NICE National Institute for Health and Care Excellence

NICE Pathways

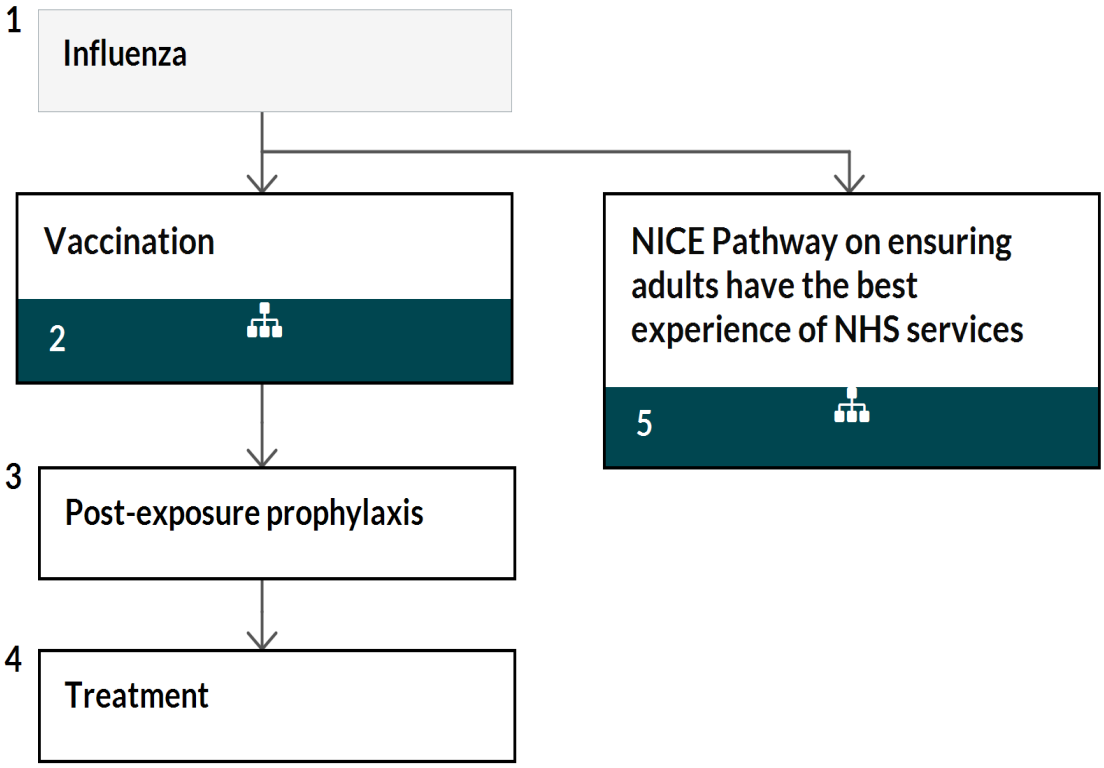
Influenza

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/influenza
NICE Pathway last updated: 03 November 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Influenza

No additional information

2 Vaccination

See Influenza / Influenza vaccination: encouraging uptake

3 Post-exposure prophylaxis

Oseltamivir, amantadine and zanamivir

The following recommendations are from NICE technology appraisal guidance on oseltamivir, amantadine (review) and zanamivir for the prophylaxis of influenza.

Oseltamivir and zanamivir are recommended, within their marketing authorisations, for the post-exposure prophylaxis of influenza if all of the following circumstances apply.

- National surveillance schemes have indicated that influenza virus is circulating[1].
- The person is in an at-risk group as defined below.
- The person has been exposed (as defined below) 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).
- The person has not been effectively protected by vaccination (as defined below).

The choice of either oseltamivir or zanamivir in the circumstances described above should be determined by the healthcare professional in consultation with patients and carers. The decision should take into account preferences regarding the delivery of the drug and potential adverse effects and contraindications. If all other considerations are equal, the drug with the lower acquisition cost should be used.

