

General Practice Airways Group

Journal: Primary Care Respiratory Journal



June 9th, 2008

Dear Mrs Longson

Oseltamivir, amantadine and zanamivir for the prophylaxis of influenza (including a review of existing guidance no. 67) Appraisal Consultation Document

Thank you for the opportunity to comment on the ACD for this NICE guidance. As the organisation representing primary care health professionals with an interest in respiratory medicine, we have restricted our comments to the practical aspects of this guidance and focused our attention on your questions ii and iii.

- 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?*
- 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?*

Our first comment is that this guidance needs to be more clearly labelled as relating to post exposure prophylaxis. There has been confusion with NICE doing the two appraisals for treatment and prophylaxis simultaneously and it is important that the prophylaxis context of this appraisal is unambiguous. There is a danger that GPs/ nurses may not appreciate the significance of this guidance when it lands on their desks. Lack of familiarity with the medicines may also mean that many patients and health professionals are not aware of the marketing authorisation that the drugs need to be given within 48 hours of exposure. It would be good to spell out this 48 hour rule in para 1.1.

In broad terms we feel that the guidance is clear. There are a few issues that we think require clarification however.

We have several questions about the groups that qualify as 'at risk'. There is no mention of carers in this context, yet we consider them to be key to protect if they have responsibility for others. Healthcare workers are also not mentioned, yet they are often exposed to infection early on in an outbreak. At present, they would appear to be ineligible according to the guidance. Are these exclusions intentional?

There is no reference here to use of the products in an Out of Hours (OOH) context, immediately post-exposure. In this situation the clinician will have no access to patient records or knowledge of

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the patient's history. It may be that an OOH doctor should err on the side of initiating treatment prophylactically for example. We believe that guidance about what to do in this context would be useful. In a different scenario, arrangements for the use of these drugs in a residential home with an outbreak of influenza over the Bank Holiday Weekend need to be in place. It is not reasonable to expect a Duty Doctor or other health care professional to turn up and find him- or herself in the position of being expected to deal with that. PCTs ought to make positive arrangements for that with their OOH providers, perhaps using Patient Group Directions. Some reference to clarify OOH situations would therefore be useful.

1.7 - Would it make more sense to make the point that the treatments are not to be used for seasonal prophylaxis immediately after point 1.1 rather than as point 1.7? It would also be good to give a definition of seasonal versus post –exposure prophylaxis.

Occupational health departments should be considered here. They could be a very effective place to initiate prophylactic treatment, if there are known cases of flu in a workforce. It appears that you are only considering exposure within the home environment, whereas people may be exposed at work too (as in the case of healthcare professionals, as above). Again, some specific comments on this situation would be useful.

Publicity of the threshold levels of circulating influenza needs to be clear. It is published, and it was actually picked up in the media this year, but as it is a central element of the indications for the use of these drugs PCTs should consider how that information is to be circulated to GPs.

What we feel is very unclear is how the products should be used in the case of influenza outbreak or pandemic. While the guidance does not seek to cover these situations, there should be some indication if/where such guidance can be obtained.

Thank you for the opportunity to comment on the draft guidance. Please feel free to contact us if any of our points are unclear.

Regards,

For The General Practice Airways Group

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