

SUMMARY OF PHE GUIDANCE ON USE OF ANTIVIRAL AGENTS FOR THE TREATMENT AND PROPHYLAXIS OF SEASONAL INFLUENZA

Prescribers may now prescribe and pharmacists may now supply antiviral medicines for the prophylaxis and treatment of influenza at NHS expense. [as from 3.12.19]

WHEN TO SUSPECT FLU

Oral or tympanic temperature of 37.8°

PLUS

- New onset of one or more respiratory symptoms:
- Cough (with or without sputum), hoarseness
- Nasal discharge or congestion, shortness of breath
- Sore throat
- Wheezing
- Sneezing

OR

In older people an acute deterioration in physical or mental ability without other known cause

NOTE

- In older people, flu can often present without a fever
- Flu can sometimes cause a milder illness than expected: the severity can depend on the type of flu strain causing the illness and whether or not the infected person has been vaccinated.
- People with chest infections can have flu at the same time as the chest infection: co-infection is not uncommon during the flu season. In 2016-17 many patients with subsequently confirmed flu were initially diagnosed with chest infections rather than flu.

UNCOMPLICATED INFLUENZA:

Influenza presenting with fever, coryza, generalised symptoms (headache, malaise, myalgia, arthralgia) and sometimes gastrointestinal symptoms, but without any features of complicated influenza.

COMPLICATED INFLUENZA:

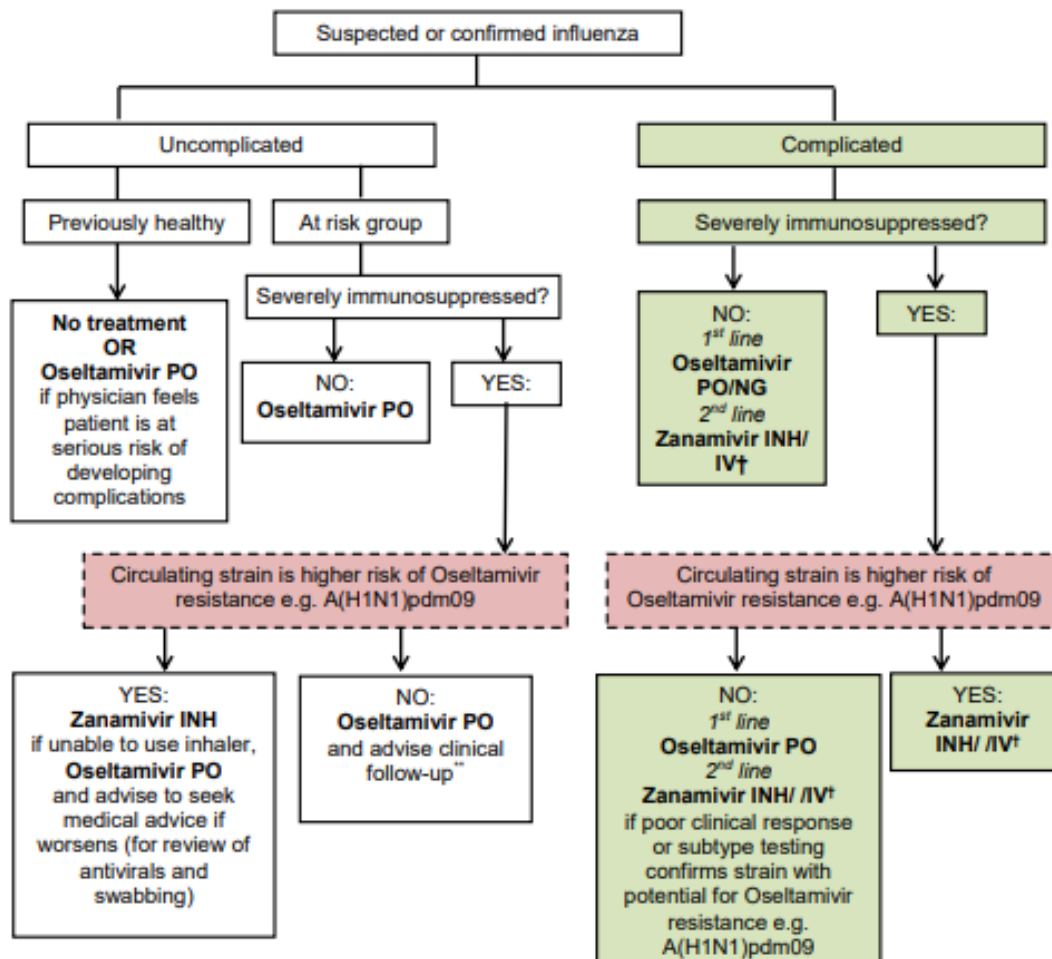
Influenza requiring hospital admission and/or with symptoms and signs of lower respiratory tract infection (hypoxia, dyspnoea, lung infiltrate), central nervous system involvement and/or a significant exacerbation of an underlying medical condition.

