Clinical Expert Statement Template

John Watson. Health Protection Agency. 21 April 2008

What is the place of the technology in current practice?

Implementation issues

1 Both oseltamivir and zanamivir have been demonstrated to be effective in the prevention of influenza infection when used for seasonal and post exposure prophylaxis. When cost is considered, oseltamivir remains broadly cost effective for post exposure prophylaxis in patients at high risk of the complications of influenza.

2 Current guidance has focussed on ensuring that these drugs are prescribed only in circumstances when it is likely that there use will be cost effective. In practice this approach has acted as a substantial deterrent to the use of these agents in both the household and institutional setting and, as a result, many patients who would have had the potential to benefit from this effective intervention, have remained unprotected.

3 Oseltamivir (with or without the alternative of zanamivir) is to form a major component of the response of the UK to a pandemic of influenza. These agents will be used to treat patients with influenza-like illness and are likely to be used to protect exposed contacts. As a result of the very low usage of these agents in this country, few doctors (or other health care workers) will have clinical experience in managing patients who, it is proposed, will be offered these agents in a pandemic.

4 When considering whether a patient, with an influenza-like illness, should be prescribed oseltamivir or zanamivir, the doctor must consider a range of issues over and above those associated with the normal licenced use of a drug. These include (a) whether the patient falls into one of the clinical groups at increased risk of the complications of influenza, (b) when the illness started and whether it will be possible to start the drug within 48 hours of illness onset, and (c) whether or not they are currently within the period recommended by NICE, and sanctioned each year by the Department of Health (DH), for the prescription of anti-virals for influenza.

5 Data from sentinel general practice networks which include, among other things, prescription of anti-virals for influenza, have found the level of prescription of these agents during the influenza season to be virtually unrecordable.

6 The occurrence of influenza causing outbreaks in institutions provides another situation when vulnerable patients may be denied potentially valuable protection. The issue is illustrated in the accompanying figure. The ‘sanction’ from the DH for the prescription of anti-virals has been tied to consultation rates for influenza-like illness with general practitioners in sentinel surveillance schemes. The HPA submission to NICE for both the

review of treatment and prophylaxis of influenza illustrated that influenza activity of clinical and public health importance occurred outside the period defined by thresholds for consultation rates with general practitioners. This is illustrated again in the data presented for the 2007/08 season. Influenza B activity has occurred late in the season, as it often does. Since the beginning of March 2008, twelve outbreaks of influenza-like illness have been reported to the HPA Centre for Infections: six in elderly care homes, one in a hospital ward for the elderly and five in schools. These are likely to represent only a small proportion of those that have occurred. Eight of the twelve have been demonstrated to be due to influenza B infection. Six deaths have been reported in association with these outbreaks in elderly care homes.

7 In addition to care for those who are sick, and infection control measures to reduce the likelihood of further transmission of infection, steps need to be taken in these outbreaks to protect the other vulnerable residents from influenza, whether or not they have received influenza immunisation. This is particularly relevant in the 2007/08 season as the influenza B component of the seasonal vaccine is poorly matched with the circulating strain of influenza B virus and is likely to provide very limited protection at best. In these circumstances, the HPA recommends the use of influenza antivirals for at risk patients even if outside the period sanctioned by DH for their use. Problems arise, however, as the health care workers with clinical responsibility for these patients may decline to prescribe for fear of contravening the NICE guidance and pharmacies will either not dispense, or have no supplies, for similar reasons.

8 Another objective in the public health management of these outbreaks in closed institutions with patients at high risk, is to use the anti-virals in an attempt to interrupt transmission of influenza in that setting. Not only are these drugs effective at preventing those who have not yet been infected from becoming infected, but they also reduce viral excretion in those who are infected. This requires the offering of the anti-virals to the care workers in the institution. NICE guidance, however, is interpreted as prohibiting the use of these drugs for this purpose.

9 The HPA would therefore recommend the following modifications to the guidance on the use of these anti-viral agents and the implementation of this guidance.

- The recommendation around the prescription of these agents for post exposure prophylaxis in the community setting should be made simpler and more flexible. Prescription for this purpose in people who are at high risk of the complications of influenza should either be possible throughout the year based on clinical judgement of the likelihood of influenza as the cause, or should be permitted throughout the whole period during which, in the judgement of the HPA, influenza viruses are circulating in the community. In practice this will usually be from the beginning of November until the end of April.

- NICE should make clear that these recommendations apply to the routine prescription of these drugs for cases occurring in the community but do not apply in the context of an outbreak. In the event of an outbreak of an illness considered likely to be due to influenza virus and associated with risk of infection of people at high risk of the complications of influenza, the advice of the local HPA Health Protection Unit should be followed. This applies irrespective of the time of year and current assessment of influenza virus circulation in the community. HPA advice will include infection control and rapid determination of aetiology (if not already known) and may include prescription of anti-virals to both high risk and non-high risk individuals in the institutional setting.