity of care.

Key References:

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