Antiviral behandling av influensa och covid-19

Johan Westin

2026

www.rav.nu

Tillgängliga preparat, Influensa

- **Oseltamivir (Tamiflu, med flera)**, kapslar
- **Zanamivir (Relenza),** nässpräy
- **Zanamivir (Dectova**), iv infusion
- **Baloxavir (Xofluza),** kapsel, endos, ingår inte i LM-förmåenen

Läkemedelsbehandling

- Antiviral behandling så tidigt som möjligt oberoende av vaccination
  - Rekommenderas till personer i **medicinsk riskgrupp**.
  - Rekommenderas till **influensasjukdom som kräver slutenvård**
  - Bör övervägas till personer som insjuknar under **pågående slutenvård**
  - Kan övervägas till personer i **nära kontakt** (exempelvis hushållskontakter) med personer i medicinsk riskgrupp

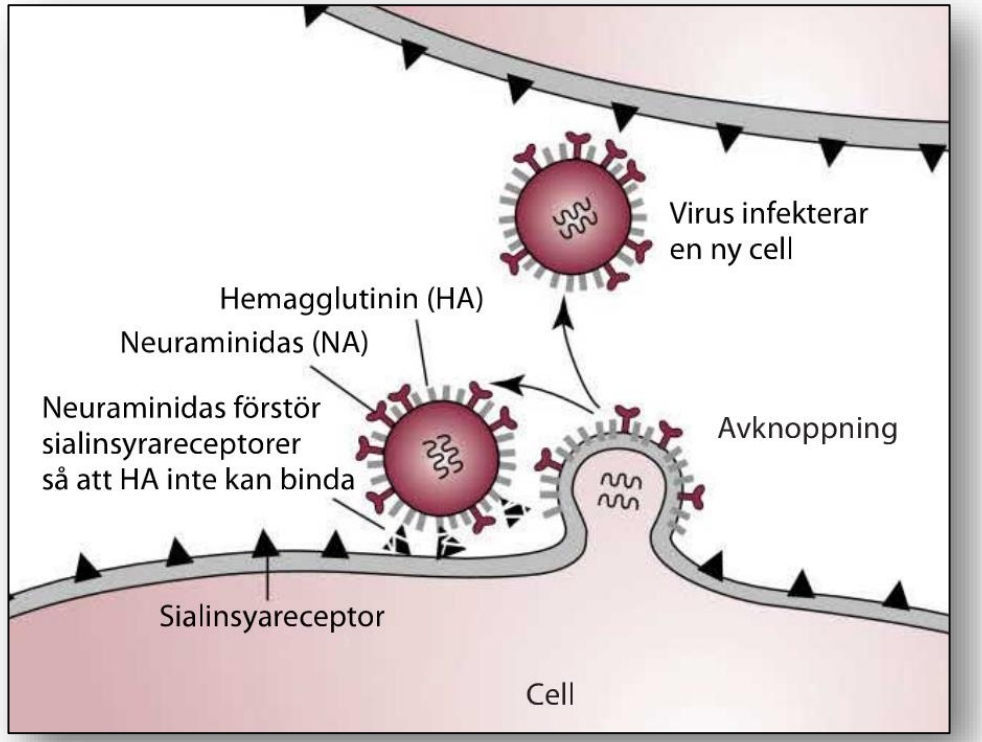
https://www.lakemedelsverket.se/
https://www.rav.nu

Neuraminidashämmare

Oseltamivir (Tamiflu)

Zanamivir (Relenza)

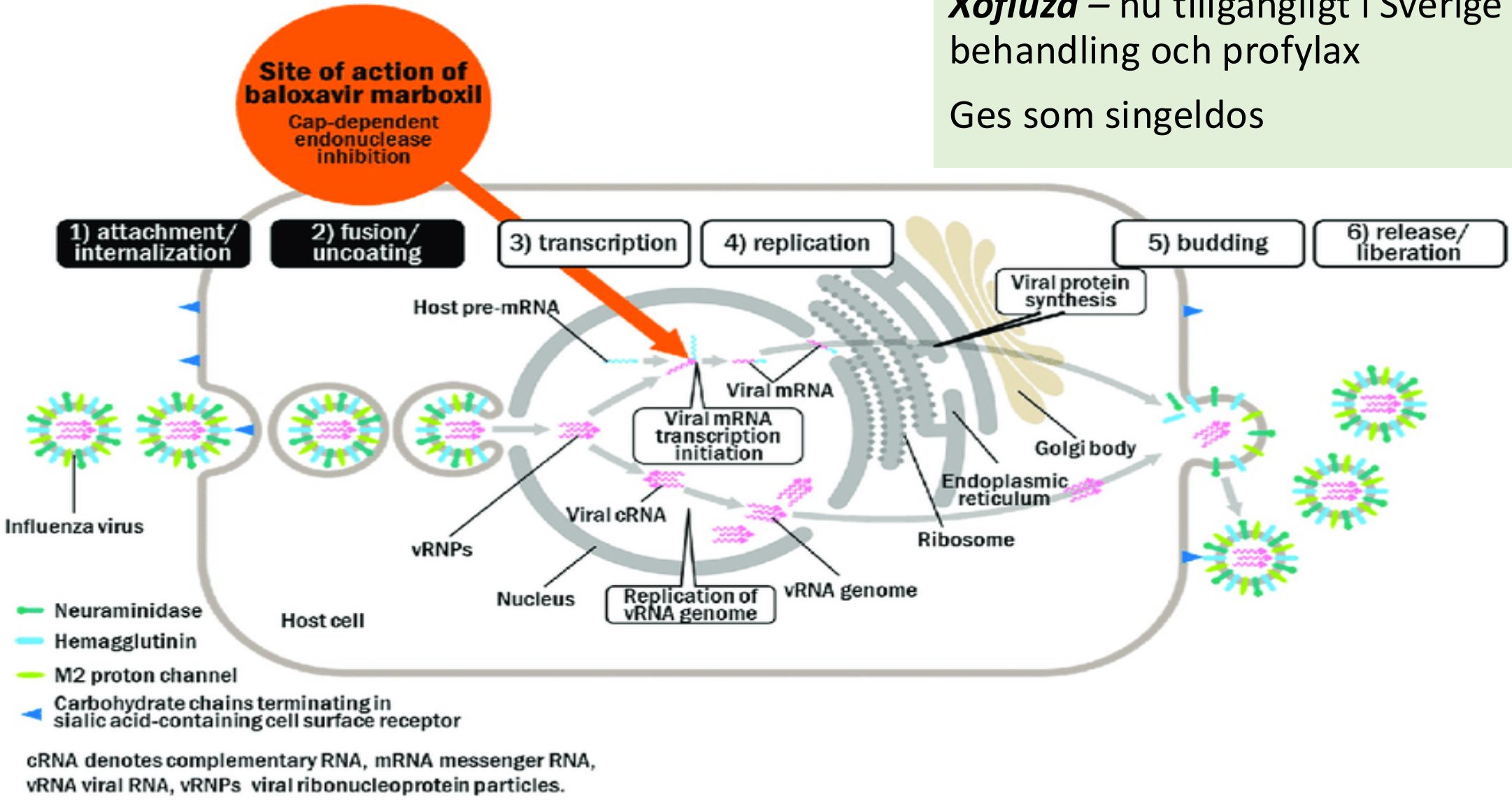
- Hämmar neuraminidas
- Frisättning av virus från cellen blockeras
- Ska ges inom 48h
- Minskad symtomduration med 1-2 dygn
- God effekt som postexpositionsprofylax
- Resistens mot ffa tamiflu förekommer



Endonukleashämmare - baloxavir

Xofluza – nu tillgängligt i Sverige för behandling och profylax

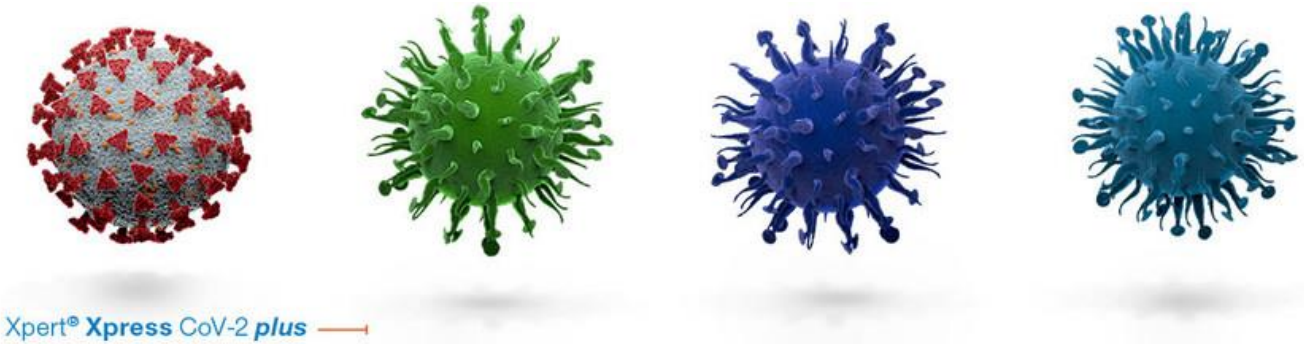
Ges som singeldos



Profylax efter exponering

- Samma substanser som för behandling, med god och likvärdig effekt.
- Profylaktisk antiviral behandling så tidigt som möjligt, oberoende av vaccination
  - Rekommenderas till personer i **medicinsk riskgrupp**.
  - Bör övervägas till samtliga personer som vårdas på enheter i **slutenvård** eller omsorg med **pågående smittspridning**.
  - Kan övervägas till personer i **nära kontakt** (exempelvis hushållskontakter) med personer i **medicinsk riskgrupp**.

