Table 2. Recommended Dosage and Duration of Influenza Antiviral Medications for Treatment or Chemoprophylaxis

Antiviral Agent	Use	Children	Adults
Oral Oseltamivir	**Treatment (5 days)[1]**	**If younger than 1 yr old[2]:** 3 mg/kg/dose twice daily[3,4] **If 1 yr or older, dose varies by child's weight:** 15 kg or less, the dose is 30 mg **twice** a day >15 to 23 kg, the dose is 45 mg **twice** a day >23 to 40 kg, the dose is 60 mg **twice** a day >40 kg, the dose is 75 mg **twice** a day	75 mg **twice** daily
	Chemoprophylaxis (7 days)[5]	If child is younger than 3 months old, use of oseltamivir for chemoprophylaxis is not recommended unless situation is judged critical due to limited data in this age group. **If child is 3 months or older and younger than 1 yr old[2]** 3 mg/kg/dose once daily[3] **If 1 yr or older, dose varies by child's weight:** 15 kg or less, the dose is 30 mg **once** a day >15 to 23 kg, the dose is 45 mg **once** a day >23 to 40 kg, the dose is 60 mg **once** a day >40 kg, the dose is 75 mg **once** a day	75 mg **once** daily
Inhaled Zanamivir[6]	**Treatment (5 days)**	10 mg (two 5-mg inhalations) **twice** daily **(FDA approved and recommended for use in children 7 yrs or older)**	10 mg (two 5-mg inhalations) **twice** daily
	Chemoprophylaxis (7 days)[5]	10 mg (two 5-mg inhalations) **once** daily **(FDA approved for and recommended for use in children 5 yrs or older)**	10 mg (two 5-mg inhalations) **once** daily
Intravenous Peramivir[7]	**Treatment (1 day)[1]**	(6 months to 12 yrs of age) One 12 mg/kg dose, up to 600 mg maximum, via intravenous infusion for a minimum of 15 minutes (**FDA approved and recommended for use in children 6 months or older)**	(13 yrs and older) One 600 mg dose, via intravenous infusion for a minimum of 15 minutes
	Chemoprophylaxis[8]	Not recommended	N/A

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Oral Baloxavir[9]	**Treatment (1 day)**	(5 yrs and older weighing <20 kg: single dose of 2 mg/kg by suspension; weighing 20 kg to <80 kg: single dose of 40 mg by tablet or suspension; weighing ≥80 kg: single dose of 80 mg by tablet or suspension) **FDA approved and recommended for use in otherwise healthy children 5 yrs and older.**	Weight <80 kg: One 40 mg dose; Weight ≥80 kg: One 80 mg dose[9]
	Chemoprophylaxis[9]	**FDA approved for post-exposure prophylaxis for persons aged 5 years and older. Dosage is the same as for treatment.**	Dosage is the same as for treatment

Abbreviations: N/A = not approved

1. Longer treatment duration may be needed for severely ill patients.
2. Oral oseltamivir is approved by the FDA for treatment of acute uncomplicated influenza within 2 days of illness onset with twice-daily dosing in people 14 days and older, and for chemoprophylaxis with once-daily dosing in people 1 year and older. Although not part of the FDA-approved indications, use of oral oseltamivir for treatment of influenza in infants less than 14 days old, and for chemoprophylaxis in infants 3 months to 1 year of age, is recommended by CDC and the American Academy of Pediatrics (Recommendations for Prevention and Control of Influenza in Children, 2023–2024).
3. This is the FDA-approved oral oseltamivir treatment dose for infants 14 days and older and less than 1 year old and provides oseltamivir exposure in children similar to that achieved by the approved dose of 75 mg orally twice daily for adults, as shown in two studies of oseltamivir pharmacokinetics in children (Kimberlin, 2013 [CASG 114], EU study WP22849, FDA Clinical Pharmacology Review). The American Academy of Pediatrics has recommended an oseltamivir treatment dose of 3.5 mg/kg orally twice daily for infants 9-11 months old, on the basis of data which indicated that a higher dose of 3.5 mg/kg was needed to achieve the protocol-defined targeted exposure for this cohort as defined in the CASG 114 study (Kimberlin, 2013). It is unknown whether this higher dose will improve efficacy or prevent the development of antiviral resistance. However, there is no evidence that the 3.5 mg/kg dose is harmful or causes more adverse events to infants in this age group.
4. Current weight-based dosing recommendations are not appropriate for premature infants. Premature infants might have slower clearance of oral oseltamivir because of immature renal function, and doses recommended for full-term infants might lead to very high drug concentrations in this age group. CDC recommends dosing as also recommended by the American Academy of Pediatrics (Recommendations for Prevention and Control of Influenza in Children, 2023–2024): limited data from the National Institute of Allergy and Infectious Diseases Collaborative Antiviral Study Group provide the basis for dosing preterm infants using their postmenstrual age (gestational age + chronological age): 1.0 mg/kg/dose, orally, twice daily, for those <38 weeks postmenstrual age; 1.5 mg/kg/dose, orally, twice daily, for those 38 through 40 weeks postmenstrual age; 3.0 mg/kg/dose, orally, twice daily, for those >40 weeks postmenstrual age.
5. See Special Considerations for Institutional Settings section below for details regarding duration of chemoprophylaxis for outbreaks in institutional settings.
6. Inhaled zanamivir is approved for treatment of acute uncomplicated influenza within 2 days of illness onset with twice-daily dosing in people aged ≥7 years, and for chemoprophylaxis with once-daily dosing in people aged ≥5 years.

7. Intravenous peramivir is approved for treatment of acute uncomplicated influenza within 2 days of illness onset with a single dose in people aged ≥6 months. Daily dosing for a minimum of 5 days was used in clinical trials of hospitalized patients with influenza (de Jong, 2014, Ison, 2014).
8. There are no data for use of peramivir for chemoprophylaxis of influenza.
9. Oral baloxavir marboxil is approved by the FDA for treatment of acute uncomplicated influenza within 2 days of illness onset in people aged ≥5 years who are otherwise healthy, or in people aged ≥12 years at high risk of developing influenza-related complications. Baloxavir marboxil (Xofluza) [package insert]. Baloxavir marboxil should not be administered with dairy products, calcium-fortified beverages, polyvalent cation-containing laxatives, antacids or oral supplements (e.g., calcium, iron, magnesium, selenium, or zinc); co-administration with polyvalent cation-containing products may decrease plasma concentrations of baloxavir which may reduce efficacy. There are no available published data from clinical trials for baloxavir treatment of influenza in non-hospitalized patients who are pregnant, immunocompromised, or have severe disease.

   A randomized clinical trial reported that combination neuraminidase inhibitor (primarily oseltamivir) and baloxavir for treatment of hospitalized influenza patients aged ≥12 years did not result in superior clinical benefit (time to clinical improvement) compared with neuraminidase inhibitor and placebo (Kumar, 2022).

   Oral baloxavir is approved by the FDA for post-exposure prophylaxis of influenza for persons aged ≥5 years within 48 hours of contact with an individual with influenza.