



Oral antiviral treatments for COVID-19 and influenza viruses in residential aged care services

August 2023

The ongoing community spread of COVID-19 remains a serious threat particularly to people living in residential aged care services (RACS) and multigenerational households; and each year from April to October there is seasonal influenza (flu) activity. Effective infection prevention control (IPC) measures in RACS, including ensuring residents and staff are up to date with vaccinations, are important in minimising serious outcomes from these respiratory illnesses.

A vital part of these measures is ensuring [rapid access to oral antivirals](#) to reduce risk of severe illness, hospitalisation and death.

COVID-19 oral antiviral treatment

Molnupiravir (**Lagevrio®**) and nirmatrelvir and ritonavir (**Paxlovid®**) are oral antiviral treatments which can be used for consumers in RACS who are experiencing an active COVID-19 infection. Both medications are Schedule 4 Prescription Only Medicine.

In line with the latest recommendations, people aged 70 years or older can be prescribed COVID-19 antiviral treatments when they test positive, regardless of risk factors or the presence of symptoms. People aged 50 years or older can also access these treatments when they reside in residential aged care. Confirmation of infection (by RAT or PCR) and medical assessment is required for prescription of an antiviral medication.

Antiviral treatment should be started as soon as possible after confirmed diagnosis of COVID-19 whether symptoms are present or not, but no later than five days after symptom onset. When prescribing and administering COVID-19 oral antiviral treatments, health professionals should refer to the manufacturer's instructions and medical advice. For consumers with swallowing difficulties or enteral feeding tubes, refer to advice from the [Society of Hospital Pharmacists of Australia](#) (SHPA) on options for safely administering molnupiravir.

Influenza oral antiviral treatment

Oseltamivir (**Tamiflu®**) is an antiviral medication used to treat and [prevent influenza A and influenza B viruses](#). It is a recommended treatment for residents who have confirmed or suspected influenza and are at high risk of complications, or as prophylaxis in a RACS influenza outbreak. Note that a lab (PCR)-confirmed positive influenza result is not required to prescribe oseltamivir. It should be started as soon as possible after disease onset, ideally within 48 hours of symptom onset. Oseltamivir is a Schedule 4 Prescription Only Medicine and can only be used for residents of aged care facilities following prescription by an authorised prescriber. Health professionals should refer to the [manufacturer's instructions and medical advice](#). For those with swallowing difficulties, refer to advice from the [NSW Clinical Excellence Commission](#). Dose adjustment may be required for people with renal impairment.

Older Australians receiving oral antiviral treatments for COVID-19 or influenza should be closely monitored for medication side-effects.

Responsibilities of approved providers

Preparatory steps

RACS providers are encouraged to establish and document a pre-assessment for people at higher risk of severe disease, to receive respiratory antivirals. This supports timely access and safe administration. The pre-assessment process includes:

- discussing with people and/or their nominated representatives and seeking consent from them to administer antiviral treatment if prescribed

- arranging for the older person's prescriber (e.g., GP, nurse practitioner) to determine their eligibility for antiviral treatments, including consideration of any contraindications, adjustments in dosage, and oral preparation requirements
- ensuring an agreed process with GPs or nurse practitioners for timely prescription in the event of an outbreak.

Where applicable, confirm stock and stock level of oral antivirals at the service, including stock expiry dates.

Where applicable, ensure a dispensing pathway is established and maintained with the community supply pharmacy and/or the [National Medication Stockpile](#).

Ensure appropriate secure storage of antiviral medicines in a cool, dry place.

Monitor all residents for symptoms when a potential outbreak is first detected, have a test and treatment pathway. When an outbreak is identified, activate the outbreak management plan, in line with [Communicable Diseases Network Australia guidance](#).

Monitoring the preparedness to access and deploy oral antivirals

The Commission continues to monitor RACS' compliance with infection prevention and control arrangements and the appropriate access to and use of oral antivirals. Quality assessors will seek evidence of preparedness to access and deploy oral antivirals immediately to affected people, in the event of an outbreak occurring. For example, they will look for evidence that a provider has detailed processes in place that cover the preparatory steps outlined above. The Commission will also talk with people accessing care services to understand whether they were offered and received antiviral treatment in an appropriate and timely way.

Commission's expectations of providers

Residential aged care providers have responsibility for the management and mitigation of infection-related risks, and to be prepared so they can respond quickly and lessen the extent and impact of any infectious disease outbreaks.

Providers are required to deliver care and services that comply with the Aged Care Quality Standards. Relevant requirements relating to the access and deployment of antiviral treatments may include but are not limited to:

- Standard 3 requirement (3)(a) Each consumer gets safe and effective personal care, clinical care, or both personal and clinical care
- Standard 3 requirement (3)(d) Deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner
- Standard 3 requirement (3)(f) Timely and appropriate referrals to individuals, other organisations and providers of care and services
- Standard 3 Requirement (3)(g) Minimisation of infection-related risks
- Standard 8 requirement (3)(c) Effective organisation-wide governance systems
- Standard 8 requirement (3)(d) Effective risk management systems and practices.

Providers are also required to deliver care and services that comply with Part 2 of the Quality-of-Care Principles 2014. Specifically:

Item 2.4 - Treatments and procedures that are carried out according to the instructions of a health professional or a person responsible for assessing a care recipient's personal care needs, including supervision and physical assistance with taking medications, and ordering and reordering medications, subject to requirements of State or Territory law.

Accompanying fact sheets

[Are you alert and ready? Safeguarding against infectious illness in aged care settings](#)

[Infection Prevention and Control Leads: An update for providers](#)



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