

SUMMARY OF PHE GUIDANCE ON USE OF ANTIVIRAL AGENTS FOR THE TREATMENT AND PROPHYLAXIS OF SEASONAL INFLUENZA

WHEN TO SUSPECT FLU

Oral or tympanic temperature of 37.8°

PLUS

- New onset of one or more respiratory symptoms:
- Cough (with or without sputum), hoarseness
- Nasal discharge or congestion, shortness of breath
- Sore throat
- Wheezing
- Sneezing

OR

In older people an acute deterioration in physical or mental ability without other known cause

NOTE

- In older people, flu can often present without a fever
- Flu can sometimes cause a milder illness than expected: the severity can depend on the type of flu strain causing the illness and whether or not the infected person has been vaccinated.
- People with chest infections can have flu at the same time as the chest infection: co-infection is not uncommon during the flu season. In 2016-17 many patients with subsequently confirmed flu were initially diagnosed with chest infections rather than flu.

UNCOMPLICATED INFLUENZA:

Influenza presenting with fever, coryza, generalised symptoms (headache, malaise, myalgia, arthralgia) and sometimes gastrointestinal symptoms, but without any features of complicated influenza.

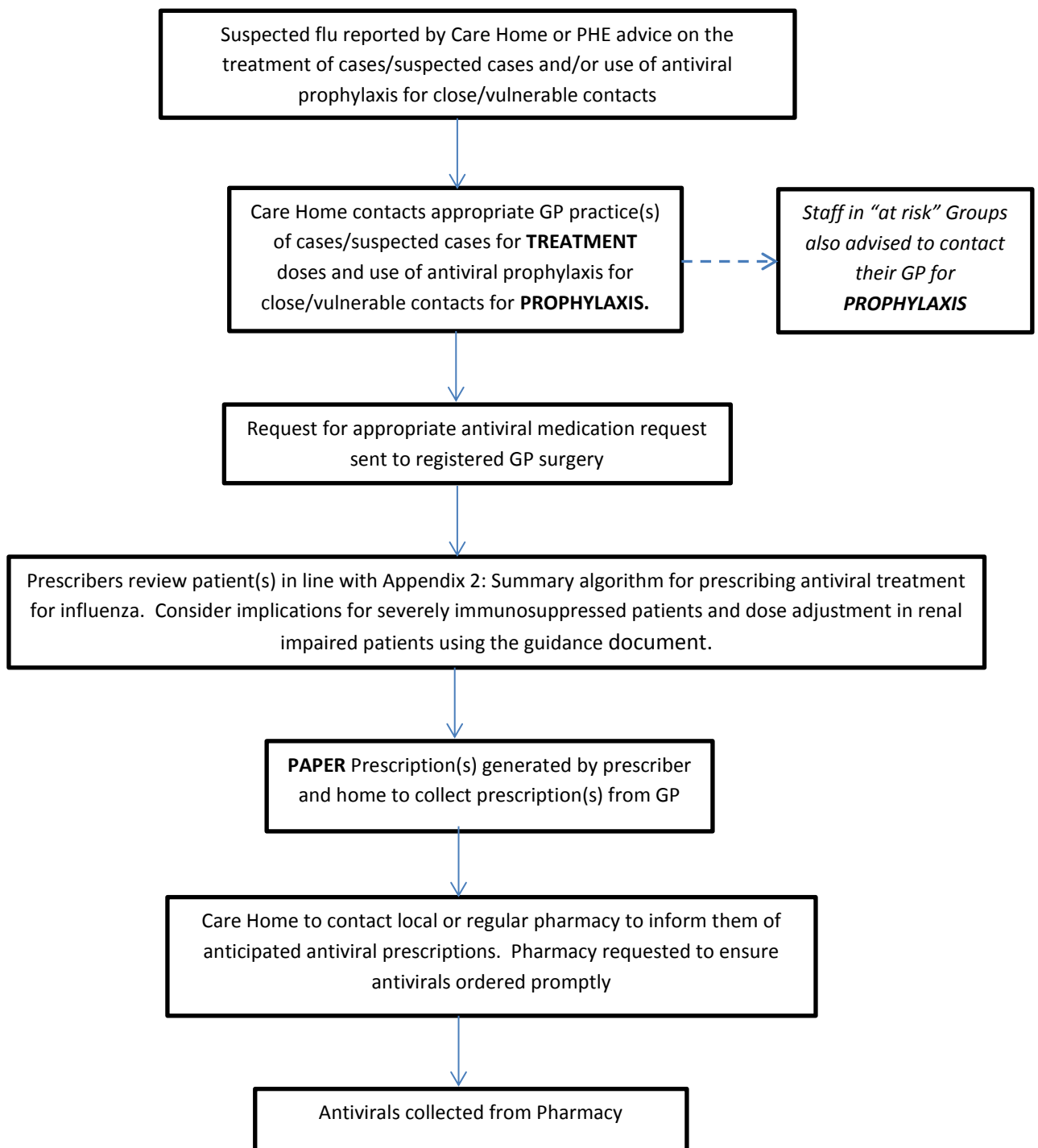
COMPLICATED INFLUENZA:

