



## **Influenza season 2024/25: Use of antiviral medicines**

UKHSA surveillance data indicates that influenza is circulating in the community. While some areas continue to see low levels of influenza activity, surveillance indicators show that activity is increasing in all levels of care and activity is expected to increase further over the coming weeks. The most notable changes have been a significant increase in influenza positivity through laboratory surveillance and an increase in acute respiratory infection outbreaks with a marked increase in those with influenza reported, principally in care homes.

Prescribers working in primary care may now prescribe, and community pharmacists may now supply antiviral medicines (oseltamivir and zanamivir) 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 anyone at risk of severe illness and/or complications from influenza if not treated.

It is important that:

- people start taking oseltamivir within 48 hours 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 old or over.
- Children over 12 months and adults who are not able to swallow capsules can be prescribed oral oseltamivir suspension.
- 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.

Clinical diagnosis of influenza may be challenging given its similarity in presentation to other respiratory viral infections including COVID-19. This situation complicates recommendations for antiviral use based on clinical-epidemiological evidence alone. As such, where available, virological testing should be increasingly considered to guide case management and outbreak response.

For recommendations on testing and for information on clinical at risk groups and patients eligible for treatment in primary care at NHS expense with either oseltamivir or zanamivir please see: [www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents](http://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents)

It is important that pharmacists ensure antiviral medicines are issued to patients promptly. If unable to fulfil the whole prescription, you should consider how best to assist patients gain timely access to antivirals. e.g. whether other community pharmacies locally have stock. If they do, either arrange for the patient to collect the stock from that pharmacy or get the stock transferred to your pharmacy.

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 UKHSA guidance for the treatment of complicated influenza.

Clinicians should obtain rapid diagnostic confirmation, with subtype identification for clinically suspected influenza in hospitalised patients. However, this should not delay treating suspected cases with antiviral medicines, in accordance with UKHSA guidance for complicated influenza.

This authorisation should not impact on participation in, or recruitment to, research including for antivirals which should continue where available as it is important to continue developing our evidence base to improve patient outcomes.

As we are now in the influenza season, it is an important reminder to all health and social care workers to get vaccinated and observe appropriate infection control measures to protect their patients.



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**Chief Medical Officer for England**



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**Chief Pharmaceutical Officer for England**

Additional information:

- Summary of Product Characteristics [www.medicines.org.uk/emc](http://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.
- UKHSA guidance on the use of antivirals in patients with complicated influenza, relevant to patients hospitalised with suspected influenza: [www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents](http://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents)
- Reports from UKHSA on influenza activity [www.gov.uk/government/collections/weekly-national-flu-reports](http://www.gov.uk/government/collections/weekly-national-flu-reports)
- National guidance on Point of Care (POC) testing: [www.gov.uk/government/publications/point-of-care-tests-for-influenza-and-other-respiratory-viruses](http://www.gov.uk/government/publications/point-of-care-tests-for-influenza-and-other-respiratory-viruses)