**Publications number:** **GOV-19068**

**Patient Group Direction (PGD) for the supply of inhaled zanamivir (Relenza®) for the treatment of seasonal influenza**

For the supply of zanamivir inhalation powder (Relenza®) for the treatment of seasonal influenza for residents, users and staff of care facilities (with or without nursing), by registered healthcare practitioners identified in [Section 3,](#characteristics) subject to any limitations to authorisation detailed in [Section 2](#section2).

Reference: 20250808 Zanamivir Treatment­­ PGD

Version number: 05.0

Valid from: 08 August 2025

Review date: 08 August 2027

Expiry date: 07 August 2028

**The UK Health Security Agency (UKHSA) has developed this PGD for local authorisation in line with national recommendations.**

Those using this PGD must ensure it is organisationally authorised and signed in Section 2 by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)**[[1]](#footnote-2)**. **The PGD is not legal or valid without signed authorisation in accordance with** [**HMR2012 Schedule 16 Part 2**](http://www.legislation.gov.uk/uksi/2012/1916/schedule/16/part/2/made)**.**

Authorising organisations must not alter, amend or add to the clinical content of this document ([sections 4,](#Section4) [5](#Section5) [and 6](#Section6)); such action will invalidate the clinical sign-off with which it is provided.

As operation of this PGD is the responsibility of commissioners and service providers, the authorising organisation can decide which staff groups, in keeping with relevant legislation, can work to the PGD. Sections 2, 3 and 7 must be completed and amended within the designated editable fields provided, but only for the purposes for which these sections are provided, that is the responsibilities and governance arrangements of the NHS organisation using the PGD. The fields in Section 2 and 7 cannot be used to alter, amend or add to the clinical content. Such action will invalidate the UKHSA clinical content authorisation which is provided in accordance with the regulations.

The final authorised copy of this PGD should be kept by the authorising organisation completing Section 2 for 25 years after the PGD expires. Provider organisations adopting authorised versions of this PGD should also retain copies for 25 years after the PGD expires.

**Individual practitioners must be authorised by name, under the current version of this PGD before working according to it.**

Practitioners and organisations must check they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date. Current versions of UKHSA avian influenza PGDs for authorisation can be found from: [Influenza post exposure prophylaxis and treatment: PGD templates - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/influenza-post-exposure-prophylaxis-and-treatment-pgd-templates)

Any queries regarding the content of this PGD should be addressed to: [immunisation.resp\_viruses@ukhsa.gov.uk](mailto:immunisation.resp_viruses@ukhsa.gov.uk)

Enquiries relating to the availability of organisationally authorised PGDs and subsequent versions of this PGD should be directed to: insert local contact details

**Change history**

|  |  |  |
| --- | --- | --- |
| **Version number** | **Change details** | **Date** |
| 01.00 | Original PGD template developed | January 2016 |
| 02.00 | * inclusion criteria expanded to include care facilities, those with chronic kidney disease at stage three, four or five, morbid obesity (defined as a BMI of 40 and above), pregnant women at any stage of pregnancy (first, second or third trimesters) and use after 48 hours of onset of symptoms if advised by the local PHE Centre HPT. * additional information on pregnancy and breastfeeding * additional information on bronchospasm * no dose modification is required for individuals with impaired renal or hepatic function or in older individuals * updated references * updated standard wording for consistency with PHE PGD templates | June 2018 |
| 03.00 | * removal of pregnant women at any stage of pregnancy (first, second or third trimesters) and up to 2 weeks post-partum from [inclusion criteria](#inclusion) * addition of milk protein allergy, pregnancy and breastfeeding to [exclusion criteria](#exclusion) following update to SPC | December 2018 |
| 04.00 | * criteria for inclusion: risk groups updated to align with the Green Book [Chapter 19](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19). Pregnancy and breastfeeding added * criteria for exclusion: removed pregnancy and breastfeeding, unstable medical conditions, severely unwell, new or worsening breathing difficulties or chest pain and added note under additional information * criteria for exclusion: added those taking oseltamivir * minor wording changes in line with standard UKHSA PGD text; change from PHE to UKHSA, updated references | 8 August 2022 |
| 05.00 | * updated standard wording for consistency with UKHSA PGD templates * characteristics of staff updated to include allied health care professionals and pharmacy technicians * clinical condition where PGD applies: circumstances updated, definition of ILI aligned with UKHSA management of acute respiratory infection outbreaks in care homes guidance, age defined as per NHSE annual flu letter, treatment initiation window for children aligned to SPC * inclusion criteria: positive test result for influenza * additional information: pregnancy and breastfeeding information updated * adverse reactions: common and less common side effects updated in line with SPC, neuropsychiatric events added * referral to non-medical prescribers added where referral to medical practitioner mentioned * references updated | 8 August 2025 |

