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Antivirals (Antivirals) may only be prescribed by General Practitioners in England under GMS regulations when the Chief Medical Officer has announced that influenza is circulating in the community. For flu out breaks in care homes out of flu season a different mechanism for prescribing and has been agreed ([Prescribing antivirals out-of-season](#_Prescribing_Antivirals_out-of-seaso))

# When to consider using Antivirals?

Public Health England (PHE) recommends the targeted prompt use of antivirals as follows1:

## Which patient groups?

* Treatment of uncomplicated influenza among specific at-risk groups (including patients over the age of 65)
* Treatment of complicated influenza regardless of underlying individual risk factors
* Influenza post-exposure prophylaxis (PEP) among care home residents in at-risk groups in specific outbreak situations (see section 1.3 & 1.4)

## How to make a diagnosis for Influenza like Illness (ILI) in a Care Home?

The combination of a **temperature over ≥37.8°C with acute onset of respiratory symptoms** is enough to consider influenza e.g. cough (+/- sputum), hoarseness, nasal discharge/congestion, wheezing, shortness of breath, sore throat, sneezing

**OR** an acute deterioration in physical or mental ability without other known cause

Older persons may not always develop a fever with influenza; if an influenza outbreak is suspected due to respiratory symptoms or acute deterioration in physical or mental ability without fever:

* Appropriate respiratory samples should be taken to confirm diagnosis
* Ideally, treatment should begin within 48 hours of onset of symptoms
* During flu season treatment can be commenced based on clinical suspicion, there is no need to await laboratory results - if these come back as negative, treatment/prophylaxis can be discontinued. For information **see section 7** [**Prescribing antivirals out-of-season**](#_Prescribing_Antivirals_out-of-seaso)

## When to suspect an outbreak

An outbreak is defined as **two or more cases** which meet the clinical case definition of ILI arising within the same 48-hour period with an epidemiological link to the care home.

In the event of a suspected outbreak please contact PHE North West, Greater Manchester Health Protection Team 0900 to 1700 Mon-Fri **on 0344 225 0562 (option 3)** to report a suspected outbreak and/or for advice.

Out of hours contact 0151 434 4819 and ask for the public health on call officer.

## Post exposure prophylaxis

As detailed in [PHE Guidance](https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents), Antivirals can be considered for post exposure prophylaxis (PEP):

* Among care home residents in at-risk groups (including patients ≥65) during influenza outbreaks in care homes, regardless of their vaccination status.
* Prophylaxis should:
  + Ideally be started within 48 hours of exposure when using oseltamivir and 36 hours for zanamivir.
  + Targeted to those who are most likely to have been exposed to cases of influenza.
* It may not be necessary to provide prophylaxis to all residents home if the outbreak is confined to distinct floors/units. The Infection Control Team/PHE will provide advice to support the decision.
* If you prescribe prophylaxis and later you receive confirmation that influenza was not the cause then discuss the options with the care home around their ability to store the medication safely in case the patient requires prophylaxis later in the season. Consider the risks of accidental use, the date of expiry, the risk of the patient requiring a different dose/treatment against the desire to reduce waste and have rapid access to medication if they are required in the near future.

# What Antivirals to use?

Treatment: First-line; oral Oseltamivir

Prophylaxis: Oseltamivir or zanamivir

Choice will depend on the health status of the resident, the time lapse from diagnosis of active case and characteristics of the dominant circulating strains. Oseltamivir can be considered 1st line unless prescribers are informed by the Infection control team or members of PHE. Details about the choice of antiviral, their dosage and mode of administration can be found in the [PHE guidance](https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents) on use of antiviral agents2.

If there are concerns about high attack rates or high case fatality rates, prophylaxis could be considered more than 48 hours after contact with a case or for longer durations following a risk assessment of the situation and consultation with PHE; however it should be noted that such use is currently unlicensed and very rare.

# Access to Antivirals – local ANTIVIRAL stocks

To avoid delay in treatment prescriptions should be directed to Nash Pharmacy who holds stocks of oseltamivir (Tamiflu) 75mg and 30mg capsules for the Bolton area:

[**Nash Pharmacy Ltd**](https://www.nhs.uk/services/pharmacy/nash-pharmacy-ltd/FLT86), 63 Castle Street, Bolton, BL2 1AD ([MAP](https://www.google.com/maps/search/Nash+Pharmacy+Ltd+63+Castle+Street+Bolton++++BL2+1AD/@53.57858657836914,-2.418257713317871,17z)). Tel: **01204 363030**

Opening hours Monday- Friday 8am-7pm; Saturday 10am-2pm; Sunday closed.