Influenza requiring hospital admission and/or with symptoms and signs of lower respiratory tract infection (hypoxia, dyspnoea, lung infiltrate), central nervous system involvement and/or a significant exacerbation of an underlying medical condition.

SEE LINK BELOW FOR FURTHER DETAIL:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/648758/PHE_guidance_antivirals_influenza_201718_FINAL.pdf

Antivirals: Advice to care homes accessing Antivirals



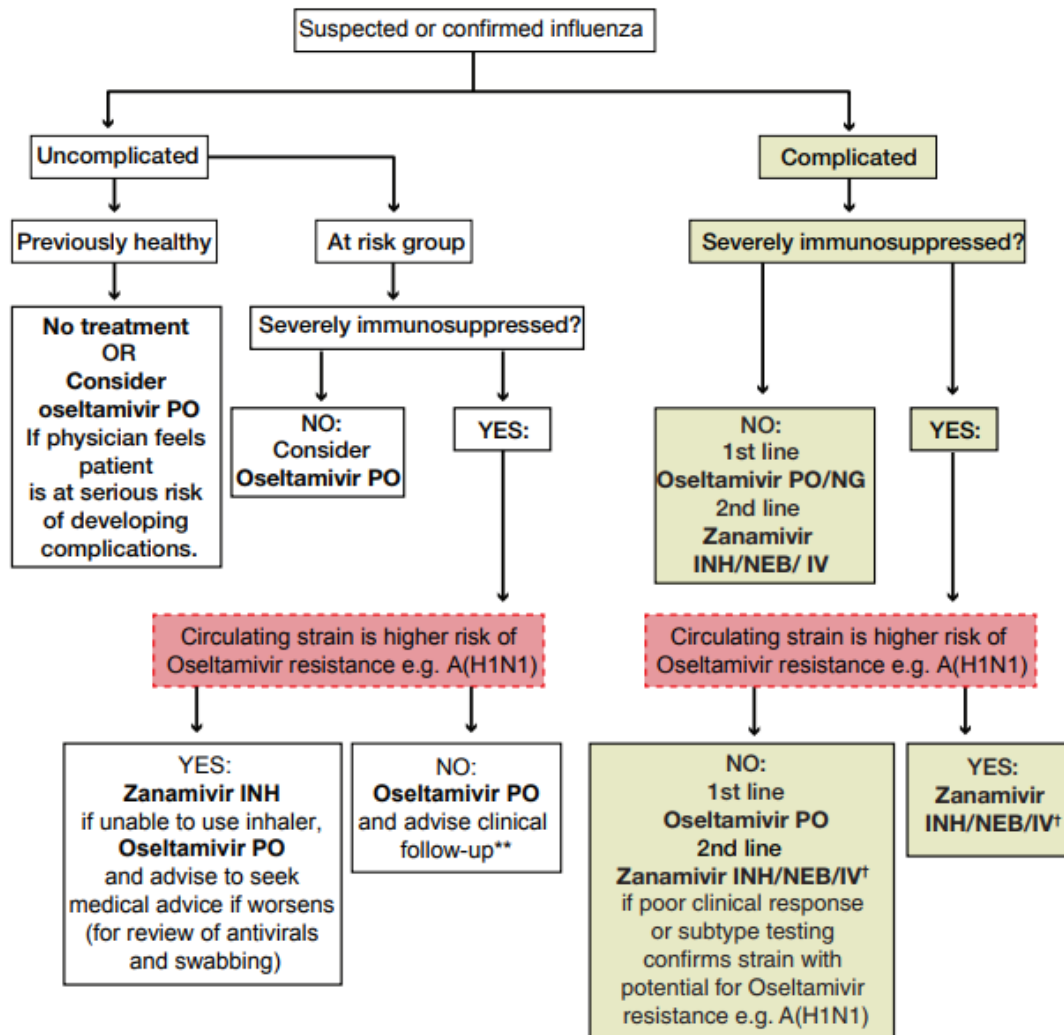
CCG Medicines Management Role:

