

Oseltamivir not linked to reduced risk for flu hospitalization

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For outpatients with influenza infection, oseltamivir is not associated

with a reduced risk for hospitalization, according to a review published online June 12 in *JAMA Internal Medicine*.

Ryan Hanula, from the McGill University Health Centre in Montreal, and colleagues examined the efficacy and safety of oseltamivir in preventing hospitalization among influenza-infected adult and adolescent outpatients in a systematic review and [meta-analysis](#). Data were included from 15 studies, with an intention-to-treat infected (ITT_i) population of 6,295 individuals; 54.7 percent were prescribed oseltamivir.

The researchers found that within the ITT_i population, oseltamivir was not associated with a reduced risk for hospitalization (risk ratio [RR], 0.77; 95 percent confidence interval [CI], 0.47 to 1.27). Oseltamivir was also not associated with a [reduced risk](#) for hospitalization among older populations (mean age, 65 years and older; RR, 0.99; 95 percent CI, 0.19 to 5.13) or among those considered at elevated risk for hospitalization (RR, 0.90; 95 percent CI, 0.37 to 2.17). Oseltamivir was associated with increased nausea and vomiting but not with [serious adverse events](#) within the safety population.

"There is a lack of convincing evidence that oseltamivir reduces serious complications in outpatients with influenza, though its use is associated with an increase in nonsevere gastrointestinal adverse events," the authors write. "This meta-analysis provides important data for clinicians, patients, and policy makers to contextualize the evidence and inform guidelines."

More information: Ryan Hanula et al, Evaluation of Oseltamivir Used to Prevent Hospitalization in Outpatients With Influenza, *JAMA Internal Medicine* (2023). [DOI: 10.1001/jamainternmed.2023.0699](https://doi.org/10.1001/jamainternmed.2023.0699)

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