Directorate of Chief Medical Officer

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The Scottish Government
Riaghaltas na h-Alba

Dear Colleague

SEASONAL INFLUENZA: USE OF ANTIVIRALS 2017-18

1. Recent surveillance information provided by Health Protection Scotland indicates that there is now a substantial likelihood that people presenting with an influenza-like illness are infected with an influenza virus. Accordingly, antiviral drugs can now be prescribed for the prevention or treatment of influenza in the community where clinically indicated/appropriate and in particular, in those who are presenting with severe infection/symptoms where it is evident their use may help reduce overall symptoms and mortality in hospitalised patients.

2. **Annex A** to this letter summarises considerations for the use of antivirals this year.

Effectiveness of Anti-Virals

3. You will be aware of the debate regarding the effectiveness of antivirals in cases of influenza following the 2014 Cochrane Review. The media reporting around the Review suggested that antivirals are not effective for influenza.

4. However, it must be noted that the Cochrane Review consider evidence only from randomised control trials, which by their nature are usually carried out in an otherwise healthy population in the community setting. The Review did not consider the substantial volume of observational data which has been gathered on the use of antivirals in the hospitalised population, which demonstrates a significant reduction in mortality, particularly when antiviral treatment is commenced early.

5. "*Use of neuraminidase inhibitors in influenza*" published in October 2015 by the Academy of Medical Sciences indicates that the use of antivirals can be beneficial in certain situations, but of limited use in others. Additionally, a recent review *"Expert opinion on neuraminidase inhibitors for the prevention and treatment of influenza - review of recent systematic reviews and meta-analyses"* published in August 2017 by the European Centre for Disease

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Directors of Nursing & Midwifery, NHS Boards
Directors of Pharmacy
General Practitioners
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Practice Nurses
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For information
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Prevention and Control (ECDC) indicates that available evidence provides support for the use of NAIs (Neuraminidase Inhibitors) as prophylaxis and treatment and thus they can be considered a reasonable public health measure during seasonal influenza outbreaks.

6. Our advice therefore, in keeping with the findings of the Academy of Medical Science and ECDC studies is that:

   a. Any patient hospitalised with influenza should be given antivirals.

   b. Consider antiviral treatment for all patients in an at-risk category, including pregnant women and those over 65, and those severely immunocompromised. Antivirals should ideally be given within 48 hours of onset of symptoms.

   c. Normally healthy patients who present with flu like symptoms and who do not at the time require hospitalisation should not require antivirals unless there is a risk that they may develop more severe symptoms as a result of the infection or if the flu strain is particularly severe. Similarly, clinical judgement should be used in deciding whether to administer antiviral treatment to healthy children.

   d. There is a paucity of evidence from recent studies to inform a single approach for prophylaxis in care homes. These decisions must therefore be made on a case-by-case basis using clinical judgement and take account of the severity of the outbreak.

   e. Should the strain of seasonal flu circulating in the community increase in virulence or show greater risk of complications and/or death, consideration should be given to prescribing antivirals more widely, both prophylactically and for those displaying symptoms.

Surveillance and Antivirals in the Community

7. The use of antivirals for the treatment and prophylaxis of seasonal influenza in the community is broadly based upon 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 certain controls. These controls limit the use of antivirals to circumstances in which there has been documented evidence that influenza virus is circulating in the community.

8. Health Protection Scotland (HPS) uses information from a range of clinical and virological influenza surveillance schemes to identify when there is a substantial likelihood that people presenting with an influenza-like illness are likely to be infected with influenza virus each flu season.

9. In Scotland, clinical influenza activity is now increasing. Although activity is still at a low level, increases in a number of surveillance indicators including the number of outbreaks in closed settings (e.g care homes and hospital wards), virological detections, and the number of severe cases of influenza, indicates community circulation of influenza is now occurring. Weekly information on the incidence and predominant strain of influenza circulating in Scotland can be found at: http://www.hps.scot.nhs.uk/resp/seasonalInfluenza.aspx.