1. **PGD development**

This PGD has been developed by the following on behalf of the UKHSA:

|  |  |  |  |
| --- | --- | --- | --- |
| **Developed by:** | **Name** | **Signature** | **Date** |
| **Pharmacist**  (Lead author) | Shilan Ghafoor  Lead Pharmacist - Medicines Governance, UKHSA |  | 8 August 2025 |
| **Doctor** | Dr Matthew Donati  Consultant Medical Virologist, UKHSA SW Regional Clinical Network Laboratory and Severn Infection Sciences |  | 8 August 2025 |
| **Registered nurse** | Lesley McFarlane  Lead Immunisation Nurse Specialist, Immunisation Programmes Division, UKHSA |  | 8 August 2025 |

This PGD has been peer reviewed by the Seasonal influenza PGD Expert panel in accordance with the UKHSA PGD Policy. It has been agreed by the UKHSA Medicines Governance Group and ratified by the UKHSA Clinical Quality and Oversight Board.

**Expert panel**

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| --- | --- |
| **Name** | **Designation** |
| Dr Jamie Lopez Bernal | Chair, Consultant Epidemiologist, UKHSA |
| Dr Conall Watson | Consultant Epidemiologist – influenza and seasonal respiratory viruses, Immunisation & Vaccine-Preventable Diseases Division, UKHSA. Registered pharmacist |
| Dr Jamie Lopez Bernal | Consultant Epidemiologist, UKHSA |
| Mark Borthwick | Consultant Pharmacist, Oxford University Hospitals NHS Foundation Trust |
| Gemma Hudspeth | Senior Health Protection Practitioner, North East & Yorkshire Region, UKHSA. Registered nurse |
| Jo Jenkins | Associate Director Medicines Governance, Medicines Use and Safety, NHS Specialist Pharmacy Service |
| Michelle Jones | Principal Medicines Optimisation Pharmacist, NHS Bristol North Somerset and South Gloucestershire Integrated Care Board |

1. **Organisational authorisations**

The PGD is not legally valid until it has had the relevant organisational authorisation.

It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

**Insert authorising body name** authorises this PGD for use by the services or providers listed below:

|  |
| --- |
| Authorised for use by the following organisations and/or services |
| For instance, NHSE services |
| Limitations to authorisation |
| For instance any local limitations the authorising organisation feels they need to apply in-line with the way services are commissioned locally. This organisation does not authorise the use of this PGD by … |

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| --- | --- | --- | --- |
| **Organisational approval (legal requirement)** | | | |
| **Role** | **Name** | **Sign** | **Date** |
| Complete eg NHSE Governance Lead, Medical Director |  |  |  |

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| **Additional signatories according to locally agreed policy** | | | |
| **Role** | **Name** | **Sign** | **Date** |
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Section 7 provides a practitioner authorisation sheet. Individual practitioners must be authorised by name to work to this PGD. Alternative practitioner authorisation sheets may be used where appropriate in accordance with local policy, but this should be an individual agreement, or a multiple practitioner authorisation sheet as included at the end of this PGD.