SEE LINK BELOW FOR FURTHER DETAIL:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/833572/PHE_guidance_antivirals_influenza_201920.pdf

Appendix 2: Summary algorithm for prescribing antiviral treatment for influenza

Prescribing antivirals for treatment of influenza



Note: Commencing oseltamivir and zanamivir treatment more than 48 hours after symptom onset (36 hours for zanamivir use in children) is an off-label use.

† The following hospitalised patients may be considered for IV zanamivir: patients unable to use inhaled zanamivir; patients who have severe complicated illness such as multi-organ failure

** clinical follow-up – advise patient to seek medical attention if illness worsens. Patient may need to be re-swabbed for influenza testing if this occurs, noting on the form that they are already on antiviral treatment. The circulating influenza strain can be checked via the [National Flu Report](#).

PHE guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza. Version 10.0, September 2019

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/833572/PHE_guidance_antivirals_influenza_201920.pdf

See Appendix 1 attached

PRIMARY CARE GUIDANCE - SEASONAL FLU

Influenza (flu) viral infection affects lungs and airways: headache, fever, cough, sore throat, aching muscles and joints.

ROUTES OF TRANSMISSION

- **Droplet:** Stays in air short time, travel 1–2 m, droplets come into contact with mucous membranes of eyes, nose and mouth and transmit infection.
- **Airborne:** Aerosol generating procedures produce small droplets that remain in the air for longer, go further and transmit infection via mucous membrane or inhalation.
- **Contact:** May be direct or indirect – contact via hands to mucous membranes, can be transferred from hard surface up to 24 hours, and from soft fabrics up to 2 hours.

ISOLATION

- Isolate suspected flu in an isolation room bedroom with door shut
- Limit patient movement, if patient leaves room, e.g. Transported to hospital they should wear a **surgical face mask**
- If the patient is wearing a face mask during transport **HCWs do not wear a mask**

OUTBREAK IN CARE HOME

- Managing outbreak in Care Home guidance – ‘2 or more cases linked by time and place’ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664972/Influenza-like_illness_in_care_homes.pdf
- If flu is suspected within a nursing or residential home contact Public Health England (PHE)
Tel: 0344 225 0562 Option 2
- Swabbing does not dictate outbreak management. If it meets the case definition, as it is known flu is circulating, the recommendation is to treat/prophylax as if it is Flu.

PERSONAL PROTECTIVE EQUIPMENT

Masks

- HCWs caring for patients with a suspected or confirmed Flu should wear a **surgical face mask** when in close contact with the patient (within 1 - 2 metres)
- **Eye protection** where there is a risk of eye exposure to infectious sprays eg. patients with persistent cough or sneezing
- **Surgical face masks** should be removed and disposed of inside the patient / residents room in an clinical waste bag once the healthcare worker is more than 1 m from patient

Aprons

- Wear plastic apron if soiling of uniform with respiratory secretions is anticipated
- Wear gloves if contact with respiratory secretions or contaminated surfaces
- Change plastic apron and gloves and do hand hygiene **between** patients

