Department of Health & Social Care

Chief Medical Officer (CMO) Alert

Influenza Season 2018/19: Use of Antiviral Medicines

31 December 2018

Alert Reference: CEM/CMO/2018/005

Surveillance data indicates an increase in influenza cases in the community. Prescribers may now prescribe and pharmacists may now supply antiviral medicines for the prophylaxis and treatment of influenza at NHS expense. This is in accordance with NICE guidance, and Schedule 2 to the National Health Service (General Medical Services Contracts (Prescription of drugs etc) Regulations 2004), commonly known as the Grey List or Selected List Scheme (SLS).

Antiviral medicines may be prescribed for patients in "clinical at-risk groups" as well as any who are at risk of severe illness and/or complications from influenza if not treated.

Information on clinical at risk groups and patients eligible for treatment in primary care at NHS expense with either oseltamivir or zanamivir is available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/761841/PHE_guidance_antivirals_influenza_201819.pdf

Hospital clinicians should continue to prescribe antiviral medicines for patients whose illness is confirmed or clinically suspected to be due to influenza, in accordance with PHE guidance for the treatment of complicated influenza.

Professor Jonathan Van Tam
Deputy Chief Medical Officer for England

Dr Keith Ridge
Chief Pharmaceutical Officer for England
Supporting NHS England, Department of Health and Health Education England

Actions

Who: Prescribers & Pharmacies

When: With immediate effect

1. Prescribers working in primary care may now prescribe, and community pharmacists supply, antiviral medicines for the prophylaxis and treatment of influenza.
2. Pharmacists should ensure that supplies are issued to patients promptly to avoid treatment delay. Efficacy of antiviral medicines has been demonstrated when treatment is initiated within two days of first onset of symptoms.
3. Pharmacists should order influenza antiviral medicines in line with local requirements, and should not over order.
4. All frontline healthcare workers should be vaccinated annually against influenza and observe appropriate infection control measures.
5. Clinicians should obtain rapid laboratory confirmation, with subtype identification for clinically suspected influenza in hospitalised patients, and not delay treating with antiviral medicines, in accordance with PHE guidance for complicated influenza.

Any enquiries to: safetyalerts@mhra.gov.uk

Further information:
It is important that adults and children start taking oseltamivir within 2 days of onset of symptoms. For zanamivir, treatment should begin within 48 hours of onset of symptoms for adults and within 36 hours of onset of symptoms for children who are 5 years of age or over.

Prescribing for children over 12 months and adults who are not able to swallow capsules should be at the appropriate dose. The contents of the capsule should be added to a suitable sugary diluent. Where possible oseltamivir powder for suspension should be restricted for children under 12 months of age. This will ensure that there are adequate stocks in the supply chain, for this vulnerable group of patients.

Prescribing for children under 12 months: Oseltamivir is indicated in children including full term neonates who present with symptoms typical of influenza, when influenza virus is circulating in the community. Efficacy has been demonstrated when treatment is initiated within two days of first onset of symptoms.

The summary of Product Characteristics can be found on https://www.medicines.org.uk/emc

NICE guidance on the use of antiviral medicines can be accessed at: http://guidance.nice.org.uk/TA168 for treatment, and http://guidance.nice.org.uk/TA158 for prophylaxis.

PHE guidance on the use of antivirals in patients with complicated influenza, relevant to patients hospitalised with suspected influenza can be found at:: https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents (page 12)

The Department of Health and Social Care is liaising with manufacturers to ensure adequate supplies are available in the NHS.

Pharmacies are asked to not overstock to prevent shortages in the supply chain.

Reports from PHE on influenza activity can be found on the GOV.UK website https://www.gov.uk/government/statistics/weekly-national-flu-reports-2018-to-2019-season

PHE guidance on Infection Prevention and Control (IPC) measures is available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585584/RTI_infection_control_guidance.pdf

PHE guidance on Point of Care (POC) testing is available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/762344/point_of_care_tests_for_influenza_and_other_respiratory_viruses.pdf

Communication:
NHS England Area Teams have been asked to cascade this alert to GPs and community pharmacists.

The alert has also been sent to:
NHS Trusts (England) - Chief Executive
NHS Trusts (England) - Medical Director
NHS Foundation Trusts (England) - Chief Executive
NHS Foundation Trusts (England) - Medical Director
CMO Urgent Messages – Recipients on public health link
CMO Urgent Messages – Non-NHS Recipients on public health link
UK CMO's (Northern Ireland, Scotland, and Wales)
Clinical Commissioning Groups

NHS England, Public Health England and NHS Improvement will assist with cascading information to appropriate professional groups.