Diagnostik, GenXpert, Cepheid



Xpert® **Xpress** CoV-2 ***plus***

Xpert® **Xpress** CoV-2/Flu/RSV ***plus***

Gene Targets

SARS-CoV-2	Flu A	Flu B	RSV
RdRP RNA-dependent RNA polymerase gene	**M** Matrix gene	**M** Matrix gene	**RSV A** Nucleocapsid gene
E Envelope protein gene	**PB2** polymerase basic protein 2 gene	**NS** non-structural protein gene	**RSV B** Nucleocapsid gene
N2 Nucleocapsid gene	**PA** polymerase acidic protein gene		

Svar på 25 min
Finns på alla akutmott i VGR

Sensitivitet, antigentest för Influensa A = 52%

Figure 17. Weekly number of deaths among influenza cases in Sweden, 2021–2022 to 2024–2025 seasons.

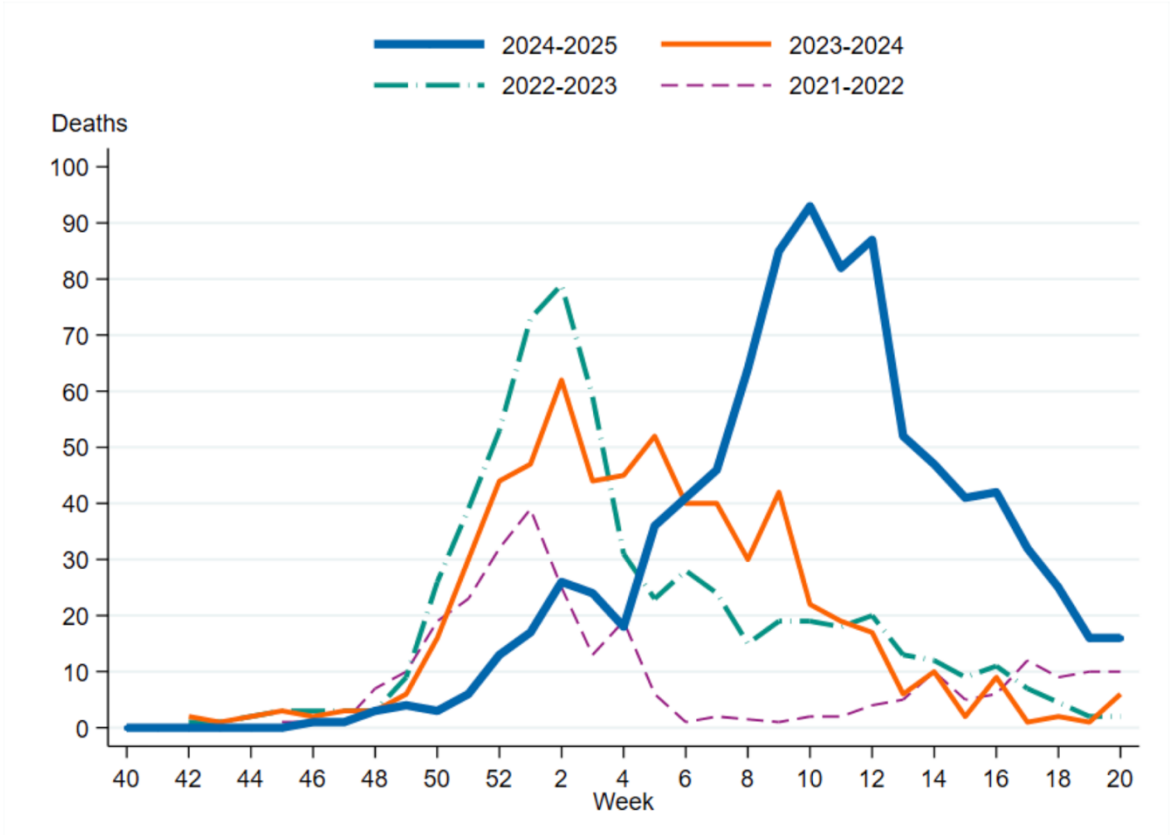
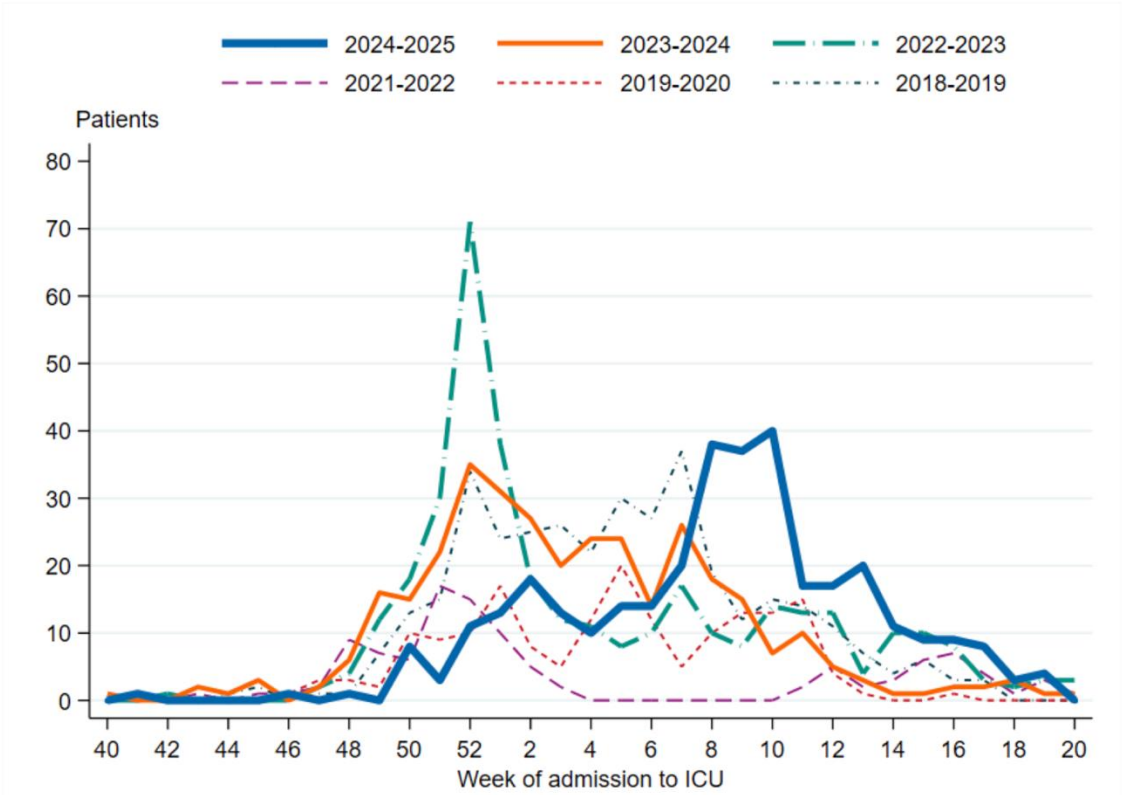


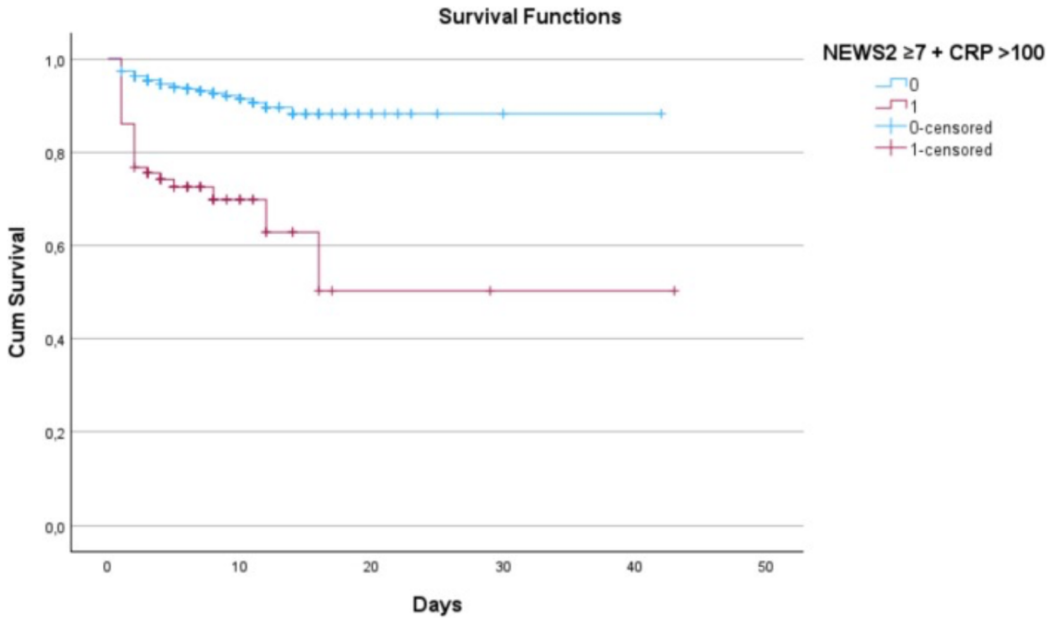
Figure 14. Weekly number of new patients with influenza in intensive care in Sweden, 2018–2019 to 2024–2025 seasons. Season 2020–2021 is not included due to the small number of cases.



