

NICE Guidance on the use of oseltamivir and zanamivir for the treatment and prevention of flu. Advice status April 2007

These comments are made for onward transmission by the RCGP

To the best of my knowledge there is no new published evidence which substantially changes the basis of the recommendations. However there are some salient points which NICE should recognize

The incidence of influenza like illness has been falling consistently over the last 10 years (Elliott AY, Fleming DM Surveillance of influenza like illness in England and Wales during 1996-2006 Eurosurveillance 2006, vol11 249-500. In 1999 we published on the duration and magnitude of influenza epidemics and argued that the threshold for influenza activity was a weekly rate of 28 per 100,000. Fleming DM, Zambon M, Bartelds AIM, de Jong JC. The duration and magnitude of influenza epidemics: a study of surveillance data from sentinel general practices in England and Wales and the Netherlands. Eur J Epidemiol 1999, 15:467-473 This was a considerably lower level than that considered appropriate at the time by the DH and the PHLS (now HPA) and lower than that advocated as the threshold level by NICE to determine use of these drugs.

The use of NI antivirals should continue to be based on active influenza surveillance but the interpretation of the surveillance data should not be rigidly attached to some arbitrary threshold value. Rather it should be based on the considered opinion of persons experienced in assessing surveillance data. Since the Weekly Returns Service of the RCGP provides comprehensive surveillance of all common respiratory clinical syndromes and is integrated with a program of virological surveillance undertaken at the HPA, it remains the most valuable surveillance tool on which to make the decision as to when antivirals should be used.

Local outbreak control presents some problems for the use of NI antivirals in nursing home settings. Whilst in any serious epidemic the whole country is affected simultaneously that is not always the case in institutional settings and again this is a point favouring more flexibility in the interpretation of threshold guidelines.

Serious illness due to influenza can and does occur in healthy persons not included in recommended categories. Indeed there are even some deaths in children during flu epidemics (Fleming DM, Pannell RS, Cross KW. Mortality in children from influenza and respiratory syncytial virus. J Epidemiol and Community Health 2005 59(7):586-590). If we were to experience a severe epidemic of flu I believe it would be unethical for doctors to withhold treatment from persons who are seriously ill and presenting at a time when they could benefit. Whilst NICE guidance does not overrule medical judgement, clinical governance by PCTs is dependent on NICE guidelines.

Pandemic issues cannot be ignored. Experience is needed in optimizing the use of these drugs and for practical purposes continuing avoidance of their use in suitable cases will inhibit appropriate use should a pandemic or major drifted virus epidemic occur. In this context the widely accepted advice of fluids, paracetamol, stay at home and do not overwhelm your doctor is a message we need to undo. The emphasis will surely be it is important to receive antiviral treatment early, do not wait until it is too late!

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