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Dear Colleague

Influenza Season 2010/11 – Use of Antivirals

During the 2009/2010 H1N1 pandemic, oseltamivir (Tamiflu) or zanamivir (Relenza) were recommended for the treatment of all clinically diagnosed cases of influenza. Prophylaxis with oseltamivir and zanamivir was recommended for people who had been in recent close contact with a clinically diagnosed case of influenza and who were either pregnant or had a serious underlying medical condition. Once influenza activity dropped to below baseline levels during 2010, the pandemic-specific recommendations for the use of these antivirals ceased and the NICE guidance on the use of antivirals was reinstated.

The H1N1 (2009) virus is now regarded as one of the group of seasonal influenza viruses in general circulation and therefore the NICE recommendations on the use of antivirals for treatment and prophylaxis will apply during the 2010/11 influenza season.

The Current Position

The purpose of this letter is to inform you that the most recent surveillance data from the Health Protection Agency indicate that there is now a substantial likelihood that people presenting with an influenza-like illness are infected with influenza virus. Oseltamivir continues to be recommended, along with zanamivir, for the prophylaxis and treatment of influenza.

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

From 1 November 2010, the relevant regulations have been updated so that the list of people 'at clinical risk' from seasonal flu and eligible to receive antivirals prescribed by General Practitioners has been extended to include pregnant women. General Practitioners will wish to note the information on use in pregnancy in the Summary of Product Characteristics of both antivirals.

In line with the National Institute of Clinical Excellence (NICE) guidance, the use of antiviral drugs for the prevention or treatment of influenza is now recommended.

Antivirals should therefore be used when:

- A person with a flu-like illness is in an 'at-risk' group and 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 and

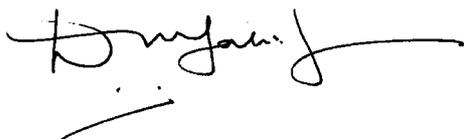
- the national surveillance schemes indicate that influenza virus A or B is circulating (as the first part of this letter confirms)

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).

The full NICE guidance on the use of antivirals can be accessed at: <http://guidance.nice.org.uk/TA168> for treatment, and <http://guidance.nice.org.uk/TA158> for prophylaxis.

I would also like to take this opportunity to highlight the importance of GP practices achieving high uptake of the seasonal flu vaccine among their patients in at-risk groups, pregnant women and healthcare workers.

Yours sincerely

A handwritten signature in black ink, appearing to read 'D M Salisbury', with a long horizontal flourish extending to the right.

Professor D M SALISBURY CB FRCP FRCPCH FFPH
Director of Immunisation