

Understanding NICE guidance

Information for people who use NHS services

Oseltamivir, zanamivir and amantadine for the treatment of influenza

NICE 'technology appraisal guidance' advises on when and how drugs and other treatments should be used in the NHS.

This leaflet is about when **oseltamivir, zanamivir** and **amantadine** should be used to treat people with influenza (flu) in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It does not cover using these drugs to prevent flu (that is covered in a separate leaflet). It is written for people with flu but it may also be useful for their families or carers or anyone with an interest in the condition.

It does not describe flu or the treatments in detail – your healthcare professional should discuss these with you. You can get more information from the organisations listed on the back page.

These may not be the only possible treatments for flu. Your healthcare team should talk to you about whether they are suitable for you and about other treatment options available.

What has NICE said?

NICE has said that its recommendations about oseltamivir and zanamivir should not reduce efforts to give vaccination (also called the flu jab) to people for whom it is recommended in national guidelines.

The guidance does not cover widespread epidemics.

Oseltamivir and zanamivir are recommended as possible treatments for people with flu if **all** of the following apply:

- the person is in an 'at-risk' group (see below)
- the person has a 'flu-like illness' (see page 3) and can start treatment within 48 hours (36 hours for zanamivir treatment in children) of the first sign of symptoms.
- the flu virus is known to be going around and it is likely that a flu-like illness has been caused by the flu virus.

Healthcare professionals should discuss the choice of oseltamivir or zanamivir with the person being offered the drugs. The decision should take into account which drug the person would prefer and any possible unwanted effects. If all else is equal, the cheapest drug should be used.

If there is an outbreak of 'flu-like illness' in a long-term residential or nursing home, oseltamivir and zanamivir may be offered to treat residents in 'at-risk' groups (see below) who have symptoms of flu. This could happen even if the flu virus is not around in the wider community outside the home, but the healthcare team should be sure that the illness is flu.

Amantadine is not recommended to treat people with flu.

Who is at risk?

People considered to be at risk are people who have one or more of:

- chronic disease (a chronic condition is one that lasts for a long time) of the lungs (including asthma and chronic obstructive pulmonary disease)
- chronic heart disease
- chronic kidney disease
- chronic liver disease
- chronic disease of the nervous system (which includes the brain)
- diabetes
- an immune system that does not work well.

People who are aged 65 years or older are also considered to be at risk.

Influenza

Influenza (usually called flu) is an infection of the air passages, including the lungs. It is caused by a virus. The symptoms include fever, cough, sore throat, muscle pains and headache. Nausea, vomiting and diarrhoea are also common. Many other viruses can cause symptoms like those of flu, so doctors commonly diagnose a 'flu-like illness'. Although flu is sometimes confused with the common cold, it is caused by a different type of virus.

Flu is most common between December and March. Most people with flu get better within 1–2 weeks, but some people who are in 'at-risk' groups (see page 2) may develop problems such as chest infections that may be serious.

Oseltamivir, zanamivir and amantadine

Oseltamivir, zanamivir and amantadine are three antiviral drugs that are licensed for the treatment of flu. They work by stopping the flu virus from multiplying in the body. Other medicines, such as painkillers may also be used to help with the symptoms of flu.

What does this mean for me?

When NICE recommends a treatment, the NHS must make sure it is available to those people it could help, normally within 3 months of the guidance being issued. So, if you have a 'flu-like illness', the flu virus is known to be going around, you are in an 'at-risk' group (see page 2), and your doctor thinks that oseltamivir or zanamivir is the right treatment for you, you should be able to have the treatment on the NHS. You should also be able to have oseltamivir or zanamivir if you have symptoms of flu and you live in a long-term residential or nursing home where other residents have recently had symptoms of a 'flu-like illness' which the healthcare team is sure is true flu. Please see www.nice.org.uk/aboutguidance if the treatment is not available.

More information

NHS Choices (www.nhs.uk) may be a good place to find out more. Your local patient advice and liaison service (usually known as 'PALS') may also be able to give you further advice and support.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider the evidence on the disease and treatments, the views of patients and carers and the experiences of doctors, and consider the costs involved. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This leaflet and other versions of the guidance aimed at healthcare professionals are available at www.nice.org.uk/TA168

You can order printed copies of this leaflet from NICE publications (phone 0845 003 7783 or email publications@nice.org.uk and quote reference N1805).

We encourage NHS and voluntary sector organisations to use text from this leaflet in their own information about flu.