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Dear Colleague

Seasonal Influenza: Use of Antivirals 2019-20

1. Recent surveillance information provided by Health Protection Scotland (HPS) indicates that there is now a substantial likelihood that people presenting with an influenza-like illness in general practice are infected by influenza virus. Accordingly, antiviral drugs can now be prescribed for the prevention or treatment of influenza in the community where clinically indicated, 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. SGHD/CMO(2017)16 sets out the evidence base for the use of antivirals for treatment and prophylaxis and can be found at [https://www.sehd.scot.nhs.uk/cmo/CMO\(2017\)16.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2017)16.pdf).
3. Guidance on antiviral treatment and antiviral resistance testing can be found at:

<https://www.hps.scot.nhs.uk/web-resources-container/phe-guidance-on-use-of-antiviral-agents-for-the-treatment-and-prophylaxis-of-seasonal-influenza/>

<https://www.gov.uk/government/publications/influenza-antiviral-susceptibility-surveillance-and-diagnosis-of-resistance>
4. The advice contained within existing PHE guidance and the Scottish Health Protection Network (SHPN) Addendum should be followed. This guidance draws on evidence and recommendations from Public Health England, the World Health Organisation, National Institute for Health and Clinical Excellence (NICE), the findings from the Cochrane Review and has been updated to take account of the European Centre for Disease Prevention and Control (ECDC) recommendations. The advice can be found at:
<https://www.hps.scot.nhs.uk/web-resources-container/phe-guidance-on-use-of-antiviral-agents-for-the-treatment-and-prophylaxis-of-seasonal-influenza/>

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SGHD/CMO(2019)13

Addresses

For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards
Directors of Public Health, NHS
Boards
Directors of Nursing &
Midwifery, NHS Boards
Directors of Pharmacy
General Practitioners
Practice Managers
Practice Nurses
Health Visitors
Immunisation Co-ordinators
CPHMs
Scottish Prison Service
Scottish Ambulance Service
Maternity Services
Consultant Obstetricians
Occupational Health Leads

For information

Chairs, NHS Boards
Infectious Disease Consultants
Consultant Paediatricians
Consultant Physicians
Anaesthetists and ITU
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5. **In uncomplicated influenza treatment and prophylaxis is usually confined to patients at increased risk of the development of complications of influenza. In the at risk population** (see Annex A) Oseltamivir (Tamiflu) or Zanamivir (Relenza) continue to be recommended for the prophylaxis and treatment of influenza. However the choice of drug in some clinical risk groups is influenced by the dominant influenza strain; early evidence is suggestive of influenza A (H3N2) being dominant in the 2019/20 season and antiviral resistance is less common with this influenza subtype. In the event that influenza A(H1N1)pdm09 virus becomes dominant, there is an increased risk of antiviral resistance. **At risk population, including pregnant women (but excluding the severely immunosuppressed):** Oral oseltamivir is recommended. Do not wait for laboratory confirmation. Treatment should be started as soon as possible, ideally within 48 hours of onset. There is evidence that treatment may reduce the risk of mortality even if started up to 5 days after onset ¹. Starting treatment more than 48 hours after onset is an off-label use of oseltamivir and clinical judgement should be exercised. **In severely immunocompromised patients** Oral oseltamivir PO is the first line treatment, unless the dominant circulating strain has a higher risk for developing oseltamivir resistance, for example influenza A(H1N1)pdm09, in which case use inhaled zanamivir.
6. **In complicated influenza, all patients should receive treatment, often in hospital.** Testing as soon as possible for respiratory viruses including influenza virus is recommended for all patients fulfilling the clinical criteria for complicated infection. Treatment should be started as early as possible; do not wait for laboratory confirmation of influenza virus infection. Ensure that appropriate infection control precautions are applied to the patients (see the National Infection and Prevention Control Manual available at <http://www.nipcm.hps.scot.nhs.uk/> for guidance on precautions to minimize transmission of acute respiratory tract infections in healthcare settings for further details).

Conclusion

7. 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,

Catherine Calderwood

Rose Marie Parr

Dr Catherine Calderwood
Chief Medical Officer

Dr Rose Marie Parr
Chief Pharmaceutical Officer

¹ <https://www.hps.scot.nhs.uk/web-resources-container/phe-guidance-on-use-of-antiviral-agents-for-the-treatment-and-prophylaxis-of-seasonal-influenza/>

SEASONAL INFLUENZA: USE OF ANTIVIRALS 2019/20

Treatment advice for at risk individuals

1. 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 confirms² ; 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.
2. NICE guidance provides advice regarding prescription of antivirals, and this guidance should be read in conjunction with the approach outlined in paragraph 5 and 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.
3. Antiviral drugs are not in any way a substitute for vaccination, which remains the most effective way of preventing illness from influenza.
4. For clinicians treating hospitalised patients with suspected influenza, rapid laboratory confirmation with subtype identification is advised to support patient management.
5. Advice on treating those severely immunocompromised patients is contained in the guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza available at: <https://www.hps.scot.nhs.uk/web-resources-container/phe-guidance-on-use-of-antiviral-agents-for-the-treatment-and-prophylaxis-of-seasonal-influenza/>

Treatment advice for the general population

6. 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.
7. 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

² 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.

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

8. However, it is expected that the use of antivirals for the general population would only be if the clinician feels the individual is at serious risk of developing complications or has developed these complications. 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.
9. There is evidence that antiviral treatment reduces mortality in patients hospitalised with influenza therefore antivirals should be prescribed for such hospitalised patients.

Prophylaxis advice

10. Patients in the **general population** should not require prophylactic antivirals unless there are exceptional circumstances.
11. 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

12. 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

13. 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 on the use of antiviral agents for the treatment and prophylaxis of seasonal influenza is available here: <https://www.hps.scot.nhs.uk/web-resources-container/phe-guidance-on-use-of-antiviral-agents-for-the-treatment-and-prophylaxis-of-seasonal-influenza/>

Prescriptions – Advice for Prescribers for Endorsing Prescriptions

14. 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

15. 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.
16. In the event of any national shortages of antiviral medicines further advice regarding the use of the national stockpile will be issued.