[**Sykes Pharmacy @ Landmark**](https://www.nhs.uk/services/pharmacy/landmark-pharmacy/FPR09), Landmark House, 12 Chorley Rew Road, Bolton, BL1 4AP ([MAP](https://www.google.com/maps/search/Landmark+Pharmacy+LANDMARK+HOUSE+12+CHORLEY+NEW+ROAD+BOLTON+++BL1+4AP/@53.582401275634766,-2.440629720687866,17z)) Tel: **01204 529111**

Opening hours Monday- Sunday 9am-1pm and 2pm-8pm.

Prescriptions can be taken to other pharmacies but these will have to order the stock, which will cause a delay in accessing treatment and should be avoided.

Prescriptions for Zanamivir (Relenza®) are rare and the product is short dated so a stockholding is not kept in Bolton. They can be ordered in for next delivery; check when delivery will be and if necessary, use alternative pharmacies for quicker access.

# Prescribing Antivirals for patients with renal impairment

The dose of oseltamivir should be reduced in known renal impairment (creatinine clearance <60ml/min) (see Appendix A).

Advice from the British Geriatrics Society, November 20171, on considering renal function in an emergency outbreak response is as follows:

* Renal function documented in last 6 months and no renal impairment → standard dose
* Renal function documented in last 6 months and renal impairment identified→ adjusted dose
* No routine renal function results in past 6 months → high likelihood of renal impairment in the care home population→ reduced dose as per CrCl of 31-60 mL/min
* Do not routinely measure renal function and wait for results to come back as this will delay treatment

*Appendix A describes dosages for treatment and prophylaxis depending on weight and renal function.*

# Consent

Where possible, it would be helpful to document consent status for care home residents prior to the flu season, where rapid prescribing decisions for Antivirals may need to be made.

# Prescribing Antivirals in season

During the in-season period (once the Department of Health has announced that there is an increase in influenza circulating in the community and antivirals can be prescribed at NHS expense), the need for assessing and **prescribing** of Antivirals is part of the GMS contract. If antivirals are required, they can be prescribed on a FP10 and supplied through any community pharmacy (however to avoid delay and to ensure sufficient stocks during outbreaks we would advise sending prescriptions electronically to our local stockholding pharmacies, see section 3 above). The prescription must:

* Be issued in line with the Selected List Scheme (SLS) criteria.
* Must contain the SLS designation see:  [http://www.drugtariff.nhsbsa.nhs.uk/#/00673401-DB/DB00672828/In](%20http://www.drugtariff.nhsbsa.nhs.uk/#/00673401-DB/DB00672828/In  ) England.

Please ensure when issuing prescriptions electronically that you change the nominated pharmacy for that issue **ONLY** and that you inform the care home staff that the prescription has been sent.

# Prescribing Antivirals out-of-season

GPs and primary care prescribers cannot prescribe Antivirals under GMS regulations outside the flu season (flu season is usually between Dec/Jan to April/May as confirmed by the CMO letter). Outside flu season antivirals are likely to be recommended by The Health Protection Team only when influenza is laboratory confirmed.

If advised to prescribe antivirals by Bolton Infection Prevention and Control Team or PHE Health Protection Team, an FP10 marked as **‘convenient stationery’** should be used and prescriptions sent electronically to our local stockists, as in section 3 above.

Please ensure when issuing prescriptions electronically that you change the nominated pharmacy for that issue **ONLY** and that you inform the care home staff that the prescription has been sent.

# Out of hours

On rare occasions there will be a need for ANTIVIRAL prescribing for care home residents out- of-hours (weekday evenings, weekends). The out of hours provider is BarDoc. Phoning the patients GP service will provide you with the contact details for this service. A stock of antivirals is held at Bardoc sites for use out of hours which will be provided to care homes if they have suspected cases on assessment by BarDoc staff.

Ensure oseltamivir is prescribed for either treatment or prophylaxis within the licensed 48 hour window, or zanamivir is prescribed for prophylaxis within the licensed 36 hour window.

# Appendix A: Antiviral prescribing flow diagram

Out of hours

**Suspected outbreak**

Either a temperature over ≥37.8°C with acute onset of respiratory symptoms

**OR** an acute deterioration in physical or mental ability without other known cause

In hours

Care home to alert each practice to the suspected outbreak in relation to their patients

CIPC - 01204 390982

Where an outbreak is suspected contact UKHSA North West , Greater Manchester Health Protection **Team on 0151 434 4819 or 0344 225 0562 (option 3)** and ask for the Public Health on call Officer for Greater Manchester.