1. **Characteristics of staff**

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| **Qualifications and professional registration** | To be completed by the organisation authorising the PGD for instance: Registered professional with one of the following bodies:   * nurses currently registered with the Nursing and Midwifery Council (NMC) * allied health care professionals currently registered with the Health and Care Professions Council (HCPC) but must be one of the registered professionals who can legally supply and administer under a PGD * pharmacists and pharmacy technicians currently registered with the General Pharmaceutical Council (GPhC) * additional registered healthcare professionals to be added by organisation authorising the PGD   The practitioners above must also fulfil the [Additional requirements](#Additionalrequirements) detailed below.  Check [Section 2 Limitations to authorisation](#limitations) to confirm whether all practitioners listed above have organisational authorisation to work under this PGD. |
| **Additional requirements** | Additionally practitioners:   * must be authorised by name as an approved practitioner under the current terms of this PGD before working to it * must have undertaken appropriate training for working under PGDs for supply/administration of medicines for example [Patient Group Directions - elearning for healthcare (e-lfh.org.uk)](https://www.e-lfh.org.uk/programmes/patient-group-directions/) * must be competent in the use of PGDs (see [NICE Competency framework](https://www.nice.org.uk/guidance/mpg2/resources) for health professionals using PGDs) * must be familiar with the product and alert to changes in the Summary of Product Characteristics (SPC) * must be competent to assess the individual and discuss treatment options * must have undertaken training appropriate to this PGD as required by local policy * must have access to the PGD and associated online resources * should fulfil any additional requirements defined by local policy * authorising organisation to insert any additional requirements   **The practitioner must be authorised by name, under the current version of the PGD, before working according to it.** |
| **Continued training requirements** | Authorising organisation to insert any continued training requirements**.** |

**Note:** The authorising organisation should ensure that staff working with this PGD are trained in addressing issues of consent, including those individuals with dementia. The healthcare professional working under this PGD should follow their existing organisational procedures in relation to consent.