Totalt antal döda inom 30 d 2024-25
N=932
850 >65 år (91%)
Nästan alla med InfA

www.folkhalsomyndigheten.se

Kaplan–Meier analyses demonstrated a statistically significant difference in time to development of severe influenza-associated illness across all admission severity scores and CRP (supplementary Figs. 1 A-I). The most prominent difference was noted for the combination of NEWS2 > 7 and CRP > 100, displayed in Fig. 2.



Severe influenza-associated illness:

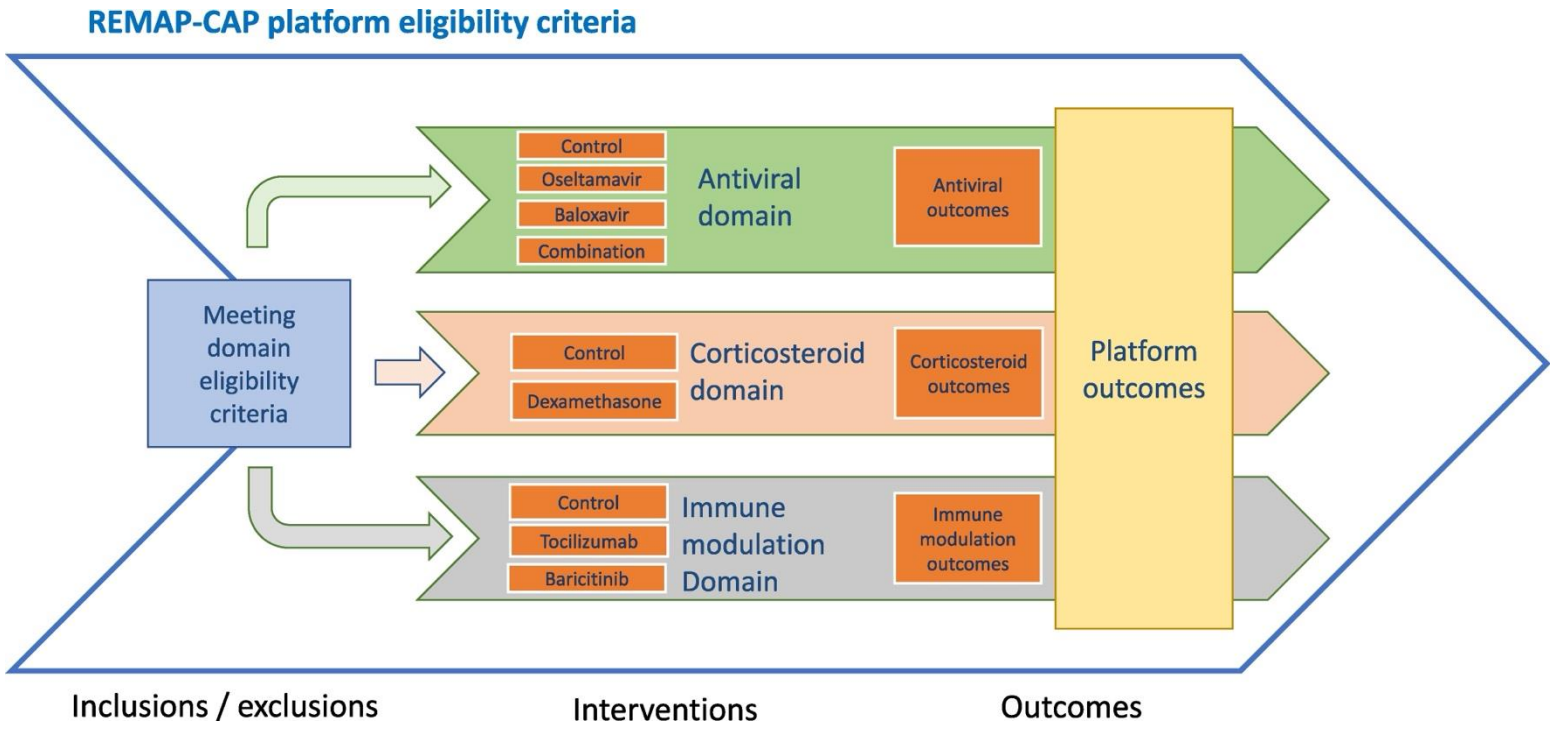
- HFNO or NIV
- invasive mechanical ventilation
- all-cause in-hospital death

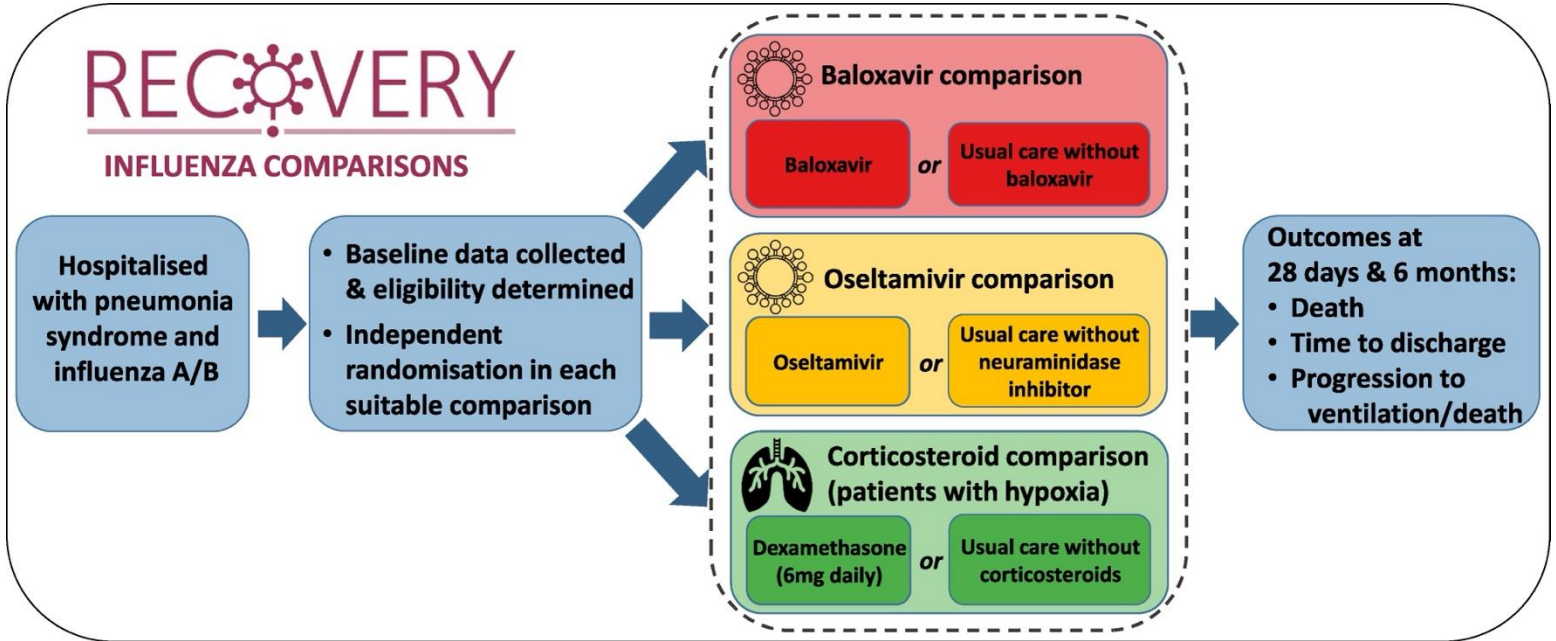
Table 1. Baseline characteristics and clinical outcomes for adults hospitalized for influenza.

