

**Public Health Link**

**From the Chief Medical Officer for Wales**

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| **Distribution:** As Appendix 1 |
| **From:**  Dr Frank Atherton, Chief Medical Officer |
| **Date:**  2 January 2019 |
| **Reference:** CEM/CMO/2019/1 |
| **Category:** Immediate (cascade within 6 hours) |
| **Title**: **Influenza Season 2018-19** **Use of antivirals now recommended in line with NICE guidance.** |
| **What is this about:** This letter advises that antivirals should now be used in response to recent surveillance data on circulation of influenza. |
| **Why has it been sent:** For your information and to pass on to  colleagues. |

Dear Colleague,

The most recent surveillance data available from Public Health Wales indicates there is now a substantial likelihood that people presenting with an influenza-like illness (ILI) are infected with an influenza virus.

Public Health Wales has reported an increase in general practice consultations for ILI as well as increases in laboratory confirmed cases of influenza in patients from different regions of Wales. To date, influenza A(H1N1)pdm09 has predominated which is a subtype generally associated with cases in younger people. Current information available suggests that the influenza A(H1N1)pdm09 viruses circulating are well-matched to the 2018-19 Northern hemisphere vaccine strain. The strain is included in all influenza vaccines both trivalent and quadrivalent.

The weekly influenza surveillance report can be found at:

[www.publichealthwales.org/flu-activity](http://www.publichealthwales.org/flu-activity)

**Antivirals can now be prescribed by GPs for the treatment and prophylaxis of influenza in those considered to be at risk of complications, in line with NICE recommendations, whether or not they are not in a high risk group.**

**For patients in high risk groups oseltamivir (Tamiflu®) is recommended.**

**Treatment should commence within 48 hours of onset of symptoms in adults or within 36 hours for zanamivir in children.**

**It is recommended that a throat swab is collected to confirm the diagnosis of influenza but treatment should not be delayed to wait for the result.**

**During localised outbreaks of influenza-like illness oseltamivir and zanamivir may be used for post-exposure prophylaxis in at-risk people living in long-term residential or nursing homes, whether or not they are vaccinated. However, this should be done 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 infection with influenza in the index case or cases. In virologically confirmed outbreaks of influenza in this setting, early treatment of subsequent cases of influenza-like illness can prevent more severe outcomes.**

Cases of influenza may continue to present at primary care for a number of weeks or months. The average duration of flu seasons in Wales is 14 weeks based on data from 2010 to 2018. I would therefore also urge practitioners to ensure that vulnerable patients yet to be immunised continue to be offered vaccination as soon as possible.

**NICE Guidance**

Oseltamivir and zanamivir may be used for treatment or prophylaxis of ILI in exposed, unprotected individuals at risk of complications from influenza when influenza virus is circulating. It is important that oseltamivir and zanamivir for adults are taken within 48 hours of onset of symptoms. Children aged between 5 and 13 years of age should take zanamivir within 36 hours of onset of symptoms to obtain maximum benefit.

The full NICE guidance on the use of antiviral medicines can be accessed at:

<http://www.nice.org.uk/guidance/TA168> for treatment, and:

<http://guidance.nice.org.uk/TA158> for prophylaxis.

**Prescribing details**

The Selected List Scheme (Grey List) restricts GPs to prescribing antiviral medicines only when influenza is circulating and only to people in risk groups or who are considered to be at risk of developing medical complications from influenza. This information is set out in [Part XVIIIB of the Drug Tariff](http://www.drugtariff.nhsbsa.nhs.uk/#/00289861-DD/DD00289608/In Wales:) and is applicable to Wales.

Prescribers are reminded to endorse all prescriptions for oseltamivir and zanamivir, with the reference “SLS”. Community pharmacies are only able to dispense NHS prescriptions for oseltamivir and zanamivir if the prescriber endorses the prescription with “SLS”.

Clinicians in secondary care are not subject to the SLS restrictions and can therefore use their clinical judgment to prescribe antiviral medicines when clinically indicated at any time.

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

**Ordering antivirals**

I would urge pharmacies not to over order stocks of antiviral medicines. Over ordering could result in shortages in the supply chain.

**Prescribing for those not able to swallow capsules**

Wherever possible, for children aged one year and over, 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 palatable diluent. Ideally, the suspension should be restricted for children under 1 year of age. This will support the continuity of supply of the liquid form of oseltamivir for this age group.

**Prescribing for children under one year of age**

Oseltamivir is not licensed for the prophylaxis of influenza in children less than one year of age. Prescribing of oseltamivir for this age group for influenza should be based on the judgment of the clinician, after considering the risks and benefits of treatment.

**Vaccination**

The increase in influenza activity also highlights the need to ensure maximum protection through vaccination for those most at risk. The influenza season has now started and cases of influenza will present to primary care or in hospitals throughout the winter and into the spring months. I would therefore recommend that those aged 65 years and over, those under 65 years of age in a risk group, and pregnant women are protected against the complications from influenza with vaccination as soon as possible. Carers of an elderly or disabled individual whose health would be at risk if their carer was ill should also have the annual influenza vaccination.

All children aged 2 and 3 years (on 31 August 2018) are also recommended vaccination in general practice with the nasal spray vaccine Fluenz Tetra®, while children of primary school age 4 have been offered the vaccination in school.

Frontline health and social care workers should also continue to be offered a flu vaccine to protect themselves and vulnerable patients/clients. To date, the uptake of influenza vaccine in frontline healthcare workers is reported as 48.7% across Wales (to end November). I would urge frontline healthcare workers who have not yet had a flu vaccine to contact their occupational health vaccination team (or employer if they work in primary care) and have the vaccine as soon as possible. Care home workers with regular client contact can have the vaccine at local community pharmacies participating in the NHS flu vaccination service, and if they haven’t had it yet should get one soon to help protect themselves and those in their care.

I am grateful for your efforts to increase vaccination uptake so far this season, but there is still time to increase coverage in all groups who should be vaccinated. Please make every effort to check your patients’ vaccine status and offer vaccination wherever necessary.

Yours sincerely,



**Dr Frank Atherton**

**Chief Medical Officer**

 **Appendix 1**

To: NHS Wales Shared Services Partnership to forward to:

 All General Practitioners - please ensure this message is seen by all

 practice nurses and non-principals working in your practice and

 retain a copy in your ‘locum information pack’.

 All Community Pharmacists

 Deputising services

 HB Chief Pharmacists

 HB Prescribing Advisers

###  Independent/Private clinics and Hospitals and Hospices throughout

 Wales

To: Health Boards and NHS Trusts:

Chief Executives

Medical Directors

 Nurse Directors

 Directors of Public Health

 Hospital Principals and Chief Pharmacists

 Onward distribution to:

 Immunisation Leads,

 Infectious Disease Departments

 Acute medical units

 Microbiologists

To: Public Health Wales:

 Chief Executive

 Director of Public Health Services

 Consultants in Communicable Disease Control

 Microbiologists

 Consultant Epidemiologists

 Vaccine Preventable Disease Programme

Cc: NHS Direct Wales

 British Medical Association

 Royal College of GPs

 Royal College of Nursing

 Royal College of Midwives

 Royal Pharmaceutical Society

 Community Pharmacy Wales

 Royal College of Paediatrics and Child Health Wales