1. **Clinical condition or situation to which this PGD applies.**

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| **Clinical condition or situation to which this PGD applies** | Treatment of influenza A and/or B:   1. When **all** of the following circumstances apply:  * there is indication that influenza virus is circulating in the community**[[2]](#footnote-3)**, such as UKHSA surveillance or advice from the Chief Medical Officer (CMO) or Department of Health and Social Care **and** * the person is in an ‘at-risk’ group, including being aged 65 years and over**[[3]](#footnote-4)** (see [inclusion criteria](#inclusion)) **and** * the person has an ‘influenza-like illness’ (ILI)**[[4]](#footnote-5)** and can start treatment within 48 hours of the onset of symptoms (36 hours for children under 18 years of age)  1. Outside the periods when surveillance indicates that influenza virus is circulating in the community, if there is an outbreak of an ILI in a long-term residential or nursing home (care homes), zanamivir may be offered to ‘at risk’ residents and ‘at risk’ staff as part of treatment for those who have symptoms of influenza. This is regardless of vaccination status. However, this should only be done 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.   UKHSA Health Protection Teams (HPTs) will advise on whether influenza is the likely causative agent. |
| **Criteria for inclusion**  Continued overleaf  **Criteria for inclusion**  (continued) | This PGD will come into force only when either there is an indication that influenza virus is circulating in the community or when, in a localised outbreak, there is a high level of certainty that the causative agent is influenza, as advised by the local HPT.  Individuals must:   * 1. Be a resident or user of a care facility or staff working in a care facility **and**   2. Be exhibiting signs or symptoms of an influenza-like illness (ILI) or confirmed to have tested positive for influenza **and**   3. Either be aged 65 years and over (regardless of risk group) **or,** if aged 13 – 64 years, must be in one of the defined risk groups below: * chronic (long-term) respiratory disease. However, those with asthma or COPD requiring regular inhaled or systemic steroids are excluded; see [criteria for exclusion](#exclusion) * chronic heart disease or vascular disease such as heart failure * chronic liver disease * chronic kidney disease (CKD) at stage three, four or five**[[5]](#footnote-6)** * chronic neurological disease such as Parkinson’s disease or motor neurone disease, or learning disability * diabetes or adrenal insufficiency * immunosuppression due to disease or treatment (refer to [the Green Book Chapter 19)](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19) * asplenia or dysfunction of the spleen * morbid obesity (defined as a BMI of 40 and above) * any other clinical risk group, as listed in [the Green Book chapter 19,](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19) that puts the individual at risk of complications of influenza * pregnant women at any stage of pregnancy (first, second or third trimesters) and up to 2 weeks post-partum (see [Additional information)](#additionalinfopregnancy)  1. Be able to begin therapy within 48 hours of the onset of the symptoms. Alternatively, supply can be considered after 48 hours of the onset of symptoms, when the local HPT or specialist in infection such as a medical microbiologist, virologist or specialist in infectious disease advises this could be considered**[[6]](#footnote-7).** Note such supplies are not being directed (see [footnote 6](#footnote6) below). This is a clinical decision which rests with the practitioner working under this PGD and this is [off-label use.](#offlabel) |
| **Criteria for exclusion[[7]](#footnote-8)**  Continued overleaf  **Criteria for exclusion** (continued) | Individuals will not be considered for treatment with zanamivir under this PGD if the following criteria apply:   * they are not a resident or user of or working in a care facility * they are less than 13 years of age * they have a known allergy to zanamivir or any of the excipients in the preparation, including lactose. Individuals with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not use zanamivir (Relenza®) * they have milk protein allergy * they have been symptomatic with this episode of ILI for more than 48 hours, unless initiation is advised by the local HPT or infection specialist (see [footnote 6](#footnote6)) * they have disturbance of consciousness, delirium or excessive drowsiness * they have asthma or COPD requiring regular oral or inhaled corticosteroids, due to the increased risk of bronchospasm * they are unable to use the inhaler device * they are taking oseltamivir or baloxavir |