	Total study cohort		Severe influenza-associated illness	No severe illness	p-value
N (%)	735		70 (9.5)	665 (90.5)	
Antiviral therapy during hospital stay	493	67.1 %	56 (80.0)	437 (65.7)	0.016

Bergbrant et al, AJEM, 2025
https://doi.org/10.1016/j.ajem.2025.07.029

Kombination av flera antiviraler mot influensa





Preprints with THE LANCET

Oseltamivir for Critically Ill Patients with Influenza: A Randomised Trial

29 Pages • Posted: 27 Jul 2026

Srinivas Murthy
University of British Columbia (UBC)

Cameron Green
Monash University

Lindsay Berry
Berry Consultants, LLC

Murthy et al, Preprint, Lancet, 2026

- international, multifactorial, Bayesian adaptive platform randomised trial
- oseltamivir for 5 days, 10 days, or no antiviral treatment
- critically ill patients aged 12 years and older with confirmed influenza severe respiratory infection (receiving respiratory or cardiovascular support)
- primary outcome: 90-day mortality

Primary outcome

Table 2. Primary outcome and sensitivity analyses

	All patients randomised to oseltamivir or no antiviral		
	5 days of oseltamivir (n=162)	**10 days of oseltamivir (n=156)**	**No antiviral (n=124)**
90-day Mortality - n (%)	32/162 (19·8)	30/155 (19·4)	17/124 (13·7)
Primary Analysis			
Median Adjusted Odds Ratio (95% CrI)	2·13 (1·03 – 4·52)	2·17 (1·05 – 4·64)	REF

Var grupperna lika från början?

Table 1. Participant Characteristics at Baseline

	All patients randomised to oseltamivir or no antiviral			Subset randomised at sites offering no antiviral	
	5 days of oseltamivir (n=162)	10 days of oseltamivir (n=156)	No antiviral (n=124)	5 days of oseltamivir (n=69)	10 days of oseltamivir (n=55)
Age in years, median (IQR)	60 (49·0-70·0)	60·0 (51·0-70·0)	63·0 (51·0-71·0)	58·0 (46·0-68·0)	60·0 (52·0 -69·0)
Female sex at birth, n (%)	73 (45·1)	63 (40·4)	47 (37·9)	31 (44·9)	26 (47·3)
Body-mass index[a], median (IQR)	27 (24-34) (n=129)	27 (23-32) (n=129)	28 (23-31) (n=116)	27 (23-33) (n=64)	26 (23- 31) (n=52)
APACHE II score[b], median (IQR)	15·0 (11·0-21·0) (n=157)	18·0 (12·0-25·0) (n=148)	16·0 (11·0-24·0) (n=121)	15·0 (11 - 21) (n=67)	17·0 (10·0-25·0) (n=52)
Influenza A (%)[c]	144/162 (88·9)	138/156 (88·5)	111/124 (89·5)	62/69 (89·9)	45/55 (81·8)
Influenza B (%)[c]	10/162 (6·2)	15/156 (9·6)	8/124 (6·5)	3/69 (4·3)	8/55 (14·5)
SARS-CoV-2 co-infection	1/162 (0·6)	4/156 (2·6)	3/124 (2·4)	1/69 (1·4)	3/55 (5·5)
Days of symptoms prior to randomisation, Median (IQR)	5·0 (3·0-7·0) (n=143)	5·0 (3·0 – 7·0) (n=129)	5·0 (3·0 – 8·0) (n=101)	5·0 (4·0 – 8·0) (n=57)	5·0 (3·0 – 7·5) (n=44)
Received one dose of oseltamivir prior to randomisation (%)	81 (50·0)	64 (41·0)	40 (32·2)	25 (36·2)	16 (29·1)
Clinical Frailty Score[d], median (IQR)	3·0 (2·0-4·0) (n=162)	3·0 (2·0-4·0) (n=155)	3·0 (2·0-4·0) (n=122)	3·0 (2·0-4·0) (n=69)	3·0 (2·0-4·0) (n=54)
Preexisting condition[e], n / N (%)					
Diabetes	47/162 (29·0)	52/156(33·3)	33/124 (26·7)	17/69 (24·6)	14/55 (25·4)
Respiratory disease	59/162 (36·4)	39/156 (25·0)	50/124 (40·3)	26/69 (37·7)	15/55 (27·3)
Kidney disease	23/152 (15·1)	21/131(16·0)	12/107(11·2)	9/64 (14·1)	7/42(16·7)
Severe cardiovascular disease	14/162 (8·6)	9/155 (5·8)	13/122 (10·7)	10/69 (14·5)	5/54 (9·3)
Any immunosuppressive condition	15/162 (9·3)	13/156 (8·3)	13/124 (10·5)	6/69 (8·7)	4/55 (7·3)
Time to enrolment, median (IQR)					
From hospital admission, days	0·8 (0·5-1·0) (n=161)	0·8 (0·5-1·1) (n=156)	0·9 (0·5-1·2) (n=124)	0·9 (0·6-1·0) (n=68)	0·9 (0·4-1·1) (n=55)
From ICU admission, hours	10·1 (3·8-18·8) (n=161)	12·1 (4·9-17·8) (n=156)	12·1 (4·7-18·5) (n=124)	12·0 (4·4-19·0) (n=68)	11·7 (4·8-20·7) (n=55)
Acute respiratory support, n (%)					
None/supplemental oxygen	6 (3·7)	8 (5·1)	8 (6·5)	3 (4·3)	4 (7·3)
High-flow nasal cannula	49 (30·2)	50 (32·0)	45 (36·3)	22 (31·9)	14 (25·4)
Non-invasive ventilation	30 (18·5)	15 (9·6)	23 (18·5)	11 (15·9)	9 (16·4)
Invasive mechanical ventilation	77 (47·5)	83 (53·2)	48 (38·7)	33 (47·8)	28 (50·9)
PaO_2 / FiO_2, median (IQR)	166 (125-240) (n=138)	160 (110-228) (n=138)	178 (135-247) (n=112)	162 (127-242) (n=59)	150 (99-217) (n=53)
Vasopressor support, n (%)	70 (43·2)	86 (55·1)	47 (37·9)	29 (42·0)	30 (54·5)
ECMO	0/157 (0·0)	2/150 (1·3)	0/123 (0·0)	0/67 (0·0)	1/53 (1·9)
Extended Cardiovascular SOFA score, median (IQR)[f]	1·0 (0·0-3·0) (n=162)	3·0 (0·0-4·0) (n=155)	1·0 (0·0-3·0) (n=122)	2·0 (0·0-3·0) (n=69)	2·5 (0·0-3·0) (n=54)

- Following a statistical trigger for inferiority and the DSMB's recommendation on March 13, 2026 to cease enrolment into the oseltamivir groups

Mekanism?

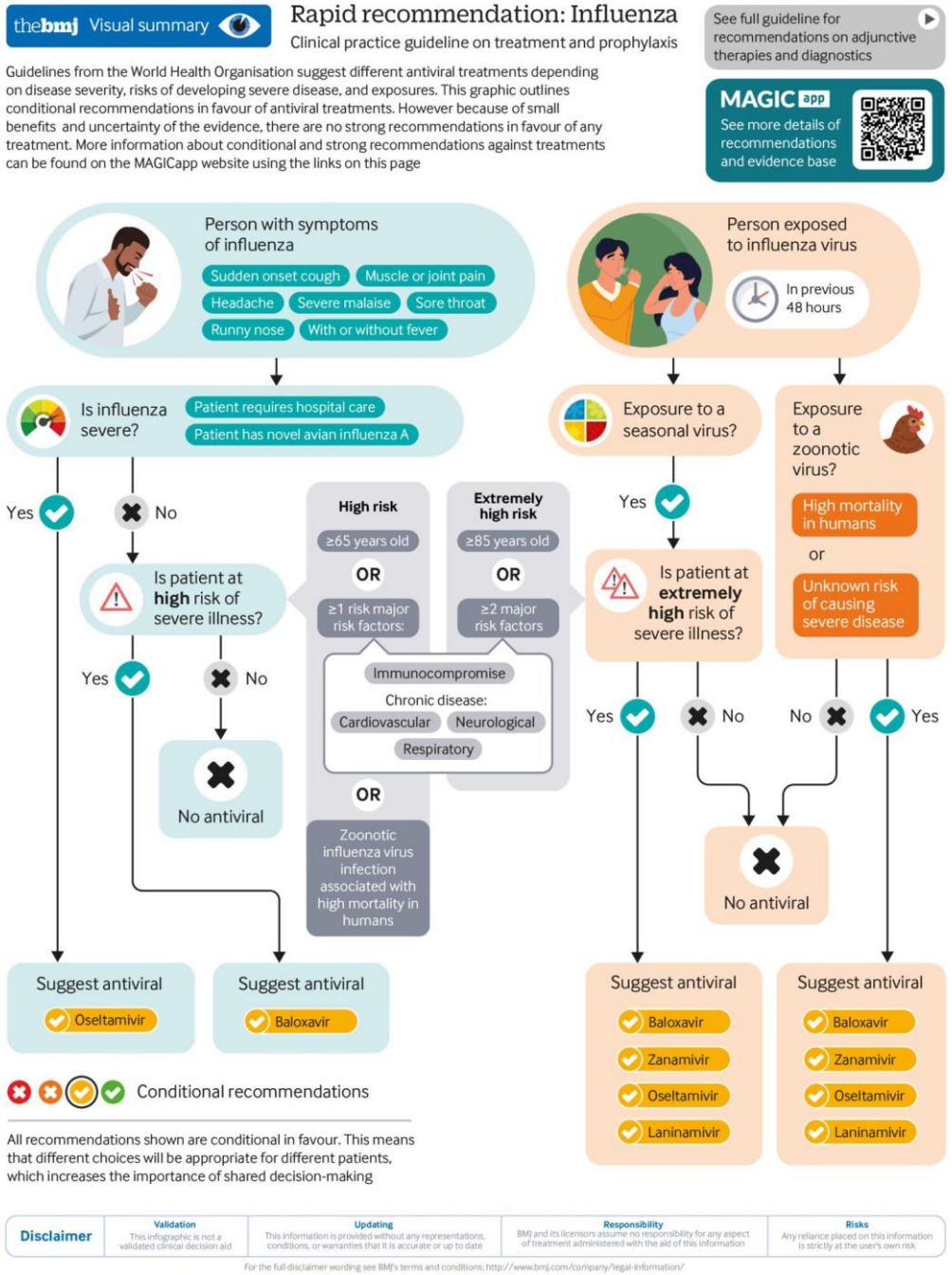
- Hämning av humana neuraminidaser?

