

From the Chief Medical Officer
Dr Henrietta Campbell CB

HSS(MD)42/2004 – **Amended 20/12/04**

To:

All General Practitioners (*for onward distribution to practice staff, including practice nurses*)
All Community Pharmacists
Director of Public Health, HSS Boards
Directors of Nursing, HSS Boards
Medical Directors, HSS Trusts (*for onward distribution to all Consultants*)
Nursing Directors, HSS Trusts (*for onward distribution to Community Nurses*)
Consultants in Communicable Disease Control, HSS Boards
Consultant Microbiologists, HSS Trusts
Directors of Pharmaceutical Services, HSS Trusts/Boards/CSA
Regional Epidemiologist, CDSC(NI)
Chief Executives, HSS Trusts
GP Medical Advisers, HSS Boards
Dr Philip McClements, Prison Healthcare Services
Regional Procurement Pharmacists

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Your Ref:

Our Ref:

HSS(MD)42/2004 -
Amended 20/12/04

Date:

16th December 2004

Dear Colleague

INCREASE IN CONSULTATION RATES FOR FLU-LIKE ILLNESS IN NORTHERN IRELAND

1. I am writing to alert you to the fact that Influenza A virus is now circulating in Northern Ireland. In addition general practitioners consultation rates for flu-like illness (FLI) have increased dramatically in the last few weeks (Figure 1, Annex A). Current consultation rates for FLI are highest in children aged 0-4 years (Figure 2, Annex A). Weekly updates on enhanced influenza surveillance are available on the Communicable Disease Surveillance Centre(NI) website at www.cdscni.org.uk. Those wish to receive the weekly email bulletin should contact Dr Hilary Kennedy, CDSC(N) at hilary.kennedy@hpa.org.uk.
2. As influenza virus is now circulating in the community the guidance on the use of antivirals (Zanamivir and Oseltamivir) now applies (Circulars: HSS(MD)12/2003, HSS(MD)40/2003 and HSS(MD)46/2003)
3. There are no supply problems for influenza vaccine and hopefully the Influenza Immunisation Programme should be nearing completion.

4. **Action Required by General Practitioners**

The following action is required:

- It is important that all primary care staff are now made aware that influenza virus is circulating in the community and there is an urgent need to ensure all relevant patients are immunised, and thus protected, as soon as possible.
- 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 HSS Trust staff, should ensure these patients have been immunised.
- As children are the main group affected by the virus so far, GPs should identify children eligible for immunisation and offer them immunisation as soon as possible.
- GPs should advise patients with flu/fli of the need to stay at home during the course of their illness, in an effort to avoid onward community transmission.

5. **Action Required by HSS Trusts**

- It is important that Trusts implement their arrangements for immunisation of Trust staff as soon as possible. Failure to protect staff may lead to severe service difficulties later in the winter.
- Acute Trusts should make plans for dealing with cases of influenza presenting to and in hospitals. A key requirement in this regard is to revisit the Trusts' local influenza pandemic plan to ensure the Trust is prepared for dealing with increased numbers of cases of influenza this winter.

6. **Action Required by HSS Boards**

- Board Influenza Immunisation Co-ordinators should work with Primary Care and Trusts to ensure the Influenza Immunisation Programme is implemented as soon as possible.
- Board should ensure that arrangements for use of Oseltamivir in nursing/residential homes have been confirmed.

7. **Guidance on the Use of Ant-Virals for the Prevention and Treatment of Influenza**

7.1 **Treatment of Influenza**

Within their licensed recommendations, Zanamivir and Oseltamivir are recommended for the treatment of influenza in at risk adults who present with influenza-like illness and who can start treatment within 48 hours of the onset of symptoms. Within its licensed recommendations, Oseltamivir is recommended for at risk children aged one year or older who present with influenza-like illness and start treatment within 48 hours of the onset of symptoms.

Note: Zanamavir and Oseltamivir should not be used for the prevention or treatment of influenza in **healthy** adults under the age of 65 years.

ZANAMIVIR

8. NICE has recommended that Zanamivir should not be used to treat flu in people who are otherwise healthy. When flu is circulating in the community Zanamivir may be used to treat at risk **adults** who are able to begin their treatment within **48 hours** of the start of their symptoms. At risk adults may be defined as people who are in one or more of the following groups:
 - a. Age 65 years or over.
 - b. Have chronic respiratory disease that requires regular medication including chronic obstructive pulmonary disease (COPD) and asthma.
 - c. Have significant cardiovascular disease – this does not mean people with hypertension.
 - d. Have a lower resistance to disease i.e. immunocompromised.
 - e. Have diabetes mellitus.
9. Zanamivir is not recommended for children aged less than 12 years of age.
10. Patients with influenza who are not within one of these at risk groups should continue to be advised of the best way to treat their symptoms, i.e. to stay at home, rest, take some symptomatic treatment if necessary and drink plenty of non alcoholic fluids.
11. For those individuals with influenza in the designated at risk groups NICE has concluded that:
 - the average duration of symptoms is reduced by 1.2 days from 6 to 5 days;
 - the absolute risk of complications requiring antibiotics is reduced by 6%; and
 - reliable data are not available on the impact of use of Zanamivir on hospitalisation rates or mortality.
12. Zanamivir is administered twice a day by inhalation. Patients will need to be shown how to load and use the Diskhaler device. Some elderly patients particularly those with breathing problems may find difficulty in using it. The patient information leaflet makes particular reference to the use of Zanamivir in patients with established lung disease eg asthma, chronic obstructive pulmonary disease. Of particular note is that patients with severe asthma should only take Zanamivir under close medical supervision. Those patients who have been advised to take Zanamivir and who also take bronchodilator medication should use their inhaler **before** taking Zanamivir. Possible side effects of Zanamivir include shortness of breath, chest tightness, throat or mouth swelling or skin rash.
13. For further information see the Summary of Product characteristics and the British National Formulary