| **Action to be taken if the individual or their carer declines treatment** | Advise the individual or their carer of the possible consequences of refusing the treatment, the protective effects of the treatment, the risks of infection, the risks of spreading the disease to others in the care facility, disease complications and alternative sources of treatment.  Consider if the individual is suitable for treatment with oseltamivir or refer to the local HPT or a specialist in infection such as a medical microbiologist, virologist or specialist in infectious disease for further guidance.  Document the refusal and the advice given in the individual’s patient record.  Inform the care home manager andthe GP or care home doctor without delay.  These individuals should be managed with bed rest, fluids and symptomatic remedies such as analgesics or referred to NHS services if necessary.  All individuals and their carers should be advised to seek medical advice if symptoms worsen or do not improve within a week. |
| **Action to be taken if the individual is excluded** | Some individuals excluded under this PGD may still be suitable for treatment with zanamivir if clinically assessed and prescribed.  Consider if the individual is suitable for treatment with oseltamivir (see PGD for treatment with oseltamivir in care facilities).  Any individual excluded under this PGD who is clinically assessed as requiring treatment and who is not suitable for treatment with oseltamivir should be referred to local NHS services for advice without delay.  If more than 48 hours from symptom onset and there is no advice in place from the local HPT or a specialist in infection such as a medical microbiologist, virologist or specialist in infectious disease, the HPT should be consulted or advice sought from a medical or non-medical prescriber. |
| **Additional information**  Continued overleaf  **Additional information** (continued) | If an individual is severely unwell, has new or worsening breathing difficulties, chest pain or is otherwise medically unstable and may be at risk of hospitalisation, initiate the antiviral but ensure the individual is referred for assessment by an appropriate clinician, typically a doctor.  It is normal practice to administer only one neuraminidase inhibitor to an individual at a time. Therefore supply either zanamivir or oseltamivir but not both and confirm another neuraminidase inhibitor or baloxavir has not been prescribed.  Zanamivir (Relenza®) is recommended as first line therapy (unless the individual is unable to use inhalers) in the following circumstances:   * if the HPT has advised the confirmed or dominant circulating influenza strain is higher risk for oseltamivir resistance and the individual is immunocompromised**[[8]](#footnote-9)** * the individual is known to or is strongly suspected to have oseltamivir resistant influenza whether immunocompromised or not.   Although the SPC states the efficacy and safety of zanamivir (Relenza®) has not been established in immunocompromised individuals due to limited data, and the efficacy of zanamivir for the treatment of individuals aged 65 years and over has not been established, nevertheless, when treatment with oseltamivir is contraindicated or there is a high risk of oseltamivir resistant influenza, treatment with zanamivir should be considered in these cohorts.  **Pregnancy:** the SPC states that systemic exposure to zanamivir is low following administration by inhalation but, as a precautionary measure, it is preferable to avoid the use of zanamivir (Relenza®) during pregnancy, unless the clinical condition of the woman is such that the potential benefit to the mother significantly outweighs the possible risk to the foetus. The [UK Teratology Information Service](https://uktis.org/monographs/use-of-zanamivir-in-pregnancy/) states that theavailable data relating to zanamivir exposure in human pregnancy do not indicate increased risk of adverse pregnancy outcome. However, the published data is limited**[[9]](#footnote-10)**.  **Breastfeeding:** The SPC states a decision must be made whether to discontinue breastfeeding or to discontinue or abstain from zanamivir (Relenza®) therapy, taking into account the benefit of breastfeeding for the child and the benefit of therapy for the woman. However, [SPS: Using oseltamivir and zanamivir during breastfeeding](https://www.sps.nhs.uk/articles/using-oseltamivir-and-zanamivir-during-breastfeeding/#:~:text=%E2%80%A2Using%20oseltamivir%20and%20zanamivir%20during%20breastfeeding) states zanamivir is considered acceptable for use those who are breastfeeding. There are no data on zanamivir use during lactation, but based on limited oral bioavailability, the systemic exposure of a breastfed infant from breast milk is expected to be insignificant.  As a precaution, infants should be monitored for vomiting and skin reactions. |