Ska vi ändra våra guidelines för behandling av influensa?

- Avvakta publikation och ev andra studier/mer data
- I väntan på detta rimligt att avstå entiviral behandling av influensa på IVA, åtminstone mer än fem dagar efter symtomdebut
- Inget som talar för dramatisk positiv effekt av oseltamivir för pat med influensa som behöver IVA-vård

Clinical practice guidelines for influenza

World Health Organization



Per Olav Vandvik et al. BMJ 2026;392:bmj-2025-087397

From: **Antiviral Medications for Treatment of Nonsevere Influenza: A Systematic Review and Network Meta-Analysis**

JAMA Intern Med. 2025;185(3):293-301. doi:10.1001/jamainternmed.2024.7193

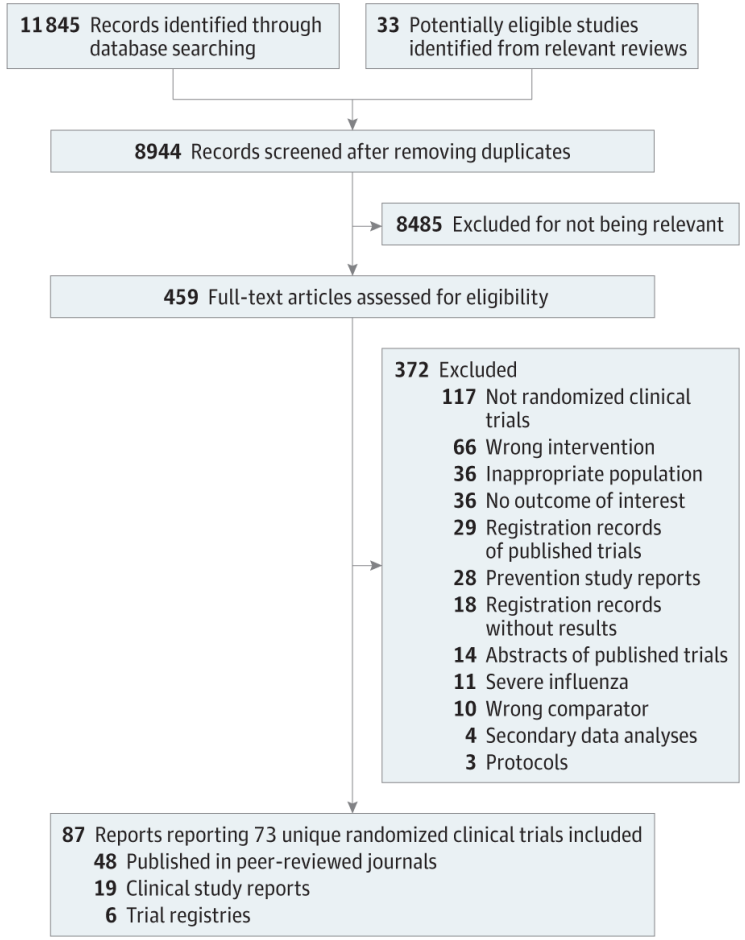


Figure Legend:

Study Selection

Table 2. Summary of Findings for Oseltamivir vs Standard Care or Placebo

Outcome	Study results and measurements	Absolute effect estimates per 1000		Absolute difference per 1000 (95% CI)	Certainty of the evidence (quality of evidence)	Summary
		Standard care/placebo	Oseltamivir			
Mortality (low-risk patients)	Relative risk: 0.84 (95% CI, 0.34-2.07); based on data from 12 008 participants in 17 studies	0.20	0.17	0.03 Fewer (0.13 fewer-0.21 more)	High	Oseltamivir has little or no effect on mortality for low-risk patients
Mortality (high-risk patients)	Relative risk: 0.84 (95% CI, 0.34-2.07); based on data from 12 008 participants in 17 studies	2	1.68	0.32 Fewer (1.32 fewer-2.14 more)	High	Oseltamivir has little or no effect on mortality for high-risk patients
Admission to hospital (low-risk patients)	Relative risk: 0.8 (95% CI, 0.54-1.18); based on data from 12 589 participants in 20 studies	3	2	1 Fewer (1 fewer-1 more)	High	Oseltamivir has little or no effect on admission to hospital for low-risk patients
Admission to hospital (high-risk patients)	Relative risk: 0.80 (95% CI, 0.54-1.18); based on data from 12 589 participants in 20 studies	21	17	4 Fewer (95% CI, 10 fewer-4 more)	High	Oseltamivir has little or no effect on admission to hospital for high-risk patients
Adverse events related to treatments	Relative risk: 1.23 (95% CI, 1.10-1.39); based on data from 6782 participants in 12 studies	122	150	28 More (95% CI, 12 more-48 more)	Moderate; due to serious risk of bias	Oseltamivir likely increases adverse events related to treatments
Serious adverse events	Risk difference: 0.0 (95% CI, −0.003-0.002); based on data from 14 718 participants in 22 studies	5	5	0 Fewer (3 fewer-2 more)	Moderate; due to serious risk of bias	Oseltamivir likely has little or no effect on serious adverse events
Time to alleviation of symptoms, d	Measured by: day; lower better; based on data from 9078 participants in 22 studies	Mean: 4.92	Mean: 4.17	Mean difference: 0.75 lower (0.93 lower-0.57 lower)	Moderate; due to serious risk of bias	Oseltamivir likely has no important effect on time to alleviation of symptoms

Table Title:

Summary of Findings for Oseltamivir vs Standard Care or Placebo

From: **Antiviral Medications for Treatment of Nonsevere Influenza: A Systematic Review and Network Meta-Analysis**

JAMA Intern Med. 2025;185(3):293-301. doi:10.1001/jamainternmed.2024.7193

Table 1. Summary of Findings for Baloxavir vs Standard Care or Placebo

Outcome	Study results and measurements	Absolute effect estimates per 1000		Absolute difference per 1000 (95% CI)	Certainty of the evidence (quality of evidence)	Summary
		Standard care/placebo	Baloxavir			
Mortality (low-risk patients)	Relative risk: 0.83 (95% CI, 0.14-4.82); based on data from 2144 participants in 2 studies	0.20	0.17	0.03 Fewer (0.17 fewer-0.76 more)	High	Baloxavir has little or no effect on mortality for low-risk patients
Mortality (high-risk patients)	Relative risk: 0.83 (95% CI, 0.14-4.82); based on data from 2144 participants in 2 studies	2	1.66	0.34 Fewer (1.72 fewer-7.64 more)	High	Baloxavir has little or no effect on mortality for high-risk patients
Admission to hospital (low-risk patients)	Relative risk: 0.24 (95% CI, 0.05-1.19); based on data from 1461 participants in 2 studies	3	1	2 Fewer (3 fewer-1 more)	High	Baloxavir has little or no effect on admission to hospital for low-risk patients
Admission to hospital (high-risk patients)	Relative risk: 0.24 (95% CI, 0.05-1.19); based on data from 1461 participants in 2 studies	21	5	16 Fewer (20 fewer-4 more)	Low; due to very serious imprecision	Baloxavir may reduce the risk of admission to hospital for high-risk patients
Adverse events related to treatments	Relative risk: 0.74 (95% CI, 0.57-0.95); based on data from 2776 participants in 3 studies	122	90	32 Fewer (52 fewer-6 fewer)	High	Baloxavir does not increase adverse events related to treatments
Serious adverse events	Risk difference: 0.001 (95% CI, −0.004-0.005); based on data from 2776 participants in 3 studies	5	6	1 More (4 fewer-5 more)	Moderate; due to serious imprecision	Baloxavir likely has little or no effect on serious adverse events
Time to alleviation of symptoms, d	Measured by: day; lower better; based on data from 1855 participants in 3 studies	Mean: 4.92	Mean: 3.90	Mean difference, 1.02 lower (1.41 lower-0.63 lower)	Moderate; due to serious imprecision	Baloxavir likely reduces time to alleviation of symptoms

Table Title:

Summary of Findings for Baloxavir vs Standard Care or Placebo

Sammanfattning, antiviral beh av Influensa

- Stor sjukdomsbörda trots välfungerande epidemiologisk övervakning och bra diagnostik och möjlighet att förutse allvarligt utfall
- Halvbra vaccin
- Mycket effektiv profylax
- Tveksamheter kring effekt av oseltamivir på IVA och för att förhindra sjukhusvård
- Baloxavir verkar fungera bättre än oseltamivir i vissa situationer

