

NICE HTA oseltamivir, amantadine and zanamivir – influenza prophylaxis: Comments on Assessment Report



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Diabetes UK is one of Europe's largest patient organisations. Our mission is to improve the lives of people with diabetes and to work towards a future without diabetes through care, research and campaigning. With a membership of 175,000, including 6,000 health care professionals, Diabetes UK is an active and representative voice of people living with diabetes in the UK.

Facts about diabetes

- Prevalence of diabetes is 2.3 million in the UK.¹
- Diabetes affects the young and old, and has particularly poor outcomes in those of lower socio-economic status and in those from black and minority ethnic groups.^{2,3}
- Evidence is available supporting the need for improved education of people with diabetes and their carers if better control and improved outcomes are to be achieved.^{4,5,6}
- Diabetes, if undetected or not well managed, can lead to many complications and have a devastating impact on quality of life.

Diabetes UK comments on Assessment Report for oseltamivir, amantadine, zanamivir for the prophylaxis of influenza (including a review of existing guidance no. 67)

Pg 27 – Impact of Influenza and significance for the NHS – 2nd paragraph – “complications arising from influenza..” – This sentence should also include people with diabetes in the populations mentioned as they too are at increased risk of hospitalisation as a result of complications of influenza.

Pg 30 – 3.2.3 and pg 219 – 7.5 – This must also be considered from the patient's perspective to ensure that they can have access to prophylaxis in a timely manner, particularly where screening for complications such as creatinine clearance would need to take place. Awareness raising of the technologies will need to be considered as part of the implementation guidance for this technology appraisal to increase the likelihood that people will be able to access their GP promptly.

Pg 39 – 3.3.3 – It is unclear whether the prison population would have been considered within the previous guidance's description of a residential care establishment. This guidance must consider the needs of populations residing in institutional settings such as the prison population.

Pg 219 – 7.4 – The implementation guidance will need to address the concerns surrounding variation in practice such as multiple prescriptions of a technology for prophylaxis. A person with diabetes may need to have tests such as creatinine clearance undertaken prior to receiving a prescription for any of these technologies.

Pg 221-233 – 8 – Diabetes UK notes the limitations of the available evidence regarding these technologies and acknowledges reference to emerging evidence surrounding the neuropsychiatric adverse events related to oseltamivir and zanamivir, and to the established significant adverse events associated with amantadine. Diabetes UK is also mindful of the evidence presented regarding increasing resistance of some influenza strains to some of the technologies in this appraisal. Therefore Diabetes UK reiterates that these technologies are not a replacement for the flu vaccination. However, as identified in the report, there may be incidences where the vaccination is inappropriate or contraindicated, and provided they are safe, these technologies could provide an additional option for prophylaxis. As people with diabetes are considered an at risk group, it is important that both seasonal and post exposure prophylaxis are considered.

Decisions regarding which technologies are recommended and for which particular population groups must not be based on cost effectiveness calculations alone. The cost effectiveness calculations as they stand have the potential to limit the availability of these technologies, and limit choice of technology available despite evidence surrounding the clinical effectiveness of another of the technologies. Provided they are considered safe and clinically effective, used within their licensed indications, and the necessary screening for contraindications of use have been undertaken, people should be able to make an informed choice with their healthcare professional regarding the technologies that considers factors such as method of administration, adverse events, and contraindications. The initial submission from Diabetes UK highlighted the need for people with diabetes to be screened for complications that could be further aggravated by the technologies. The Assessment Report has acknowledged the weakness and limitation of the cost effectiveness evaluation and this must be considered by the Appraisal Committee when developing its guidance.

People with diabetes are an at risk population and must have access to flu vaccination as the primary form of prophylaxis. Provided they are safe, these technologies could provide an option for prophylaxis where the flu vaccination is inappropriate or contraindicated.

References

¹ http://www.diabetes.org.uk/Professionals/Information_resources/Reports/Diabetes-prevalence-2007/

² Chaturverdi N, Jarret J, Shipley MJ, Fuller JH. Socio-economic gradient in morbidity and mortality in people with diabetes: Cohort study findings from the Whitehall Study and the WHO multinational study of vascular disease in diabetes. *BMJ* 1998; 316:100-106

³ Mather HM, Chaturverdi N, Fuller JH. Mortality and morbidity from diabetes in South Asians and Europeans: 11 year follow-up of the Southall Diabetes Survey, London, UK. *Diabetic Medicine* 15: 53-59

⁴ UK Prospective Study Group (UKPDS). Effect of intensive blood glucose control with metformin on complications in overweight patients with type 2 diabetes (UKPDS 34) *The Lancet*. Vol 352, September 12, 1998

⁵ Diabetes Control and Complications Trial (DCCT) Research Group. The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. *The New England Journal of Medicine*. Vol 329: 14. September 30, 1993

⁶ UK Prospective Diabetes Study Group (UKPDS). Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes (UKPDS 38). *BMJ* Volume 317, 12 September 1998