

Influenza

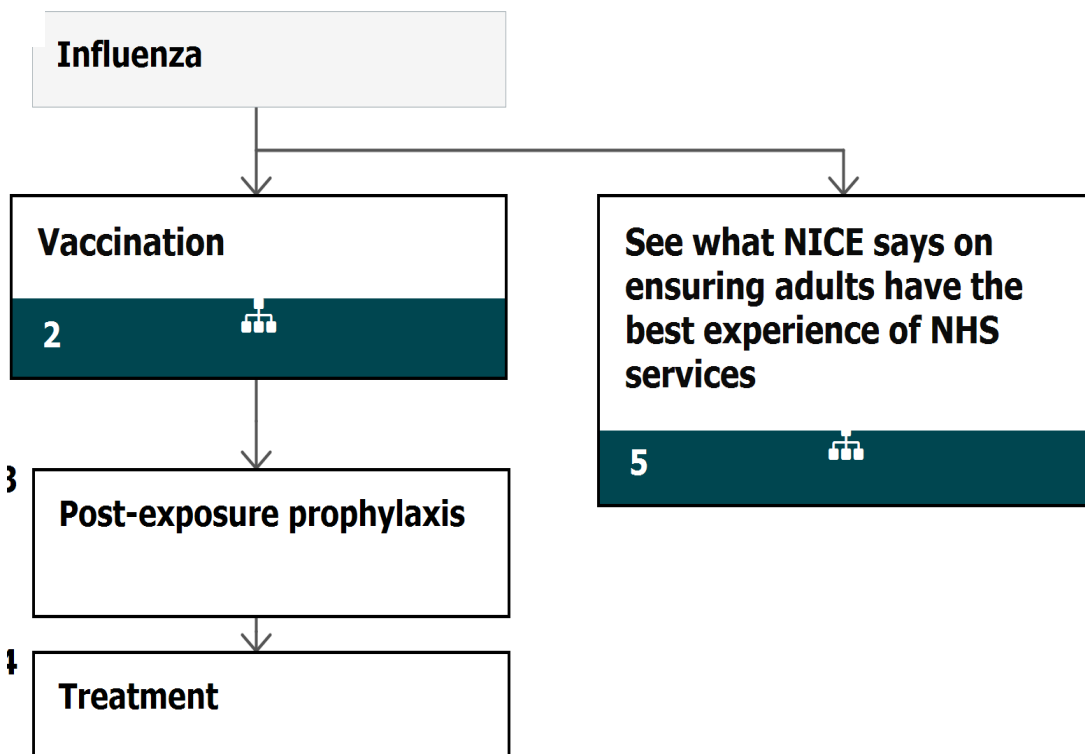
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

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: 21 August 2018

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 circulating¹.
- 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)
- chronic heart disease

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 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 circulating¹
- 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).

¹ The Health Protection Agency in England (and the equivalent bodies in Wales and Northern Ireland) uses

Amantadine is not recommended for the treatment of influenza.

NICE has written information for the public on [amantadine, oseltamivir and zanamivir](#).

5 See what NICE says on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

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.

Care homes

(this covers 24 hour accommodation with either non-nursing care (for example, a residential home) or nursing care)

Carer

(people who receive a carer's allowance or who are the informal 'main carer' of an older or disabled person whose welfare may be at risk if the carer falls ill; this definition is in line with the [Green Book](#), which recommends offering the flu vaccination on the basis of clinical judgement, regardless of whether the person receives a carer's allowance)

Carers

(people who receive a carer's allowance or who are the informal 'main carer' of an older or disabled person whose welfare may be at risk if the carer falls ill; this definition is in line with the [Green Book](#), which recommends offering the flu vaccination on the basis of clinical judgement, regardless of whether the person receives a carer's allowance)

CQUIN

commissioning for quality and innovation

Full participation vaccination strategy with nationally agreed opt out criteria

(a strategy where a range of approaches are used to maximise uptake and in which the expectation is that all front line staff should be vaccinated; the full participation approach includes agreed mechanisms enabling staff to opt out if they wish)

Multicomponent approach

(a set of multiple interventions implemented together to increase flu vaccination uptake; these target both demand (for example, increasing awareness of eligibility and the reasons why vaccination is beneficial) and supply (for example, creating more opportunities for vaccination, such as increasing the offer by professionals)

Peer-led approaches

(approaches to reach underserved groups in which people with lived experience (for example,

people who have been homeless, or who are from particular cultural backgrounds) work alongside health and social care professionals to provide information that is accessible and appropriate to the target group, acting as local 'flu champions' to promote awareness and uptake among their peers)

Primary care

(the day-to-day healthcare given by a healthcare provider: typically this provider acts as the first contact and principal point of continuing care for patients within a healthcare system, and coordinates other specialist care that the patient may need; in the UK, people access primary care services through local general practice, community pharmacy, optometrist, dental surgery and community hearing care providers)

Providers of flu vaccination

(staff who are allowed to administer the flu vaccination, or affiliated staff (for example general practice staff who log patient demographics and could therefore see who satisfies [Green Book](#) criteria)

Secondary care

(often acute healthcare (elective care or emergency care) provided by medical specialists in a hospital or other secondary care setting; patients are usually referred by a primary care professional such as a GP)

Statutory

(organisations with legal responsibility at a national or local level for the provision, commissioning, regulation or improvement and oversight of government-funded health and care services)

QOF

[quality outcomes frameworks](#)

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.