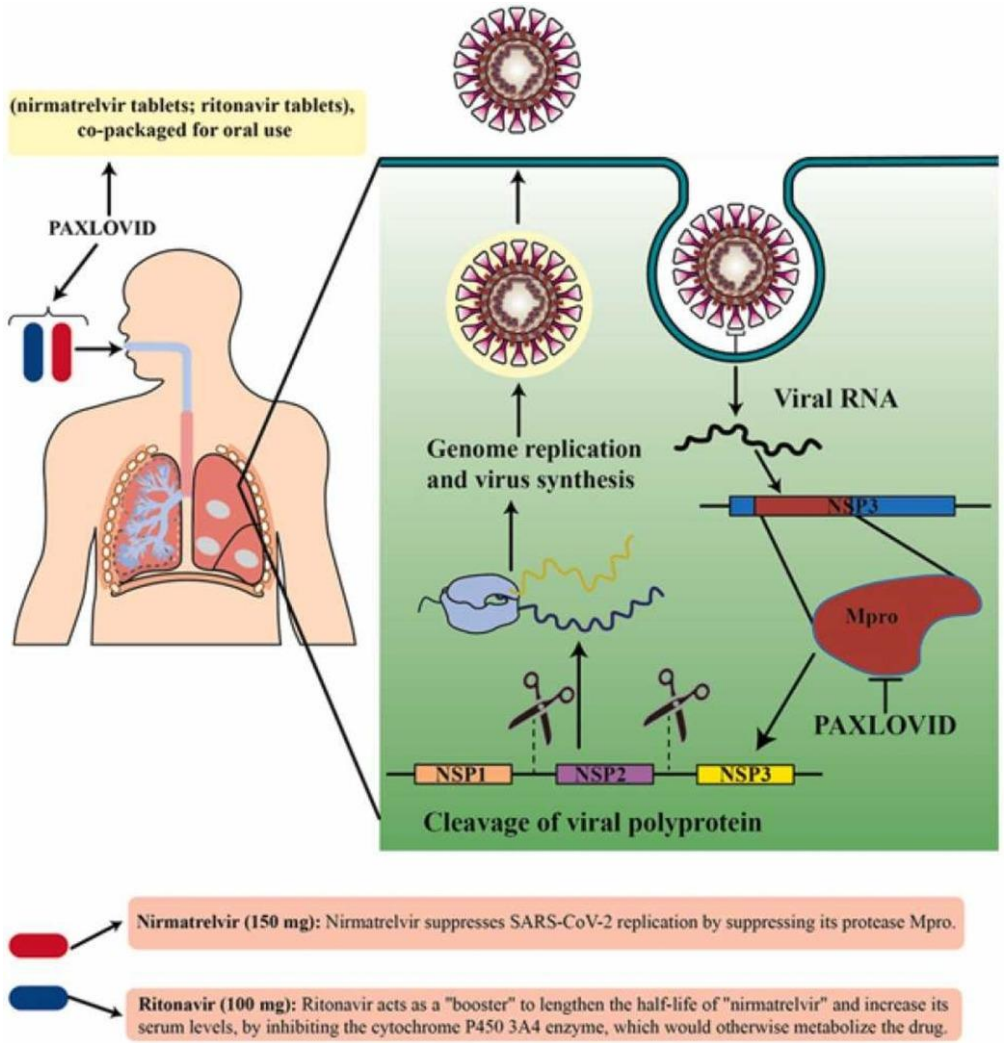
Horisontspaning, influensa antiviraler

- **CD338** (Merck)
  - Fc-konjugerad nukleosidanalog
  - Säsongsprofylax med enstaka sc inj
  - Fas 3-studie pågår (ANCHOR, klar 2027)
- **Onradivir** (Guangdong Raynovent Biotech Co)
  - Hämmar PB2, en del av polymeraskomplexet
  - Godkänd i Kina
- **Enisanium iodide** (Amizon)
  - Polymerashämmare + immunmodulerande effekt?
  - Godkänd i vissa länder
- Flera olika varianter av baloxavir (capendonukleashämmare) under utveckling

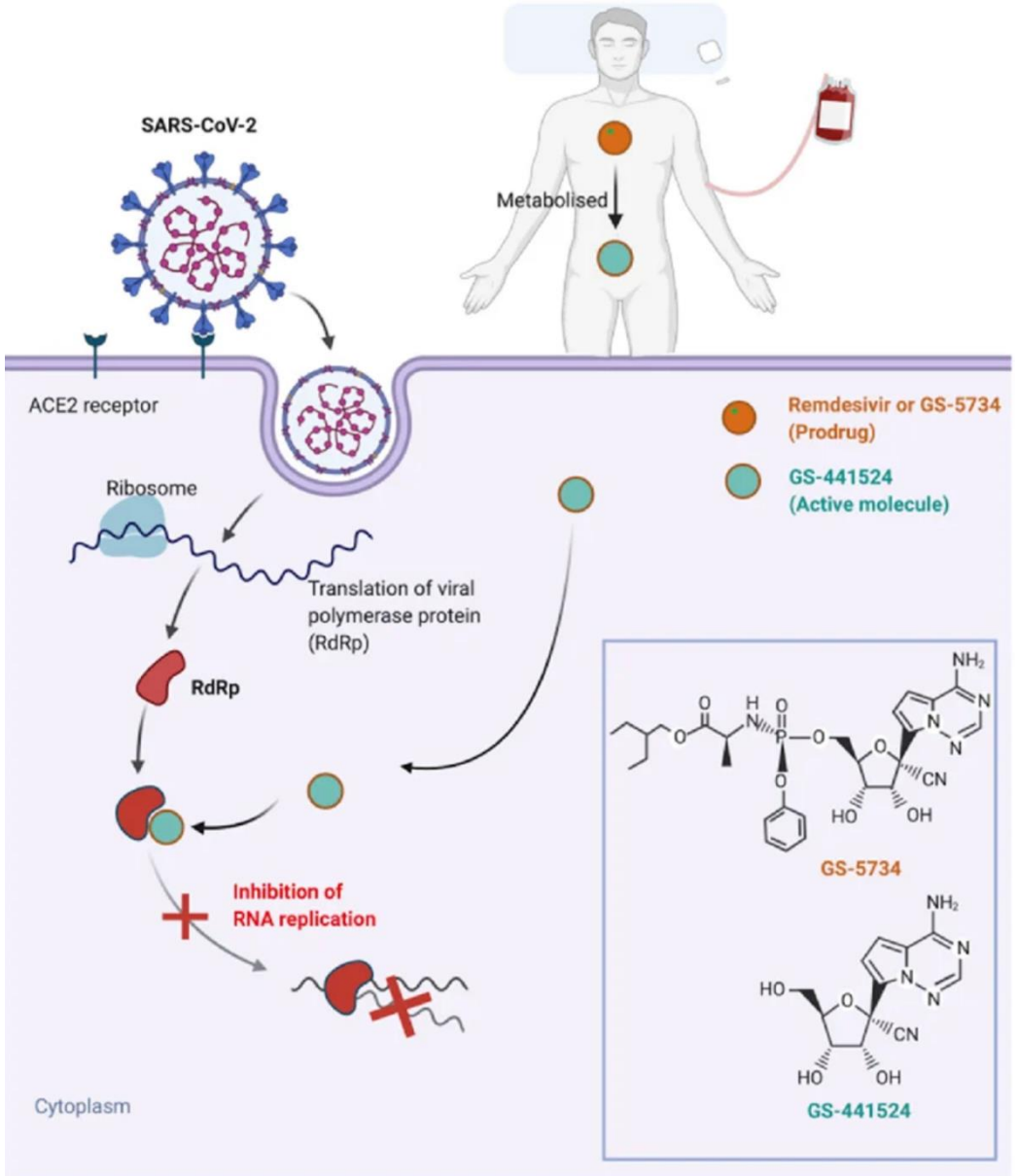
Tillgängliga preparat covid-19

- **Nirmatrelvir/ritonavir (Paxlovid), 5 dagar, peroralt**
- **Remdesivir (Veklury), 3 dagar, iv infusion**
- (Monoklonala antikroppar)
- (Molnupiravir)

Nirmatrelvir-proteashämmare



Remdesivir-polymerashämmare



Tabell 1: Tidig antiviral behandling vid mild-måttlig covid-19.

Komorbiditet	<65 år	65–79 år	≥80 år	Kommentar
Ingen risk eller samsjuklighet med låg risk	Antiviral behandling rekommenderas ej **(IB)**	Antiviral behandling rekommenderas ej **(IB)**	Antiviral behandling bör övervägas **(IB)**	Hög ålder är en oberoende riskfaktor där risken ökar för varje år och är särskilt hög för de allra äldsta.
Samsjuklighet med hög risk*	Antiviral behandling rekommenderas ej **(IIaB)**	Antiviral behandling bör övervägas **(IIaB)**	Antiviral behandling bör övervägas **(IIaB)**	Multipla komorbiditeter stärker indikation för behandling. Se riskfaktorer för svår sjukdom och död*.
Uttalad immunsuppression **	Antiviral behandling bör övervägas **(IIaB)**	Antiviral behandling ska övervägas **(IIaB)**	Antiviral behandling rekommenderas **(IB)**	Multipla komorbiditeter stärker indikation för behandling. Se riskfaktorer för svår sjukdom och död*.

