

**From the Chief Medical
Officer Dr Michael
McBride**



Department of
Health

An Roinn Sláinte

Máinnstríe O Poustie

www.health-ni.gov.uk

HSS(MD) 79/2020

FOR ACTION

Chief Executives, Public Health Agency/Health and Social
Care Board/HSC Trusts/ NIAS
GP Medical Advisers, Health and Social Care Board
All General Practitioners and GP Locums (for onward
distribution to practice staff)
OOHs Medical Managers (for onward distribution to staff)

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PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

**CONFIRMED INFLUENZA ISOLATES IN NORTHERN IRELAND - NICE
GUIDANCE ON USE OF ANTIVIRALS NOW APPLIES**

Action Required

Chief Executives must ensure that this information is drawn to the attention of all staff involved in treating patients with suspected influenza.

In particular the HSCB must ensure that this information is cascaded to all General Practitioner Practices and Community Pharmacies immediately.

Introduction

1. The purpose of this letter is to inform you that while the level of influenza remains low at present, an increasing number of Influenza virus isolates are now being confirmed by the Regional Virus Laboratory in respiratory samples taken from patients in Northern Ireland in recent weeks. Although the number of isolates is small, we know that there is a wide spectrum of illness caused by the Flu virus, including asymptomatic and very mild cases that may not seek medical attention or be swabbed for laboratory confirmation of viral infection.
2. General practitioner consultation rates for flu and flu-like illness continue to remain below the updated Northern Ireland threshold. A similar situation is reported across Europe. This means that the majority of

respiratory illnesses seen at this stage are unlikely to be due to influenza viruses. Any increase in consultation rates will be detected through enhanced influenza surveillance which is undertaken by the Public Health Agency. Clinicians should be aware of the regular updates which are available on the Public Health Agency website at: [Influenza Weekly Surveillance Bulletin, Northern Ireland, 2020/21 | HSC Public Health Agency \(hscni.net\)](https://www.hscni.net/Influenza-Weekly-Surveillance-Bulletin-Northern-Ireland-2020-21)

3. Nevertheless, following discussion with the Public Health Agency we have decided to adopt a precautionary approach and declare that NICE guidance on the use of antivirals (oseltamivir and zanamivir) in influenza now applies. This means that although at the stage of issuing this letter the majority of respiratory illness is unlikely to be influenza, GPs and other eligible prescribers in general practice now have the clinical discretion to prescribe antivirals through the health service as detailed in paragraphs 8 and 9 below. Please note that this legislation only applies to general practice and in secondary care antiviral medicines may be prescribed at any time, based on a clinical or laboratory diagnosis of flu.

NICE GUIDANCE

4. NICE guidance on the use of antiviral drugs for the treatment of influenza is available at: <http://guidance.nice.org.uk/TA168>
5. NICE guidance on the use of antiviral drugs for the prophylaxis of influenza is available at: <http://guidance.nice.org.uk/TA158>
6. Oseltamivir and zanamivir are licensed for the treatment and post exposure prophylaxis of influenza. Refer to BNF section 5.6.5 for further details.
7. For information, Public Health England has produced guidance, which summarises the recommendations for the antiviral treatment and prophylaxis of influenza in primary and secondary care. These are available at: <https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents>
8. Amended HPSS (GMS Contracts) (Prescription of Drugs Etc) Regulations (NI) 2004 enables GPs (and other eligible prescribers) to prescribe antivirals on the Health Service for the treatment of patients under 65 years of age who are at risk of developing medical complications from influenza.
9. Therefore, when the Department has notified general medical practitioners that the influenza virus is circulating in the community (as per this letter, Paras 1-3): prescribers may prescribe antiviral medication for the following patients:
 - Patients over 65 years of age

- Women who are pregnant
- Patients under 65 years of age who are at risk of developing medical complications from influenza
- Patients with one of the following conditions:
 - Chronic respiratory disease (including asthma and chronic obstructive pulmonary disease)
 - Chronic heart disease
 - Chronic renal disease
 - Chronic liver disease
 - Chronic neurological disease
 - Immunosuppression
 - Diabetes mellitus

In line with NICE guidance, treatment is indicated for those groups outlined above where patients present with an influenza-like illness and can start treatment within 48 hours (or within 36 hours for zanamivir treatment in children) of the onset of symptoms as per licensed indications. Prophylaxis is indicated for those groups outlined above where a patient has been exposed to an influenza-like illness and is able to begin prophylaxis within the timescale specified in the marketing authorisations of the individual drugs (within 36 hours of contact with an index case for zanamivir and within 48 hours of contact with an index case for oseltamivir).

