

From the Chief Medical Officer  
Dr Michael McBride



Department of  
**Health, Social Services  
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

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HSS(MD)42/2010

To:  
Executive Medical Director/Director of Public Health, PHA  
*(for onward distribution to all relevant health protection staff)*  
Assistant Director Public Health (Health Protection), PHA  
Director of Nursing, PHA  
Family Practitioner Service Leads, HSCB  
*(for cascade to GP Out of Hours services)*  
GP Medical Advisers, HSCB  
All General Practitioners and GP Locums  
*(for onward distribution to practice staff)*  
Assistant Director of Pharmacy and Medicines Management,  
HSCB  
Directors of Pharmacy HSC Trusts  
All Community Pharmacists  
Medical Directors, HSC Trusts *(for onward distribution to all  
Consultants, A& E doctors, ID Physicians,  
Microbiologists, Virologists, Occupational Health Physicians)*  
Directors of Nursing, HSC Trusts *(for onward distribution to all  
Community Nurses)*  
Chief Executives, Public Health Agency/Health & Social  
Care Board/ HSC Trusts/NIAS  
Director of Social Care and Children, HSCB  
Medical Director, NI Ambulance Service  
Directors of Children's Services, HSC Trusts  
RQIA *(for onward transmission to all independent providers  
including independent hospitals)*  
Regional Medicines Information Service, Belfast HSC Trust  
Regional Pharmaceutical Procurement Service, Northern HSC  
Trust  
PHA Emergency Operations Centre (EOC)

Your Ref:

Our Ref: HSS(MD)42/2010

Date: 24 November 2010

Dear Colleague

- (A) CONFIRMED INFLUENZA ISOLATES IN NORTHERN IRELAND – USE OF ANTIVIRALS**
- (B) THE HEALTH AND PERSONAL SOCIAL SERVICES (GENERAL MEDICAL SERVICES CONTRACTS) (PRESCRIPTION OF DRUGS ETC) (AMENDMENT) REGULATIONS (NORTHERN IRELAND) 2010**

1. The purpose of this letter is to inform you of two important issues related to the prescription of antivirals for seasonal flu in 2010/11.

## (A) CONFIRMED INFLUENZA ISOLATES IN NORTHERN IRELAND – USE OF ANTIVIRALS

2. Three isolates of Influenza A/H1N1 2009 virus have now been confirmed by the Regional Virus Laboratory in respiratory samples taken from patients in Northern Ireland. One of these cases was in a child with complex medical healthcare needs who subsequently died. Although we have only identified these three sporadic cases so far, we know that there is a wide spectrum of illness caused by the H1N1 2009 virus, including asymptomatic and very mild cases that may not seek medical attention or be swabbed for laboratory confirmation of viral infection.
3. General practitioner consultation rates for flu and flu-like illness continue to remain well below the Northern Ireland threshold. A similar situation is reported across Europe. This means that the majority of respiratory illness seen at this stage is 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 <http://www.publichealth.hscni.net> under 'publications'.
4. Nevertheless, based on the detection of three Influenza A isolates, along with the recent fatality, in discussion with the Public Health Agency we have decided to adopt a more precautionary approach than in other years 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, general practitioners now have the clinical discretion to prescribe antivirals through the health service as detailed in paragraphs 6 and 7 below.** Please note that this legislation only applies to general practice and clinicians in secondary care may prescribe antiviral medicines at any time, based on a clinical or laboratory diagnosis of flu.

## NICE GUIDANCE

5. NICE guidance on the use of antiviral drugs for the **treatment** of influenza is available at: <http://guidance.nice.org.uk/TA168> .  
  
NICE guidance on the use of antiviral drugs for the **prophylaxis** of influenza is available at: <http://guidance.nice.org.uk/TA158> .

## (B) THE HEALTH AND PERSONAL SOCIAL SERVICES (GENERAL MEDICAL SERVICES CONTRACTS) (PRESCRIPTION OF DRUGS ETC) (AMENDMENT) REGULATIONS (NORTHERN IRELAND) 2010

6. A number of changes have been made to the **HPSS (GMS Contracts) (Prescription of Drugs Etc) Regulations (NI) 2004 to widen the groups of persons** for whom oseltamivir or zanamivir may be ordered and update the conditions which have to be met before both drugs are ordered in line with their product licences.
7. Therefore, when the Department of Health, Social Services and Public Safety has notified general medical practitioners that the influenza virus is circulating in the community:
  - Oseltamivir may be prescribed for the treatment or prophylaxis of influenza in a patient who is aged 1 year or over and who is at 'clinical risk' or a patient who is pregnant or aged 65 years or over.

- Zanamivir may be prescribed for the treatment or prophylaxis of influenza in a patient who is aged 5 years or over and who is at 'clinical risk' or a patient who is pregnant or aged 65 years or over.
- In the case of a patient who has attained the age of 5 years but not the age of 13 years, Zanamivir may only be ordered if therapy can start within 36 hours of the onset of symptoms and in the case of patients aged 13 years or over, therapy can start within 48 hours.
- 'at clinical risk' means a patient who –
  - (a) has chronic respiratory disease;
  - (b) has asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission;
  - (c) has chronic heart disease;
  - (d) has chronic renal failure;
  - (e) has chronic liver disease;
  - (f) has chronic neurological disease;
  - (g) has diabetes; or
  - (h) is immunosuppressed.

## **TREATMENT OR POST EXPOSURE PROPHYLAXIS IN CHILDREN UNDER 1 YEAR OF AGE.**

8. Oseltamivir is not licensed for use in children under 1 year of age except during a pandemic and there is doubt about its effectiveness as neonates may not be able to metabolise the drug to its active form. Therefore, children under 1 year presenting to primary care with symptoms of influenza should be referred for specialist advice or assessment.

## **ADDITIONAL INFORMATION**

9. There are no supply problems for influenza vaccine and, indeed, the Seasonal Influenza Immunisation Programme should be nearing completion. The uptake rates for Northern Ireland to 31 October 2010 are encouraging with an uptake rate of 55% in the population aged 65 years and over and 42.8% in the under 65 "at risk" group. Every effort should be made to increase the uptake rate of influenza vaccine in all eligible groups, including staff.

## **ACTION REQUIRED BY GENERAL PRACTITIONERS**

10. All primary care 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.
- Residents of nursing and residential homes are particularly vulnerable, as attack rates for influenza A may be very high in such settings. GPs, together with HSC Trust staff, should ensure these patients have been immunised.
- 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 care homes.

### **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.

### **ACTION REQUIRED BY PRIVATE NURSING AND RESIDENTIAL HOMES**

- Private nursing and residential homes should continue to facilitate the immunisation of their front line staff. This year private nursing and residential home staff have been able to receive the vaccine via the Occupational Health Service in their local Trust. Details of the available clinics have been provided by the PHA.
- 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.
- HSC Board should ensure that arrangements for use of antivirals in nursing/residential homes are up to date and confirmed.
- HSC Board should advise Primary Care and Trusts on the arrangements for supply of antivirals from remaining contingency stocks.

Yours sincerely



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**Dr Michael McBride**  
**Chief Medical Officer**