1. **Description of treatment**

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| **Name, strength and formulation of drug** | [Zanamivir inhalation powder 5mg / dose](https://www.medicines.org.uk/emc/product/3809) (Relenza®) |
| **Legal category** | POM - Prescription only medicine |
| **Black triangle▼** | No |
| **Off-label use** | Yes:   * when used outside the periods when national surveillance indicates that influenza virus is circulating generally in the community - see footnote below**[[10]](#footnote-11)** * when supplied after 48 hours of the onset of symptoms (or 36 hours in children under 18 years of age)   Where a product is recommended off-label, consider, as part of the consent process, informing the individual/carer the product is being offered in accordance with national guidance but that this is outside the product licence. |
| **Route / method of administration** | Inhalation of powder via *Diskhaler*® (provided with the pack). See [patient information leaflet](https://www.medicines.org.uk/emc/product/3809/pil) (PIL) for instructions on how to use the *Diskhaler®.* |
| **Dose and frequency of administration** | Two inhalations (2 x 5 mg blisters) twice a day  Treatment should be initiated as soon as possible within 48 hours of onset of symptoms  No dose modification is required for individuals with impaired renal or hepatic function or in older individuals |
| **Duration of treatment** | 5 (five) days |
| **Quantity to be supplied** | One pack: contains 5 disks each containing 4 blisters of zanamivir 5 mg/blister, with *Diskhaler*® device. |
| **Storage** | Do not store above 30oC. |
| **Disposal** | Any unused product or waste material should be disposed of in accordance with local arrangements |
| **Drug interactions** | None reported. |
| **Identification & management of adverse reactions**  Continued overleaf  **Identification & management of adverse reactions** (continued) | The most common side effect reported is rash, the less common side effects include urticaria, bronchospasm, dyspnoea and throat tightness/constriction.  There have been very rare reports of individuals being treated with zanamivir who have experienced bronchospasm and/or decline in respiratory function which may be acute and/or serious. Some of these individuals did not have any previous history of respiratory disease. Any individuals experiencing such reactions should discontinue zanamivir and seek medical evaluation immediately.  Individuals with asthma or COPD requiring regular oral or inhaled corticosteroids are excluded from this PGD due to the increased risk of bronchospasm with zanamivir.  Neuropsychiatric events have been reported during administration of zanamivir (Relenza®) in patients with influenza, especially in children and adolescents. Therefore, patients should be closely monitored for behavioural changes and seek medical evaluation immediately if this occurs.  A detailed list of adverse reactions is available in the [SPC](https://www.medicines.org.uk/emc/product/3809/smpc) |
| **Reporting procedure of adverse reactions** | Document any reported adverse reaction to the product in the individual’s medical records  Alert an appropriate clinician in the event of a serious adverse reaction  Report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the [Yellow Card](http://yellowcard.mhra.gov.uk) reporting scheme or search for MHRA Yellow Card in the Google Play or Apple App Store |
| **Written information to be given** | Supply the marketing authorisation holder's [patient information leaflet](https://www.medicines.org.uk/emc/product/3809/pil) (PIL). Where applicable, inform the individual or their carer that the PIL with large print, Braille or audio CD may be ordered from the manufacturer (see [electronic medicines compendium](https://www.medicines.org.uk/emc)). |
| **Advice /follow up** | Inform the individual or their carer:   * to read the PIL before using the medication * of any possible side effects and their management * to seek advice if common side effects do not spontaneously resolve 48 hours after presentation * to seek medical advice in the event of a severe adverse reaction, if breathing difficulties develop or if general health rapidly worsens * to complete the course   Promote bed rest, fluids and symptomatic remedies such as analgesics  Advise to isolate or stay away from work to prevent transmission |
| **Special considerations / additional information** | Use of zanamivir is not a substitute for influenza vaccination. The protection against influenza lasts only as long as zanamivir is administered.  Zanamivir may be supplied to individuals as an alternative to oseltamivir when the likely influenza strain is higher risk for oseltamivir resistance or an exclusion to oseltamivir applies. |
| **Records**  Continued overleaf  **Records** (continued) | Record:   * whether valid informed consent was given or a decision to supply was made in the individual’s best interests in accordance with the [Mental Capacity Act 2005](https://www.legislation.gov.uk/ukpga/2005/9/contents) * name of the individual, address, date of birth and their GP * name of the member of staff who supplied the product * name and brand of product * date of supply * dose, form and route of administration of product * quantity supplied * batch number and expiry date * advice given; including advice given if the individual is excluded or declines treatment * details of any adverse drug reactions and actions taken * the medicine was supplied via PGD   All records should be signed and dated, contemporaneous, clear and legible.  A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy  Inform the individual’s GP that zanamivir has been supplied under this PGD |

1. **Key references**

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| **Key references** | * [Summary of Product Characteristics](https://www.medicines.org.uk/emc/product/3809/smpc) accessed July 16 June 2025 * [NICE guidelines on the use of amantadine, oseltamivir and zanamivir for the treatment of influenza TA168](https://www.nice.org.uk/guidance/ta168) last reviewed 30 November 2014 * [UKHSA Guidance on Influenza-like illness (ILI): managing outbreaks in care homes](https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes) updated July 2024 * [Specialist Pharmacy Service: Using oseltamivir and zanamivir during breastfeeding](https://www.sps.nhs.uk/articles/using-oseltamivir-and-zanamivir-during-breastfeeding/) updated 12 October 2023 * [UKHSA guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1037465/ukhsa-guidance-antivirals-influenza-11v4.pdf), Version 11, November 2021 * [Green Book Chapter 19 Influenza](https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19) Updated 28 May 2025 * [NICE Chronic kidney disease: assessment and management NICE Guidance (NG203)](https://www.nice.org.uk/guidance/ng203/chapter/Recommendations#classification-of-ckd-in-adults) updated 24 November 2021 * [NICE Medicines Practice Guideline 2 (MPG2): Patient Group Directions](https://www.nice.org.uk/guidance/mpg2)  updated 27 March 2017 * [NICE MPG2 Patient group directions: competency framework for health professionals using patient group directions](https://www.nice.org.uk/guidance/mpg2/resources) updated 27 March 2017 * [Health Technical Memorandum 07-01: Safe and Sustainable Management of Healthcare Waste](https://www.england.nhs.uk/estates/health-technical-memoranda/) NHS England updated 7 March 2023 |