- Provide telephone advice and answer any **technical drug information** questions that GPs and pharmacies may have.
- Can support with access to antivirals if pharmacies are unable to obtain supplies via the normal wholesalers.

Please contact medicines management on 01254 282087 (BwD CCG) or 01282 644807 (EL CCG)

Appendix 2: Summary algorithm for prescribing antiviral treatment for influenza

Prescribing antivirals for treatment of influenza in primary and secondary care



Note: Commencing oseltamivir and zanamivir treatment more than 48 hours after symptom onset (36 hours for zanamivir use in children) is an off-label use.

† The following hospitalised patients may be considered for IV zanamivir: patients who have already failed to respond to nebulised zanamivir; patients who have developed respiratory conditions affecting nebuliser delivery (eg airways disease, pulmonary oedema); patients who have multi-organ involvement or who require intensive care.

** clinical follow-up – advise patient to seek medical attention if illness worsens. Patient may need to be re-swabbed for influenza testing if this occurs, noting on the form that they are already on antiviral treatment.

The circulating influenza strain can be checked via the HPS Flu report.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/648758/PHE_guidance_antivirals_influenza_201718_FINAL.pdf

PRIMARY CARE GUIDANCE - SEASONAL FLU

Influenza (flu) viral infection affects lungs and airways: headache, fever, cough, sore throat, aching muscles and joints.

ROUTES OF TRANSMISSION

- **Droplet:** Stays in air short time, travel 1–2 m, droplets come into contact with mucous membranes of eyes, nose and mouth and transmit infection.
- **Airborne:** Aerosol generating procedures produce small droplets that remain in the air for longer, go further and transmit infection via mucous membrane or inhalation.
- **Contact:** May be direct or indirect – contact via hands to mucous membranes, can be transferred from hard surface up to 24 hours, and from soft fabrics up to 2 hours.

ISOLATION

- Isolate suspected flu in an isolation room bedroom with door shut
- Limit patient movement, if patient leaves room, e.g. Transported to hospital they should wear a **surgical face mask**
- If the patient is wearing a face mask during transport **HCWs do not wear a mask**

OUTBREAK IN CARE HOME

- Managing outbreak in Care Home guidance – ‘2 or more cases linked by time and place’ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664972/Influenza-like_illness_in_care_homes.pdf
- If flu is suspected within a nursing or residential home contact Public Health England (PHE) Tel: 0344 225 0562 Option 2
- Swabbing does not dictate outbreak management. If it meets the case definition, as it is known flu is circulating, the recommendation is to treat/prophylax as if it is Flu.

PERSONAL PROTECTIVE EQUIPMENT

Masks

- HCWs caring for patients with a suspected or confirmed Flu should wear a **surgical face mask** when in close contact with the patient (within 1 - 2 metres)
- **Eye protection** where there is a risk of eye exposure to infectious sprays eg. patients with persistent cough or sneezing
- **Surgical face masks** should be removed and disposed of inside the patient / residents room in an clinical waste bag once the healthcare worker is more than 1 m from patient

Aprons

- Wear plastic apron if soiling of uniform with respiratory secretions is anticipated
- Wear gloves if contact with respiratory secretions or contaminated surfaces
- Change plastic apron and gloves and do hand hygiene **between** patients

PATIENT / RESIDENT EDUCATION

- Respiratory hygiene and cough etiquette – cough into elbow or tissues “Catch it, Bin it, Kill it” - Hand hygiene with soap and water
- Visitors made aware of risks and be offered PPE as recommended for staff

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/452928/RTI_infection_control_guidance_PHE_v3_FPF_CT_contents2.pdf