

Quick reference guide

Oseltamivir, amantadine and zanamivir for the prophylaxis of influenza (including a review of NICE technology appraisal guidance 67)

NOTE: This guidance replaces 'NICE technology appraisal guidance 67' issued in September 2003.

The Institute reviews each piece of guidance it issues.

The review and re-appraisal of the use of amantadine and oseltamivir for the prophylaxis of influenza has resulted in inclusion of zanamivir in the guidance.

Guidance

- 1 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 in section 3.
 - The person has been exposed (as defined in section 4) 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 in section 5).
- 2 The choice of either oseltamivir or zanamivir in the circumstances described in section 1 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.
- 3 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
 - 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.

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.

- 4 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.
- 5 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.
- 6 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.
- 7 Oseltamivir and zanamivir are not recommended for seasonal prophylaxis of influenza.
- 8 Amantadine is not recommended for the prophylaxis of influenza.

Implementation tools

NICE has developed tools to help organisations implement this guidance (listed below). These are available on our website (www.nice.org.uk/TA158).

- Local costing template incorporating a costing report to estimate the savings and costs associated with implementation.
- Audit support for monitoring local practice.

Further information

Ordering information

You can download the following documents from www.nice.org.uk/TA158

- A quick reference guide (this document) – a summary of recommendations for healthcare professionals.
- ‘Understanding NICE guidance’ – information for patients and carers.
- The full guidance.
- Details of all the evidence that was looked at and other background information.

For printed copies of the quick reference guide or ‘Understanding NICE guidance’, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote:

- N1690 (quick reference guide)
- N1691 (‘Understanding NICE guidance’).

Related NICE guidance

For information about NICE guidance that has been issued or is in development, see the website (www.nice.org.uk).

Under development

- Amantadine, oseltamivir and zanamivir for the treatment of influenza (a review of NICE technology appraisal guidance 58). NICE technology appraisal guidance (publication expected Feb 2009).

Updating the appraisal

This technology appraisal will be considered for review in September 2011. Information about the progress of a review will be posted on the NICE website (www.nice.org.uk/TA158).

This guidance represents the view of the Institute, which was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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