

# **NICE HTA oseltamivir, amantadine and zanamivir - influenza prophylaxis: Comments on Appraisal Consultation Document**



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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 up to 175,000, including up to 6,500 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.<sup>1</sup>
- 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.<sup>2,3</sup>
- 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.<sup>4,5,6</sup>
- 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 the Appraisal Consultation Document for oseltamivir, amantadine, zanamivir for the prophylaxis of influenza (including a review of existing guidance no. 67)**

### **Summary**

Diabetes UK particularly welcomes recommendation 1.2 that emphasises that decisions as to which technology is to be used is based on discussion and considers issues such as preference regarding delivery, potential adverse effects and contraindications. However Diabetes UK believes that these technologies should also be available for seasonal prophylaxis as there may be instances of mismatch between circulating influenza and vaccine, or circumstances where the vaccine is contraindicated for use in some people. Diabetes UK is mindful of the concerns that have been outlined regarding amantadine and would encourage NICE to review their position in the future in light of any further evidence or research made available.

### **Detailed response regarding points ii), iii) and iv)**

- ii) Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate?**

Diabetes UK questions the interpretation of the clinical and cost effectiveness evidence that has resulted in a recommendation that these technologies are not made available for seasonal prophylaxis (1.7). The decision to limit use of these technologies to post exposure prophylaxis appears to be based primarily on reasons of cost effectiveness. The Committee state in 4.3.5 that the "drugs were clinically effective when used as seasonal or post exposure prophylaxis". The Committee also acknowledges that the economic modelling for cost effectiveness was weak owing

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to the lack of available evidence, therefore in many instances evidence in the healthy adult populations was used to make assessments for the at risk populations. Furthermore in at risk, unvaccinated, children seasonal prophylaxis was found to be cost effective although consideration was given to issues with some of the data (4.3.8).

**iii) Do you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS?**

**1.2**

As outlined previously Diabetes UK particularly welcomes recommendation 1.2 that emphasises that decisions as to which technology is used are based on discussion and consider issues such as preference regarding delivery, potential adverse effects and contraindications.

**1.7**

Diabetes UK recommends that these technologies are also made available for seasonal prophylaxis. The decision to limit use of these technologies to post exposure prophylaxis appears to be based primarily on reasons of cost effectiveness as outlined above. If seasonal prophylaxis is not available it potentially places people, particularly from at risk populations such as people with diabetes, at increased risk of catching influenza in circumstances where there is a mismatch between the vaccine and the circulating influenza virus, or where the flu vaccination is contraindicated for use in an individual. Where this is the case, for some individuals, it may be too late to instigate post exposure prophylaxis as the individual may not attend at their GP surgery in time to have the necessary tests undertaken that would inform whether or not the individual can have a particular technology.

**1.8**

The Committee has decided not to recommend amantadine having considered the evidence surrounding the adverse effects, the age of the trials and the level of resistance the influenza virus has developed in relation to this technology. Diabetes UK is mindful of the concerns outlined above and would encourage NICE to review their position in the future in light of any further evidence or research made available. Provided it is safe and effective, and the necessary screening for contraindications has been undertaken, this technology could be an option for prophylaxis in instances where either the flu vaccination or the other technologies considered in this appraisal are inappropriate or contraindicated.

**iv) Are there any equality related issues that may need special consideration?**

**1.6**

This recommendation must also consider the needs of populations residing in institutions such as prisons. People from at risk populations residing in these institutions must also have their needs considered. The recommendation as it currently stands does not explicitly include these populations.

**General**

Enabling and supporting timely access to these technologies for people without a fixed address must also be considered to ensure people from these populations are not put at increased risk of catching influenza.

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### Conclusion

Diabetes UK maintains that 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.

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### References

- <sup>1</sup> [http://www.diabetes.org.uk/Professionals/Information\\_resources/Reports/Diabetes-prevalence-2007/](http://www.diabetes.org.uk/Professionals/Information_resources/Reports/Diabetes-prevalence-2007/)
- <sup>2</sup> 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
- <sup>3</sup> 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
- <sup>4</sup> 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
- <sup>5</sup> 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
- <sup>6</sup> 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