

Contents
Contents 4. When to consider using Antivirolo 2
1 When to consider using Antivirals?1
1.1 Which patient groups?1
1.2 How to make a diagnosis for Influenza like Illness (ILI) in a Care Home?1
1.3 When to suspect an outbreak1
1.4 Post exposure prophylaxis2
2 What Antivirals to use?2
3 Access to Antivirals – local ANTIVIRAL stocks 2
4 Prescribing Antivirals for patients with renal impairment2
5 Consent3
6 Prescribing Antivirals in season3
7 Prescribing Antivirals out-of-season3
8 Out of hours3
9 Appendix A: Antiviral prescribing flow diagram4
10 Appendix B: Antiviral Prescribing Summary5
10.1 Dose of Oseltamivir (Tamiflu) for adults (>13 years)5
10.2 Dosing for Zanamivir (Relenza®)5
References & useful documents 6

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)

1 When to consider using Antivirals?

UK Health Security Agency (UKHSA) recommends the targeted prompt use of antivirals as follows¹:

1.1 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:

- 1.3 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

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 the Bolton Community Infection Prevention Control Team (CIPCT) 0900 to 1700 Mon-Fri on 01204 390892 (excluding bank holidays) to report a suspected outbreak and/or for advice. Out of hours contact UKHSA North West, Greater Manchester Health Protection Team on 0344 225 0562 (option 3) and ask for the health protection practitioner on call.

Date approved	26/09/2024	Review date	20/10/2025	Dage 1 of 6
Expiry date	25/09/2026	Version	4.0	Page 1 of 6



Post exposure prophylaxis

As detailed in <u>UKHSA Guidance</u>, 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:
 - o 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/UKHSA 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.

2 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 UKHSA. Details about the choice of antiviral, their dosage and mode of administration can be found in the UKHSA guidance 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 UKHSA; however it should be noted that such use is currently unlicensed and very rare.

3 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, 63 Castle Street, Bolton, BL2 1AD (MAP). Tel: 01204 363030

Opening hours Monday- Friday 9am-6pm; closed: Saturday Sunday.

Sykes Pharmacy @ Landmark, Landmark House, 12 Chorley Rew Road, BL1 4AP (MAP) Tel: 01204 529111

Opening hours Monday- Sunday 9am-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.

4 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 2017, 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

Date approved	26/09/2024	Review date	20/10/2025	Dage 2 of 6
Expiry date	25/09/2026	Version	4.0	Page 2 of 6



- 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.

5 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.

6 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 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.

7 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 UKHSA 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.

8 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.

Date approved	26/09/2024	Review date	20/10/2025	Daga 2 of 6
Expiry date	25/09/2026	Version	4.0	Page 3 of 6



Appendix A: Antiviral prescribing flow diagram

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

9

Out of hours

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

Primary care clinician

- Undertakes clinical assessment of their patients. Virology swabs may be instigated by UKHSA GM
- Obtains details of patients requiring treatment or prophylaxis
- Writes a prescription (FP10) for antivirals (treatment & prophylaxis)

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.

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

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)

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

Treatment begins within 48 hours of onset.

Date approved	26/09/2024	Review date	20/10/2025	Daga A of C
Expiry date	25/09/2026	Version	4.0	Page 4 of 6



10 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 Pr	ophylactic 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		
1	Cr cl > 60 mls/min*	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 (r	no data available)		
		Capsule contents can be dispersed in	liquid		
	Swallowing difficulties/ enteral	NOTE: Bitter taste so for oral administration mixing with 5ml of sugary liquid			
	tubes	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.

10.2

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

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- treatment-and-prophylaxis-using-anti-viral-agents)

Date approved	26/09/2024	Review date	20/10/2025	Daga F of 6
Expiry date	25/09/2026	Version	4.0	Page 5 of 6



References & useful documents

- 1. Guidelines on the management of outbreaks of influenza-like illness in care homes
- Updated July 24

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

2. UKHSA guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza Version 11, November 2021

Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza (publishing.service.gov.uk)

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 as part of version 1

DOCUMENT CONTROL PAGE					
	\	/ersion 4.0			
Title of document	Prescribing Antivirals for Flu in Ca	re Homes GM ICB (Bolton Locali	ty)	
Supersedes	None				
Target audience	Primary Care, Care Homes, Out of ho	ours services.			
Reviewed by	Jole Hannan - Senior programme ma	anager – Medicines N	/lanagement		
Original author(s)	Driginal author(s) Jole Hannan – Interface Pharmacist, Bolton CCG Chris Haigh – Head of Medicines Optimisation, Bolton Locality Adrian Byrne – Medicines Optimisation Pharmacist, Bolton Locality				
Approved by	Medicines Group			26/09/2024	
Final date approved	14/11/2024				
Review date	20/09/2025	Expiry date		25/09/2026	
Any supporting document(s) to be included or linked with this document: https://www.gov.uk/government/publications/influenza- treatment-and-prophylaxis-using-anti-viral-agents Reference(s): https://www.gov.uk/government/publications/influenza- treatment-and-prophylaxis-using-anti-viral-agents Latest update From version 3.0 the following has been updated : opening times of both pharmacies, hyperlinks and references updated.					

Date approved	14/11/2024	Review date	20/09/2025	Dage 6 of 6
Expiry date	25/09/2026	Version	4.0	Page 6 of 6