Chief Medical Officer Directorate

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The Scottish Government

Dear Colleagues,

SEASONAL INFLUENZA: USE OF ANTIVIRALS 2024-25

1. Recent intelligence provided by Public Health Scotland (PHS) of increases in laboratory-confirmed influenza incidence and test positivity in general practices (GPs) now suggests sustained community-level influenza transmission in Scotland. This may lead to an increase in numbers of people presenting at GPs with influenza-like illness who are likely to be infected with the influenza virus.

   PHS also has confirmed increases in hospitalisations due to influenza. See the PHS Viral respiratory diseases (including influenza and COVID-19) in Scotland surveillance report for current levels of circulating respiratory conditions in Scotland.

2. Based on PHS's intelligence, it is a reminder that antiviral medicines (specifically oseltamivir and zanamivir) can be prescribed to treat influenza where clinically indicated, and in particular, among those vulnerable to severe disease or presenting with severe infection/symptoms.

   Antiviral use may help to prevent infection following exposure and, amongst those with infection, to lessen symptoms, shorten the period of illness and reduce the risk of complications that otherwise might lead to hospitalisation or death. Antiviral medicines are not a substitute for vaccination, which remains the most effective way of preventing severe influenza illness.

Testing

3. Clinical diagnosis of influenza is challenging given its similarity in presentation to COVID-19 and other circulating upper respiratory infections, including *Mycoplasma pneumoniae*. This situation complicates recommendations for antiviral use for influenza based on clinical-epidemiologic evidence alone. As such, testing should be increasingly considered to ensure appropriate case management. Testing for influenza and other respiratory pathogens may be recommended as part of an outbreak investigation, especially in closed settings (e.g., care homes) and among

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For action
Chief Executives, NHS Boards
Medical Directors, NHS Boards
Directors of Public Health, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Directors of Pharmacy
General Practitioners
Practice Managers
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For information
Chairs, NHS Boards
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at-risk populations.

4. The UK Health Security Agency (UKHSA) guidance on influenza testing can be found **here** (Please see "Recommendations on testing for COVID-19 and influenza to guide the use of neuraminidase inhibitors (NAIs)" as in Table 1 and on page 7 of the UKHSA guidance).

5. Laboratories are requested to refer positive influenza samples to the West of Scotland Specialist Virology Centre (WoSSVC) for sequencing, especially from severe cases, suspected outbreaks or vaccine failures, or where co-infections with other infectious respiratory pathogens are detected.

Treatment of suspected or confirmed influenza

6. The UKHSA guidance on antiviral use for influenza can be found here: Influenza: treatment and prophylaxis using anti-viral agents.

   Advice contained in the PHS Addendum also should be reviewed: PHS external guidance addendum: for UKHSA 'Guidance on the use of antiviral agents for the treatment and prophylaxis of seasonal influenza'

7. A summary algorithm for prescribing antiviral treatment for influenza is included in Appendix 2 of the UKHSA guidance. Details in chapter 2 of the UKHSA guidance are also provided for treatment of adults and children with uncomplicated/complicated influenza (including severely immunosuppressed); dosage in patients with renal dysfunction; treatment of oseltamivir-resistant influenza; management of influenza in critical care; and other licensed and unlicensed treatments.

8. Some influenza subtypes are associated with a greater risk of developing oseltamivir resistance (in general, influenza A(H1N1)pdm09 is considered to have a higher risk compared with A(H3N2) and influenza B). The risk of resistance is greatest in people who are severely immunosuppressed.

9. It is still too early to predict what will be the dominant virus for the 2024/25 season. Both influenza A(H1N1)pdm09 and A(H3N2) subtypes have been co-circulating in Scotland. The most recent information on the dominant circulating strain of influenza is reported in the PHS Viral respiratory diseases (including influenza and COVID-19) in Scotland surveillance report.

10. Regarding treatment of influenza in the context of co-circulation of COVID-19:

    - there are no data to indicate any adverse impact of initiating NAIs in patients with COVID-19;
    - COVID-19 is not a contraindication to prescribing influenza antivirals where prompt initiation for suspected or confirmed influenza is required; and
    - there are no data to support prescribing of influenza antivirals for the treatment of COVID-19.

11. NICE guidance provides advice regarding the prescribing of antivirals, and this guidance should be read in conjunction with UKHSA guidance. The full NICE guidance on the use of antivirals can be accessed at:
https://www.nice.org.uk/guidance/ta168 for treatment; and
https://www.nice.org.uk/guidance/ta158 for prophylaxis.

Conclusion

12. Based on evidence provided by PHS about recent increases in influenza transmission, antiviral use in the community should be considered. When PHS indicates that influenza levels have reduced, they again will advise to cease consideration for the use of antivirals in the community.

13. However, the relevant directions under NHS Circular PCA(M)(2010)22 remain in force (available at: SE Health Department NHS, MEL (scot.nhs.uk)) and this means clinicians are still able to prescribe antivirals for any individuals where clinically appropriate, including those not in recognised risk groups and children under one year of age.

14. It is expected that the use of antivirals for the general population would only be used if the clinician feels the individual is at serious risk of developing complications or has developed these complications. Patients in the general population presenting with mild to moderate flu-like symptoms should be advised to take paracetamol and fluids and to seek further assistance should their condition deteriorate.

Prescriptions – Advice for Prescribers for Endorsing Prescriptions

15. Prescribers are reminded to endorse all prescriptions for antivirals with the reference “SLS”. Pharmacists can only dispense antivirals at NHS expense if this endorsement is made by the prescriber.

Access to Antivirals

16. The normal route for prescribing antiviral medication will be through NHS primary care prescription. Community pharmacies are advised to review their stock levels of antivirals via their wholesalers in response to local demand. Directors of Pharmacy should make sufficient supplies of antivirals available to local Out of Hours services.

17. In the event of any national shortages of antiviral medicines further advice regarding the use of the national stockpile will be issued.

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