10. In light of the current surveillance picture reported by HPS, **the use of antiviral drugs for the prevention or treatment of severe cases of influenza is now permitted in the community as outlined at 7 above.** Oseltamivir (Tamiflu) continues to be recommended, along with Zanamivir (Relenza), for the prophylaxis and treatment of influenza.

11. HPS has provided a summary of current guidance on antiviral use and other issues to consider in using antiviral agents for the treatment and prophylaxis of influenza, available at: http://www.hps.scot.nhs.uk/resp/seasonalInfluenza.aspx. This should be read in conjunction with the Scottish addendum http://www.hps.scot.nhs.uk/resourcedocument.aspx?resourceid=3381 that accompanies the document. This draws on evidence and recommendations from Public Health England, WHO, National Institute for Health and Clinical Excellence (NICE), the findings from the Cochrane Review and has been updated to take account of the ECDC recommendations.

Conclusion

12. It should be noted that when HPS indicate that influenza levels have reduced they will recontact you to advise that the use of antivirals in the community should cease.

Yours sincerely

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Treatment advice for at risk individuals

13. Antivirals should now be considered when:
    a) A person with an influenza-like illness is in an 'at-risk'group (including those over the age of 65);

    b) the national surveillance schemes indicate that influenza virus A or B is circulating (as the first part of the letter confirms[1]); and.

    c) 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

14. NICE guidance provides advice regarding prescription of antivirals, and this guidance should be read in conjunction with the approach outlined in paragraph 6 of this letter. The full NICE guidance on the use of antivirals can be accessed at http://www.nice.org.uk/guidance/ta168 for treatment and http://www.nice.org.uk/guidance/ta158 for prophylaxis.

15. Antiviral drugs are not in any way a substitute for vaccination, which remains the most effective way of preventing illness from influenza.

16. For clinicians treating hospitalised patients with suspected influenza, rapid laboratory confirmation with subtype identification is advised to support patient management.

17. Advice on treating those severely immunocompromised patients is contained in the HPS guidance available at: http://www.hps.scot.nhs.uk/resp/seasonalInfluenza.aspx

Treatment advice for the general population

18. In November 2010, legislation was amended 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 infection.

19. 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 and this means clinicians are still able to prescribe antivirals for any individuals, including those not in recognised risk groups and children under one year of age.

20. However, it is expected that the use of antivirals for the general population would only be in exceptional circumstances. 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. **Only those who**

[1] 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.

have severe symptoms should be assessed and considered for antiviral treatment.

21. **There is evidence that antiviral treatment reduces mortality in patients hospitalised with influenza therefore antivirals should be prescribed for such hospitalised patients**.

Prophylaxis advice

22. Patients in the **general population** should not require prophylactic antivirals unless there are exceptional circumstances.

23. Generally, **at-risk** patients who have been vaccinated should not require prophylactic antivirals. However, prophylaxis should be considered if the contact is not adequately protected by vaccination, that is in the below situations:

    a) the individual has not been vaccinated
    b) Or: there have been less than 14 days between vaccination and onset of symptoms
    c) Or: the at-risk condition may reduce the effectiveness of the vaccine (for example in immunocompromised patients)
    d) Or: the vaccination is not well matched to the circulating strain
    e) Or: the individual has been exposed as part of a localised outbreak (such as in a care home) regardless of vaccination status.

Prescribing for children over the age of one year

24. Wherever possible, for children over the age of one year and for adults who are not able to swallow capsules, the appropriate strength of capsules should be prescribed. The contents of the capsules can be emptied and added to a suitable sugary diluent. As far as possible, the liquid preparation should be restricted for children under one year of age. This will support the continuity of the limited supply of the liquid form of Oseltamivir for this vulnerable age group.

Prescribing for Children under One Year of Age

25. Oseltamivir (Tamiflu) is now licensed for treatment of seasonal flu in children of all ages. It is however not licensed for post exposure prophylaxis in children under 1 year. Guidance is available here: http://www.hps.scot.nhs.uk/resp/seasonalInfluenza.aspx

Prescriptions – Advice for Prescribers for Endorsing Prescriptions

26. 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

27. 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.

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