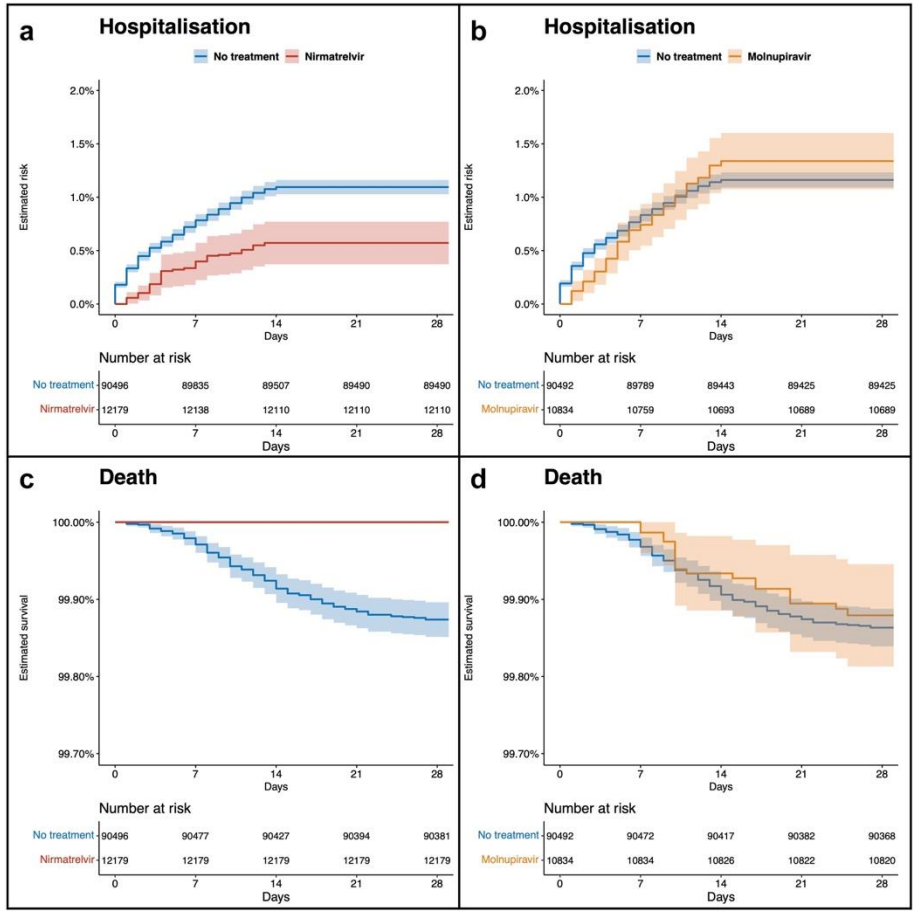
*De tre främsta riskfaktorerna för covid-19-relaterad svår sjukdom och död är:

- hög ålder
- svår och/eller multipla komorbiditeter
- uttalad immunsuppression till följd av sjukdom eller behandling.

Tidig behandling av riskgrupper minskar risk för sjukhusvård och död

www.rav.nu

Antiviraler mot covid-19 i verkligheten



Subgroup	Nirmatrelvir	Control	Adjusted Risk Difference in % (95% CI)
HOSPITALISATION AT DAY 28			
Sex			
Males	5106	39976	−0.54 (−0.91 to −0.16)
Females	7060	50505	−0.52 (−0.84 to −0.20)
Age			
60 years or older	10572	85037	−0.56 (−0.82 to −0.30)
Younger than 60 years	1594	5444	−0.00 (−0.25 to 0.29)
Immunization status			
Active immunization	6476	83292	−0.18 (−0.50 to 0.14)
Expired immunization	5330	32675	−0.73 (−1.06 to −0.40)
No immunization	360	7189	−2.05 (−2.78 to −1.33)

Retrospective cohort study
Vienna, Austria
90 481 untreated controls,
12 166 nirmatrelvir-ritonavir users,
and 10 752 molnupiravir users

Jorda et al, CMI (2025)
https://doi.org/10.1016/j.cmi.2024.10.026

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Oral Nirmatrelvir–Ritonavir for Covid-19 in Higher-Risk Outpatients

C.C. Butler,[1] A.D. Pinto,[2-5] V. Harris,[1] J. Holmes,[1] N.M. Rahman,[6-8] L. Cureton,[1] G. Hayward,[1] D.B. Richards,[9] D.M. Lowe,[10] J.F. Standing,[10] J. Breuer,[11] K. Hood,[12] M.E. Png,[1] S. Petrou,[1] J. Dorward,[1,13] M.G. Patel,[1] N.P.B. Thomas,[14-16] P. Evans,[14,17] N.D. Hart,[18] B.D. Jani,[19] B. Hosseini,[2,4,5] S. Murthy,[20] K. McBrien,[21,22] A. Condon,[23] E.G. McDonald,[24] P. Daley,[25] M. Greiver,[4,26] B.R. da Costa,[5,27] P. Selby,[4,5] P. Jüni,[5,27] T.C. Lee,[24] H. Shi,[28] M.A. Detry,[29] C.T. Saunders,[29] M. Fitzgerald,[29] N.S. Berry,[29] B.R. Saville,[29,30] S.H. Khoo,[31] J.S. Nguyen-Van-Tam,[32] F.D.R. Hobbs,[1] L.-M. Yu,[1] and P. Little,[33] for the PANORAMIC Trial and CanTreatCOVID Trial Collaborative Groups*

Butler et al, NEJM, 2026

- two open-label platform trials (PANORAMIC, UK and CanTreatCOVID, Canada)
- 3516 + 716 participants
- higher-risk adults (≥50 years of age or ≥18 years of age with coexisting conditions)
- tested positive for SARS-CoV-2 and had been unwell for 5 days or less
- 98.% vaccinated
- randomly assigned to nirmatrelvir–ritonavir for 5 days or usual care
- primary outcome: hospitalization or death within 28 days

Primary outcome

Table 2. Primary, Secondary, Safety, and Viral-Load Outcomes in the PANORAMIC Trial.*

Outcome	Nirmatrelvir–Ritonavir	Usual Care	Estimated Treatment Effect (95% Bayesian Credible Interval)
Primary outcome			
Hospitalization or death — no./total no. (%)	14/1698 (0.8)	11/1673 (0.7)	1.18 (0.55–2.62)†
Secondary outcomes			
Early sustained recovery — no./total no. (%)‡	510/1546 (33.0)	330/1492 (22.1)	1.74 (1.48–2.04)†
Time to participant-reported recovery			
Recovered by day 28 — no./total no. (%)	1147/1690 (67.9)	919/1646 (55.8)	
Median days to recovery (IQR)§	14 (7 to not reached)	21 (11 to not reached)	

Table 3. Primary, Secondary, Safety, and Viral-Load Outcomes in the CanTreatCOVID Trial.*

Outcome	Nirmatrelvir–Ritonavir	Usual Care	Estimated Treatment Effect (95% Bayesian Credible Interval)
Primary outcome			
Hospitalization or death — no./total no. (%)	2/343 (0.6)	4/324 (1.2)	0.48 (0.08–2.23)†
Secondary outcomes			
Early sustained recovery — no./total no. (%)‡	191/277 (69.0)	130/245 (53.1)	1.99 (1.40–2.87)†
Time to participant-reported recovery			
Recovered by day 14 — no./total no. (%)	272/345 (78.8)	194/306 (63.4)	

”higher-risk adults” (≥50 years of age or ≥18 years of age with coexisting conditions)