PATIENT / RESIDENT EDUCATION

- Respiratory hygiene and cough etiquette – cough into elbow or tissues “Catch it, Bin it, Kill it” - Hand hygiene with soap and water
- Visitors made aware of risks and be offered PPE as recommended for staff

Infection control precautions to minimise transmission of acute respiratory tract infections in healthcare settings, PHE October 2016

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/452928/RTI_infection_control_guidance_PHE_v3_FPF_CT_contents2.pdf

Appendix 1

Extracted from: [PHE guidance on use of antiviral agents for the treatment and prophylaxis of influenza v10](#)

Table 3: Recommended oseltamivir treatment dosing in relation to renal function (adults and those aged 13 years or over)

CrCL (mL/min)	Oseltamivir PO Treatment for 5 Days
>60mL/min*	75mg BD
31-60 mL/min*	30mg BD
11-30mL/min*	30mg OD
≤10mL/min++	30mg ONCE
Haemo-dialysis (HD)++	30mg ONCE and then 30mg after every HD session
Continuous Ambulatory Peritoneal Dialysis* (refer to Summary of Product Characteristics for advice in relation to automated peritoneal dialysis [APD] mode)	30mg ONCE
Haemo(dia)filtration++ 1-1.8L/hr exchange rate	30mg OD
Haemo(dia)filtration++ 1.9 – 3.6L/hr exchange rate	30mg BD
Haemo(dia)filtration++ > 3.6L/hr exchange rate	75mg BD

Source: Summary of Product Characteristics updated Feb 2019 (*). The recommendations for haemo-dialysis, haemo(dia)filtration and established renal failure are based on expert opinion (++)

NOTE: It is acknowledged that the some of the advice for dosing in renal impairment presented in Table 3 may differ to the renal drug handbook; however, that dosage information is consistent with the summary of product characteristics provided by the manufacturer, at the time of writing.

Appendix 1

Extracted from: [PHE guidance on use of antiviral agents for the treatment and prophylaxis of influenza v10](#)

2.1 Supplementary information: Prophylaxis

2.1.2 Dosing in patients with renal dysfunction

General considerations about prescribing for renal impairment discussed in the treatment section may also be applicable when prescribing for prophylaxis (see section 1.3.2), except that the dosage of oseltamivir in Table 7 should be used.

Table 7: Recommended oseltamivir prophylaxis dosing in relation to renal function (adults and those aged 13 years or over)

CrCL (ml/min)	Oseltamivir PO prophylaxis for 10 days
>60ml/min*	75mg OD
31-60 mL/min*	30mg OD
11-30mL/min*	30mg every 48 hours
≤10mL/min++	30mg ONCE, repeated after 7 days
Haemo-dialysis (HD)++	30mg ONCE and then 30mg after every second HD session
Continuous Ambulatory Peritoneal Dialysis* (refer to Summary of Product Characteristics for advice in relation to automated peritoneal dialysis [APD] mode)	30mg ONCE, repeated after 7 days
Haemo(dia)filtration++ 1-1.8L/hr exchange rate	30mg every 48 hours
Haemo(dia)filtration++ 1.9-3.6L/hr exchange rate	30mg OD
Haemo(dia)filtration++ >3.6L/hr exchange rate	75mg OD

Source: Summary of Product Characteristics updated Feb 2019 (*). The recommendations for haemo-dialysis, haemo(dia)filtration and established renal failure are based on expert opinion (++)

NOTE: It is acknowledged that the some of the advice for dosing in renal impairment presented here may differ to the renal drug handbook; however, that dosage information is consistent with the summary of product characteristics provided by the manufacturer, at the time of writing.

No difference in prophylaxis dosing for high flux and low flux intermittent haemodialysis (HD) is recommended due to a lack of published clinical data on oseltamivir carboxylate levels in high-flux intermittent HD patients; this advice is expert opinion based on information on pore size, OC molecule size and likely length of HD sessions.

For children aged less than 13 years, adjust the Oseltamivir dose as per the Oseltamivir chapter in the BNF for children: <https://bnfc.nice.org.uk/drug/oseltamivir.html#renalImpairment>