1. **Practitioner authorisation sheet**

**Zanamivir Treatment PGD v05.00 Valid from: 08/08/2025 Expiry: 07/08/2025**

**Before signing this PGD, check that the document has had the necessary authorisations in section two. Without these, this PGD is not lawfully valid.**

**Practitioner**

By signing this PGD you are indicating that you agree to its contents and that you will work within it.

PGDs do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

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| I confirm that I have read and understood the content of this PGD and that I am willing and competent to work to it within my professional code of conduct. | | | |
| Name | Designation | Signature | Date |
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**Authorising manager**

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| I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of **insert name of organisation** for the above-named health care professionals who have signed the PGD to work under it. | | | |
| Name | Designation | Signature | Date |
|  |  |  |  |

**Note to authorising manager**

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this PGD

1. This includes any relevant amendments to legislation [↑](#footnote-ref-2)
2. The UKHSA uses information from a range of clinical, virological and epidemiological influenza surveillance schemes to identify periods when there is a substantial likelihood that people presenting with an influenza-like illness are infected with influenza virus [↑](#footnote-ref-3)
3. For definition, please see the annual flu letter for the coming/current season, which is also linked in the Green Book chapter 19 [↑](#footnote-ref-4)
4. [UKHSA ILI](https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes/management-of-acute-respiratory-infection-outbreaks-in-care-homes-guidance) case definition is temperature of ≥37.8°C and acute onset of one or more of: cough (with or without sputum), sore throat, coryza (nasal discharge or congestion), shortness of breath, hoarseness, sneezing, wheezing or alternatively an acute deterioration in physical or mental ability without other known cause. Note: >40% of older persons with influenza will not develop a fever of this magnitude. [↑](#footnote-ref-5)
5. [Chronic kidney disease: assessment and management NICE Guidance (NG203)](https://www.nice.org.uk/guidance/ng203/chapter/Recommendations" \l "classification-of-ckd-in-adults) [↑](#footnote-ref-6)
6. The practitioner making the supply under this PGD remains professionally accountable and clinically responsible for ensuring a supply is appropriate for an individual as assessed under this PGD. Where the HPT advise a course of treatment can be considered, they are not directing that the supply must be made – this is a clinical decision that rests with the practitioner working under this PGD [↑](#footnote-ref-7)
7. Exclusion under this Patient Group Direction does not necessarily mean the medication is contraindicated, but it would be outside the remit of the PGD and another form of authorisation will be required [↑](#footnote-ref-8)
8. For definition of immunocompromised see [Green Book Chapter 19](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931139/Green_book_chapter_19_influenza_V7_OCT_2020.pdf) [↑](#footnote-ref-9)
9. [Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1058443/ukhsa-guidance-antivirals-influenza-11v4.pdf) [↑](#footnote-ref-10)
10. The product licence covers treatment of influenza *when influenza virus is circulating in the community.* However [NICE guidelines](https://www.nice.org.uk/Guidance/ta158) recommend zanamivir can be used during localised outbreaks of ILI *outside the periods when national surveillance indicates that influenza virus is circulating generally in the community,* in ‘at-risk’ people living in long-term residential or nursing homes (care homes). [↑](#footnote-ref-11)