Where an outbreak is suspected contact CIPC Bolton Team on 01204 390982. If more advice required, contact UKHSA North West, Greater Manchester Health Protection Team 0900 to 1700 Mon-Fri **on 0344 225 0562 (option 3)**

Care home to arrange for FP10 prescriptions to be dispensed as soon as possible by Sykes Pharmacy @ Landmark or Nash Pharmacy. Bringing a prescription to other community pharmacies may result in a delay while stock is ordered.

BarDoc will bring stock held on site at out of hours provider.

**Primary care clinician**

* Undertakes clinical assessment of their patients, including taking swabs if necessary
* Obtains details of patients requiring treatment or prophylaxis
* Writes a prescription (FP10) for antivirals (treatment & prophylaxis)

**BarDoc clinician**

* Undertakes clinical assessment of their patients, including taking swabs if necessary
* Obtains details of patients requiring treatment or prophylaxis
* Writes a prescription (FP10) for antivirals (treatment & prophylaxis)

Treatment begins within 48 hours of onset.

# Appendix B: Antiviral Prescribing Summary

**First-line** = Oseltamivir (Tamiflu®) orally **Second-line** = Zanamivir (Relenza®) following specialist advice

For severely immunosuppressed patients please seek specialist advice

## Dose of Oseltamivir (Tamiflu) for adults (>13 years)

|  |  |  |  |
| --- | --- | --- | --- |
| Creatinine clearance | Prophylactic dose Oseltamivir(Tamiflu®) | | Treatment dose Oseltamivir(Tamiflu®) |
| Cr cl > 60 mls/min\* | | **Weight > 40kg** 75mg daily x 10 days | **Weight > 40kg** 75mg bd x 5 days |
| **Weight 23-40kg** 60mg daily x 10 days | **Weight 23-40kg 60mg bd x 5 days** |
| Cr cl > 30 to 60 mls/min\* | | 30mg daily x 10 days | 30mg bd x 5 days |
| Cr cl > 10 to 30 mls/min\* | | 30mg every other day for 10 days | 30mg daily for 5 days |
| Cr cl < 10 mls/min \*(no dialysis) | | Not recommended (no data available) | |
| Swallowing difficulties/ enteral tubes | | Capsule contents can be dispersed in liquid  NOTE: **Bitter taste** so for oral administration mixing with 5ml of sugary liquid or suitable sweetened food product recommended (see patient information leaflet for information on adding to flavoured syrup or sugar water) | |

\* MDCalc <https://www.mdcalc.com/creatinine-clearance-cockcroft-gault-equation>can be used to calculate creatinine clearance

This is a more accurate method of making dosage decisions than eGFR. If no routine renal function results are available in the last 6 months, follow advice on prescribing of antivirals in renal impairment section above.

Note: Weight is only a consideration for creatinine clearance above 60, below 60 the dosing is the same for all weights.

## Dosing for Zanamivir (Relenza®)

|  |  |
| --- | --- |
| Prophylactic dose Zanamivir (Relenza®) | Treatment dose Zanamivir (Relenza®) |
| 10mg daily (2 x 5mg by inhalation) x 10 days | 10mg bd (2 x 5mg by inhalation) x 5 days |
| No dose modification needed for renal impairment | |

For advice on the prescribing and/or supply of antivirals, please contact the Medicines Optimisation Team on [gmicb-bol.medicinesoptimisationenquiries@nhs.net](mailto:gmicb-bol.medicinesoptimisationenquiries@nhs.net)

For virology medical advice please contact CMFT advice line 0161 276 8788 Option 2.

**(Please refer to latest guidance at** [**https://www.gov.uk/government/publications/influenza-**](https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents)[**treatment-and-prophylaxis-using-anti-viral-agents**](https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents)**)**

# References & useful documents

1. Guidelines on the management of outbreaks of influenza-like illness in care homes Version 5.0

− November 2020

<https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes>

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

[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)

3. NICE Technology Appraisal 168 Amantadine, oseltamivir and zanamivir for the treatment of influenza, Published 2009

<https://www.nice.org.uk/Guidance/ta168>

Tamiflu® SPC <https://www.medicines.org.uk/emc/medicine/20294>

Relenza® SPC <https://www.medicines.org.uk/emc/medicine/2608>

This information was adapted from Trafford CCG Antiviral information and Herts Valley CCG Antiviral information.

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