



Dear Colleagues

## Seasonal Influenza: Use Of Antivirals 2023-24

- Recent intelligence provided by Public Health Scotland (PHS) of increases in laboratory-confirmed influenza incidence and test swab 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 influenza outbreaks in a few care homes. See the [PHS weekly respiratory report](#) for current levels of circulating respiratory conditions in Scotland.

- Based on PHS's intelligence, antiviral medicines (specifically oseltamivir and zanamivir) can now 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 influenza illness.

### Testing

- 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

**From the Chief Medical Officer for Scotland**

Professor Sir Gregor Smith  
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19 December 2023

SGHD/CMO/21(2023)

**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  
Practice Nurses  
Health Visitors  
Immunisation Coordinators  
CPHMs  
Scottish Prison Service  
Scottish Ambulance Service  
Consultant Obstetricians  
Occupational Health Lead

**For information**

Chairs, NHS Boards  
Infectious Disease Consultants  
Consultant Paediatricians  
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*complicates recommendations for antiviral use for influenza based on clinical-epidemiologic evidence alone. As such, testing should be increasingly considered to guide case management and outbreak response, especially in closed settings (e.g., care homes) and among at-risk populations; however, in the absence of access to rapid diagnostics, antiviral prescribing for influenza among at-risk populations should not be delayed.*

4. 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 p.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, potential vaccine failures or where co-infections with other infectious respiratory pathogens are detected.
6. GP practices that are taking part in the CARI (Community Acute Respiratory Infection) sentinel surveillance programme have been provided with bespoke, multiplex test kits which allow detection by the laboratory of a range of respiratory pathogens in patients who present with flu-like symptoms. These are returned directly to WoSSVC. Please contact [phs.cari@phs.scot](mailto:phs.cari@phs.scot) for more information on how to become a sentinel GP practice.

#### **Treatment of suspected or confirmed influenza**

7. UK Health Security Agency (UKHSA) guidance on antiviral use for influenza can be found here: [Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza \(publishing.service.gov.uk\)](#)  
Advice contained in the PHS Addendum also should be reviewed here:  
[PHS external guidance addendum: for UKHSA 'Guidance on the use of antiviral agents for the treatment and prophylaxis of seasonal influenza'](#)
8. A summary algorithm for prescribing antiviral treatment for influenza from the [UKHSA guidance is included in Appendix 2](#). 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.
9. Some influenza types are associated with a greater risk of developing oseltamivir resistance (in general, influenza A(H1N1)pdm09 is considered to

*have a higher risk compared to A(H3N2) and influenza B). The risk of resistance is greatest in people who are severely immunosuppressed.*

*10. It is still too early to predict what will be the dominant virus for the 2023/24 season. Both influenza A(H1N1)pdm09 and A(H3N2) strains have been co-circulating in Scotland. The most recent information on the dominant circulating strain of influenza is reported in the [PHS weekly respiratory report](#).*

*11. 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.*

*12. NICE guidance provides advice regarding prescription of antivirals, and this guidance should be read in conjunction with UKHSA guidance and the PHS addendum. 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.*

*13. A brief reminder of the key points is detailed below:*

- People start taking oseltamivir within 48 hours of onset of symptoms.*
- For zanamivir, treatment should begin within 48 hours of onset of symptoms for adults and within 36 hours of onset of symptoms for children who are 5 years old or over.*
- Children over 12 months and adults who are not able to swallow capsules can be prescribed oral oseltamivir suspension.*
- Prescribing for children under 12 months: Oseltamivir is indicated in children including full term neonates who present with symptoms typical of influenza, when influenza virus is circulating in the community. Efficacy has been demonstrated when treatment is initiated within two days of first onset of symptoms.*

### ***Prescriptions – Advice for Prescribers for Endorsing Prescriptions***

*14. 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**

15. *The normal route for prescribing antiviral medication will be through GP10. 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.*
16. *In the event of any national shortages of antiviral medicines further advice regarding the use of the national stockpile will be issued.*

## **Vaccinations**

17. *As seasonal influenza is now on the rise it is an important time to remind all health and social care workers to get vaccinated and observe appropriate infection control measures to protect both their patients and themselves. Health or social care workers do not require an appointment and can drop into any winter vaccine clinic. Members of the general public who are eligible for Winter vaccinations are still able to book an appointment online at: [Winter vaccines | NHS inform](#)*

## **Conclusion**

18. *Based on evidence provided by PHS about recent increases in influenza transmission, antiviral use in the community should now be considered. When PHS indicates that influenza levels have reduced, they again will advise to cease the use of antivirals in the community.*
19. *The relevant directions under NHS Circular PCA(M)(2010)22 remain in force (available at: SE Health Department NHS, MEL ([scot.nhs.uk](http://scot.nhs.uk))) and this means clinicians are still able to prescribe antivirals for any individuals, including those not in recognised risk groups and children under one year of age.*
20. *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.*

*Yours sincerely,*

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