10. A Local Enhanced Service (LES) is now in place in Northern Ireland to ensure that GPs can prescribe antiviral prophylaxis to patients who do not show clinical signs of flu in care homes or residential homes during flu outbreaks.

ADDITIONAL INFORMATION

11. Community pharmacies should order antiviral medicines through their usual pharmaceutical wholesalers. GP Out of Hours services should also consider keeping a supply of antivirals as part of their stock medication.
12. While the majority of flu vaccinations will have been completed, every effort should continue to be made to ensure a high uptake rate of influenza vaccine in all eligible groups, including healthcare staff.
13. During the 2020/21 flu season, front line health and social care staff can now obtain the influenza vaccine free of charge from many community pharmacies. Details of participating pharmacies are available here: pha.site/CPFV

ACTION REQUIRED BY GENERAL PRACTITIONERS (Including OOHs)

14. All staff should be made aware that:
- Influenza virus has been detected in the community;
 - All relevant patients should be immunised, and thus protected, as soon as possible;
 - Patients with flu/FLI should be advised to stay at home during the course of their illness, in an effort to avoid onward community transmission;
 - NICE guidance on use of antiviral drugs for prevention and treatment of influenza now applies;
 - At risk patients who may be considered for antiviral prescription now include patients under 65 years of age who are considered to be at risk of developing medical complications from influenza;
 - Residents of nursing and residential homes are particularly vulnerable, as attack rates for Influenza may be very high in such settings. GPs, out of hours organisations and HSC Trust staff, should ensure these patients have been immunised and have access to antivirals if necessary;
 - Suspected outbreaks or confirmed cases in settings with people at risk should be reported to the Public Health Agency. Such settings include special schools and nursing and residential care homes. In this instance, the PHA will provide advice to care home and clinical staff on investigation and management to protect those people at risk within such settings.

ACTION REQUIRED BY HSC TRUSTS

- Trusts should continue to facilitate immunisation of Trust staff and **maximise vaccine uptake rates**. Failure to protect staff may endanger vulnerable patients and lead to service difficulties.
- Trusts should make plans for dealing with cases of influenza presenting to and in hospitals.
- Trusts should be aware of how to access unlicensed zanamivir aqueous solution for the treatment of complicated influenza. (see page 37, appendix 4 in attached link: [PHE guidance on use of antiviral agents for the treatment and prophylaxis of influenza \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414442/phe-guidance-on-use-of-antiviral-agents-for-the-treatment-and-prophylaxis-of-influenza.pdf))

- Outbreaks of respiratory disease should be reported to PHA via the Daily Alert Bulletin.

ACTION REQUIRED BY PRIVATE NURSING AND RESIDENTIAL HOMES

- Private nursing and residential homes should continue to facilitate the immunisation of their front line staff.
- Outbreaks of respiratory disease should be reported to PHA and RQIA.

ACTION REQUIRED BY PHA AND HSCB

- The Influenza Immunisation leads should continue to work with Primary Care and Trusts to encourage completion of the Influenza Immunisation programme as soon as possible.

Yours sincerely



Dr Michael McBride
Chief Medical Officer



Cathy Harrison
Chief Pharmaceutical Officer

Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)

Assistant Director Public Health (Health Protection), Public Health Agency

Director of Nursing, Public Health Agency

Assistant Director of Pharmacy and Medicines Management, Health and Social Care Board (*for onward distribution to Community Pharmacies*)

Directors of Pharmacy HSC Trusts

Director of Social Care and Children, HSCB

Family Practitioner Service Leads, Health and Social Care Board (*for cascade to GP Out of Hours services*)

Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)

Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)

Directors of Children's Services, HSC Trusts

RQIA (*for onward transmission to all independent providers including independent hospitals*)

Medicines Management Pharmacists, HSC Board (*for cascade to prescribing advisers*)

Regional Medicines Information Service, Belfast HSC Trust

Regional Pharmaceutical Procurement Service, Northern HSC Trust