For the purpose of this guidance, people at risk are defined as those who fall into one or more of the clinical risk groups defined, and updated, each year by the Chief Medical Officer. The current list includes people with:

- chronic respiratory disease (including asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission)

[1] The Health Protection Agency in England (and the equivalent bodies in Wales and Northern Ireland) uses information from a range of clinical, virological and epidemiological influenza surveillance schemes to identify periods when there is a substantial likelihood that people presenting with an influenza-like illness are infected with influenza virus.

- chronic heart disease
- chronic renal disease
- chronic liver disease
- chronic neurological disease
- immunosuppression
- diabetes mellitus.

People who are aged 65 years or older are also defined as at-risk for the purpose of this guidance.

Exposure to an influenza-like illness is defined as close contact with a person in the same household or residential setting who has had recent symptoms of influenza.

People who are not effectively protected by vaccination include:

- those who have not been vaccinated since the previous influenza season
- those for whom vaccination is contraindicated, or in whom it has yet to take effect
- those who have been vaccinated with a vaccine that is not well matched (according to information from the Health Protection Agency) to the circulating strain of influenza virus.

During localised outbreaks of influenza-like illness (outside the periods when national surveillance indicates that influenza virus is circulating generally in the community), oseltamivir and zanamivir may be used for post-exposure prophylaxis in at-risk people living in long-term residential or nursing homes, whether or not they are vaccinated. However, this should be done only if there is a high level of certainty that the causative agent in a localised outbreak is influenza, usually based on virological evidence of infection with influenza in the index case or cases.

Oseltamivir and zanamivir are not recommended for seasonal prophylaxis of influenza.

Amantadine is not recommended for the prophylaxis of influenza.

NICE has written information for the public on oseltamivir, amantadine and zanamivir.

4 Treatment

NICE has published a clinical knowledge summary on seasonal influenza. This practical resource is for primary care professionals (it is not formal NICE guidance).

See also NICE's recommendations on medicines optimisation.

Amantadine, oseltamivir and zanamivir

The following recommendations are from NICE technology appraisal guidance on amantadine, oseltamivir and zanamivir for the treatment of influenza.

Oseltamivir and zanamivir are recommended, within their marketing authorisations, for the treatment of influenza in adults and children if all the following circumstances apply:

- national surveillance schemes indicate that influenza virus A or B is circulating[1]
- the person is in an 'at-risk' group as defined below
- the person presents 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.

For the purpose of this guidance, people 'at risk' are defined as those who have one or more of the following:

- chronic respiratory disease (including asthma and chronic obstructive pulmonary disease)
- chronic heart disease
- chronic renal disease
- chronic liver disease
- chronic neurological conditions
- diabetes mellitus.

People who are aged 65 years or older and people who might be immunosuppressed are also defined as 'at-risk' for the purpose of this guidance.

The choice of either oseltamivir or zanamivir in the circumstances described above should be made after consultation between the healthcare professional, the patient and carers. The decision should take into account the patient's preferences regarding drug delivery and potential adverse effects and contraindications. If all other considerations are equal, the drug with the lowest acquisition cost should be offered.

During localised outbreaks of influenza-like illness (outside the periods when national surveillance indicates that influenza virus is circulating in the community), oseltamivir and zanamivir may be offered for the treatment of influenza in 'at-risk' people who live in long-term residential or nursing homes. However, these treatments should be offered only if there is a high level of certainty that the causative agent in a localised outbreak is influenza (usually based on

virological evidence of influenza infection in the initial case).

Amantadine is not recommended for the treatment of influenza.

NICE has written information for the public on amantadine, oseltamivir and zanamivir.

5 NICE Pathway on ensuring adults have the best experience of NHS services

See Patient experience in adult NHS services

[1] The Health Protection Agency in England (and the equivalent bodies in Wales and Northern Ireland) uses information from a range of clinical, virological and epidemiological influenza surveillance schemes to identify periods when there is a substantial likelihood that people presenting with an influenza-like illness are infected with influenza virus.

Sources

Amantadine, oseltamivir and zanamivir for the treatment of influenza (2009) NICE technology appraisal guidance 168

Oseltamivir, amantadine (review) and zanamivir for the prophylaxis of influenza (2008) NICE technology appraisal guidance 158

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health

professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.