OSELTAMIVIR

14. The following is a summary of the recommendations on the use of Oseltamivir. More detailed guidance on the use of Oseltamivir has previously been issued (Circular HSS(MD)44/2003).

14.1 Oseltamivir for Prevention of Influenza.

Oseltamivir is recommended for the post-exposure prophylaxis of Influenza A and B in **at risk** people aged 13 years or older who are not effectively protected by vaccination, have been exposed to someone with influenza-like illness, and are able to begin prophylaxis within 48 hours of exposure.

Oseltamivir can be used for the prevention of influenza in individuals who live in a residential care establishment where residents or staff member have influenza-like illness whether or not the individual has been vaccinated. (Note: All residents of nursing and residential homes are considered to be in the “at risk” category.)

Oseltamivir is **not** to be prescribed for post-exposure prophylaxis in healthy individuals under the age of 65 years even if they have been in contact with people with flu-like symptoms.

Oseltamivir is **not** to be prescribed for the seasonal prophylaxis of influenza.

14.2 Prescribing Oseltamivir

GPs may decide to prescribe Oseltamivir for “at risk” adults who meet the criteria outlined in Annex A. Oseltamivir should be prescribed in the usual way and supplied by community pharmacies.

14.3 Supplies of Oseltamivir

Due to the developing situation relating to influenza internationally, available supplies of Oseltamivir are limited. For this reason, Oseltamivir should be prioritised for use in residents of nursing and residential homes, hospital patients and health care workers. Where there is a difficulty obtaining Oseltamivir for use in these situations, the Consultant in Communicable Disease Control or hospital/community pharmacist should contact the Regional Procurement Pharmacist, Dr Jill Mairs, Whiteabbey Hospital (Tel: 028 90 865181 Ext 2386). Other situations involving localised outbreaks should be discussed in the first instance with the local Consultant in Communicable Disease Control.

14.4 Use of Oseltamivir in Nursing and Residential Homes

In November 2003 Boards were asked to develop patient group directions (PGDs) for the prescribing of Oseltamivir in the event that a case of flu or flu-like illness is diagnosed in a nursing or residential home.

15. Treatment and prophylaxis of influenza in the hospital setting

In hospitals, at risk patients who have been in contact with a person with influenza would automatically qualify for the neuraminidase inhibitors. For all other situations where the risk of spread is considered a serious issue, the Consultant in charge should liaise with the infection control doctor to determine whether neuraminidase inhibitors would be useful, given the criteria to be applied.

The best way to prevent influenza in health care workers is influenza immunisation. However, if not previously immunised, key staff who come in contact with cases of influenza in hospital may need to be prescribed Oseltamivir.

For further information please contact:

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Yours sincerely

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This letter is available at www.dhsspsni.gov.uk and also on the DHSSPS Extranet which can be accessed directly at <http://extranet.dhsspsni.gov.uk> or by going through the HPSS Web at <http://www.n-i.nhs.uk> and clicking on DHSSPS.

Figure 1

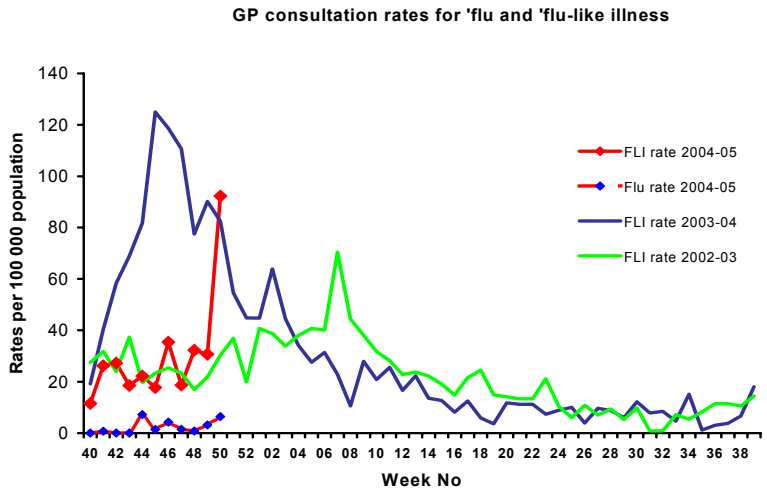


Figure 2