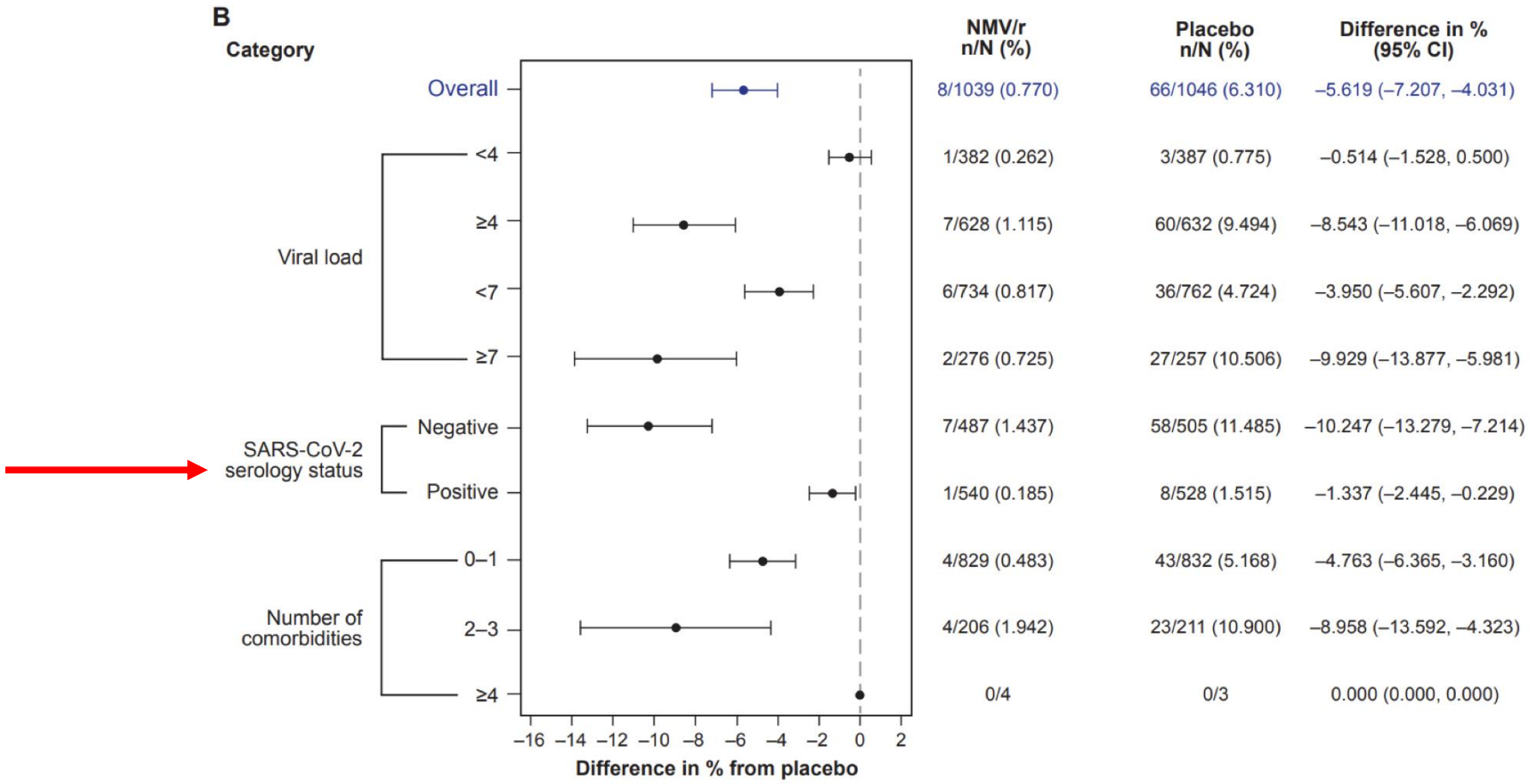
- Coexisting conditions in the CanTreatCOVID trial (≈50%)
  - high blood pressure
  - long-term lung disease
  - long-term heart or vascular disease
  - long-term kidney disease
  - long-term liver disease
  - long-term neurologic disease
  - severe and profound learning disability
  - Down syndrome
  - diabetes mellitus
  - weakened immune system
  - body-mass index at least 35
  - severe menal illness.

Butler et al, NEJM, 2026 **DOI: 10.1056/NEJMoa2502457**

Slutsats, Butler et al

- Alla vaccinerade över 50 behöver inte behandlas för covid-19 med antiviraler
- De som verkligen är immunsupprimerade eller saknar antikroppar kan dock ändå ha nytta av behandling

EPIC-HR, supplementary material

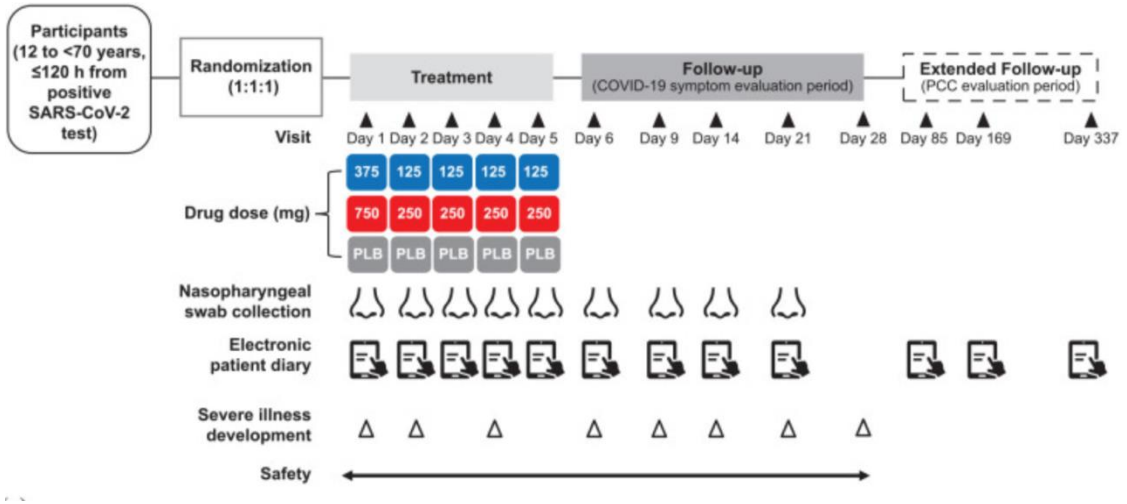


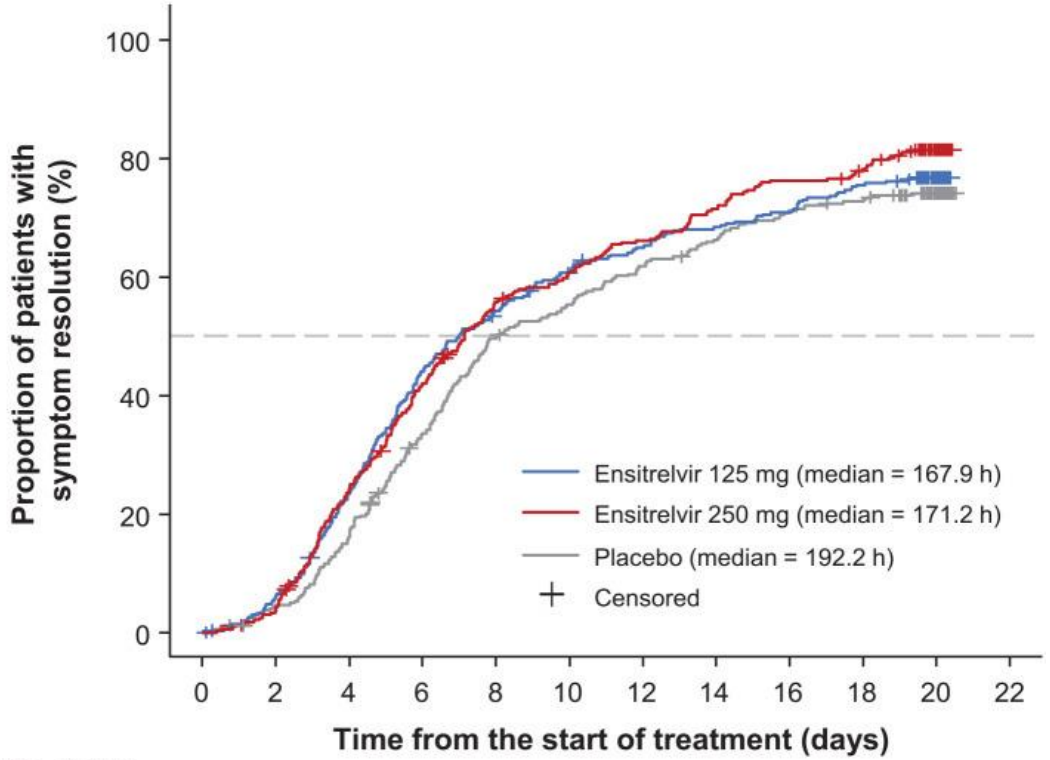
Hammond et al, NEJM, 2022 **DOI: 10.1056/NEJMoa2118542**

Sammanfattning antiviral behandling av covid-19

- Antiviraler finns och har potentiell effekt
- Bäst effekt om antikroppar saknas
- Tidig behandling viktig
- Interaktioner, njursvikt (nirmatrelvir) respektive iv infusion (remdesivir) begränsar användning
- Ju fler riskfaktorer desto mer angeläget med behandling
- Sjukdomen har ändrat karaktär
- Vaccinerade immunfriska har låg risk för allvarligt förlopp
- Kostnadseffektivitet?

Ensitrelvir, mot mild covid-19





No. at risk												
Ensitrelvir 125 mg	336	314	255	186	151	128	113	102	94	79	55	0
Ensitrelvir 250 mg	329	315	247	188	141	124	107	90	75	67	37	0
Placebo	321	304	265	208	158	139	119	104	89	83	52	0

Godkänt i Japan
Profylax?

Mukae et al, Ther Adv Infect Dis (2025), doi: 10.1177/20499361251321724

Horisontspaning, antiviraler mot RSV

- **Zelicapavir** (Enanta)
- Hämmar N-proteinet, viral replication
- Virologisk och klinisk effekt
- Fas 3 data 2027
- **Ziresovir** (ArkBio)
- Hämmar F-protein, fusion
- Klinisk och virologisk effekt på spädbarn i fas 3
- Mer studier på gång