

Dear Colleague

SEASONAL INFLUENZA: USE OF ANTIVIRALS 2012/13

1. We are writing to health professionals to make them aware of recent surveillance information indicating that there is now a substantial likelihood that people presenting with an influenza-like illness are infected with an influenza virus. Accordingly, the purpose of this letter is to advise **that antiviral drugs can now be prescribed for the prevention or treatment of influenza where clinically indicated / appropriate.**

Surveillance Update

2. Health Protection Scotland (HPS) uses information from a range of clinical, virological and epidemiological influenza surveillance schemes to identify periods when there is a substantial likelihood that people presenting with an influenza-like illness are infected with influenza virus.
3. Whilst clinical influenza activity is still low overall in Scotland, virological confirmed influenza activity has started to increase. Also a number of closed setting outbreaks due to acute respiratory infections have been reported suggesting there is evidence indicative of significant community spread of influenza now emerging across Scotland.

Antivirals Usage: At Risk Groups

4. The use of antivirals for the treatment and prophylaxis of seasonal influenza in the community is covered by the National Institute of Health and Clinical Excellence (NICE) technology appraisal guidance, endorsed for use in Scotland by NHS Healthcare Improvement Scotland (NHS HIS). The terms of this guidance are that the use of antivirals in the community for prophylaxis and treatment of patients presenting with influenza-like symptoms are subject to controls limiting their use to circumstances in which there has been documented evidence that influenza virus is circulating in the community.
5. In light of the surveillance picture reported above **the use of antiviral drugs for the prevention or treatment of influenza is now recommended.** Oseltamivir (Tamiflu) continues to be recommended, along with Zanamivir (Relenza), for the prophylaxis and treatment of influenza.

From the Chief Medical Officer and Chief Pharmaceutical Officer
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For action

Chief Executives, NHS Boards
Nurse Directors, NHS Boards
General Practitioners
Practice Managers
Practice Nurses
Health Visitors
Directors of Pharmacy
Immunisation Coordinators
CPHMs
Directors of Public Health
Medical Directors
NHS Boards
Scottish Prison Service
Scottish Ambulance Service
Maternity Services
Consultant Obstetricians

For information

Chairs, NHS Boards
Infectious Disease Consultants
Consultant Paediatricians
Consultant Physicians
Anaesthetists and ITU Physicians
Health Protection Scotland
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6. Antivirals should therefore be **considered** when:

- A person with an influenza-like illness is in an 'at-risk' group (including those over the age of 65) and they can start treatment within 48 hours (or within 36 hours for *zanamivir* treatment in children) of the onset of symptoms, as per licensed indications and;
 - The national surveillance schemes indicate that influenza virus A or B is circulating (as the first part of this letter confirms at paragraph 3).
7. During localised outbreaks of influenza-like illness (outside the periods when national surveillance indicates that influenza virus is circulating in the community), *Oseltamivir* and *Zanamivir* may be offered for the treatment of influenza in 'at-risk' people who live in long-term residential or nursing homes. However, these treatments should be offered only if there is a high level of certainty that the causative agent in a localised outbreak is influenza (usually based on virological evidence of influenza infection in the initial case) and the decision should be made in consultation with local Public Health colleagues.
8. Antivirals should be prescribed in accordance with NICE guidance. The full NICE guidance on the use of antivirals can be accessed at:
- <http://guidance.nice.org.uk/TA168> for treatment, and
 - <http://guidance.nice.org.uk/TA158> for prophylaxis.
9. The NICE Multiple Technology Appraisal (MTA) from Sept 2008 was validated as relevant for NHSScotland and the advice is noted on their website: <http://www.healthcareimprovementscotland.org/default.aspx?page=12891>. MTA 168 was also considered by NHS HIS and the recommendations are valid for Scotland.
10. It should also be emphasised that antiviral drugs are not in any way a substitute for vaccination, which remains the most effective way of preventing illness from influenza. This is particularly important in pregnant women.
11. Generally, at-risk patients who have been vaccinated should not require prophylactic antivirals. However the use of antivirals can be considered in vaccinated patients who present with symptoms.
12. For clinicians treating hospitalised patients with suspected influenza, rapid laboratory confirmation with subtype identification is advised to support patient management.

Antivirals Usage: General Population

13. In November 2010, given the possible risk of those not in clinical risk groups becoming seriously ill, we amended legislation such that prescribers were able to rely on their clinical judgement to prescribe antivirals to any individual and not only those with risk conditions, where clinical judgement would suggest that this would reduce the severity of the course of serious infection.
14. The relevant directions under NHS Circular PCA(M)(2010)22 remain in force (available at: [http://www.sehd.scot.nhs.uk/pca/PCA2010\(M\)22.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2010(M)22.pdf)) and this means clinicians are still able to prescribe antivirals for any individuals, including those not in recognised risk groups.
15. For antiviral prophylaxis in patients in the general population - patients in the general population should not require prophylactic antivirals unless there are exceptional circumstances.
16. For antiviral treatment in patients in the general population - patients in the general population presenting with mild to moderate flu-like symptoms should be advised to take paracetamol and

fluids and to seek further assistance should their condition deteriorate. Those who have severe symptoms should be assessed and considered for antiviral treatment.

Summary guidance on antiviral treatment and prophylaxis of influenza

17. We would also like to remind colleagues that Health Protection Scotland in discussion with colleagues in the Health Protection Agency have provided a summary of issues to consider in using antiviral agents for the treatment and prophylaxis of influenza. This is available at the link below.

- <http://www.hps.scot.nhs.uk/resp/publicationsdetail.aspx?id=53562>

Prescriptions – advice for prescribers for endorsing prescriptions

18. Prescribers are reminded to endorse all prescriptions for antivirals with the reference “SLS”. Pharmacists can only dispense antivirals at NHS expense if this endorsement is made by the prescriber.

Access to antivirals

19. The normal route for prescribing antiviral medication will be through GP10. Community Pharmacies are advised to review their stock levels of antivirals via their wholesalers in response to local demand. Directors of Pharmacy should make sufficient supplies of antivirals available to local Out of Hours services in particular to cover the 2 four-day holiday breaks.

20. In the event of any national shortages of antiviral medicines further advice regarding the use of the national stockpile will be issued.

Infection control guidance in health care settings

21. During the 2009 pandemic, national infection control guidance was adopted. This guidance was based on earlier pandemic-specific guidance which anticipated a pandemic virus which would cause more severe illness. **Now that the pandemic is over, this pandemic-specific guidance no longer applies.**

22. However, the winter may bring increased levels of respiratory viruses circulating in the community and large numbers of people presenting with respiratory symptoms. Therefore, respiratory infection control guidance, i.e. standard infection control and droplet precautions, should continue to apply when caring for people with respiratory infections such as influenza. This includes the use of FFP3 respirators and associated precautions when performing Aerosol Generating Procedures (AGPs) on patients with confirmed or suspected influenza or other severe respiratory illness. This guidance can be found at:

<http://www.hps.scot.nhs.uk/resp/publicationsdetail.aspx?id=46243>

Yours sincerely

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