

- To:
- Integrated care boards (ICBs):
 - chief executives
 - medical directors
 - chief nurses
 - care home leads
 - Regional directors of primary care and public health

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

4 November 2022

- cc.
- Regional:
 - chief medical officers
 - directors of commissioning

Dear Colleagues,

Services for the provision of antiviral drugs for the treatment and post-exposure prophylaxis of influenza-like illness (ILI) in at-risk patients including care home residents

This letter restates service expectations for system commissioners on requirements previously outlined in [2017](#) and restated for clinical commissioning groups (CCGs) in [December 2021](#), for the provision of influenza antivirals with a particular focus on care home residents, ahead of an expected challenging winter and 'flu season', in addition to ongoing activity to vaccinate care home residents and staff against flu and Covid-19.

In summary:

- [NICE technology appraisal guidance \(TA168\)](#) recommends the use of oseltamivir and zanamivir within their marketing authorisations, **for the treatment of influenza** in adults and children if **all** the following circumstances apply:
 - national surveillance schemes indicate that influenza virus A or B is circulating
 - the person is in an 'at-risk' group
 - the person presents with an influenza-like illness and can start treatment within 48 hours (or within 36 hours for zanamivir treatment in children) of the onset of symptoms as per licensed indications.

- At the point that circulating levels of influenza have risen to a level which defines the 'flu season', prescribers will be able to prescribe antiviral medications on the usual FP10.
- The benefits of **antivirals for post-exposure prophylaxis** in at-risk patients¹ arising from localised community outbreaks of influenza are confirmed in [NICE technology appraisal guidance \(TA158\)](#).
- From a GP contractual perspective, treatment of patients who are ill, or who believe themselves to be ill, with influenza like illness will fall within the definition of essential services during the 'flu season' and we would expect patients to be managed as such within general practice.
- However, in contrast, additional locally commissioned services need to be in place (in and out of hours including at weekends) for localised community outbreaks of influenza, for those at-risk patients who:
 - are ill with flu and require access to antiviral treatment outside of the 'flu season'
 - are not ill but for whom post-exposure prophylaxis with antiviral drugs has been recommended to enable them to access prophylactic treatment (both in and out of flu season).

Previously, CCGs established these services following 2017 communications. With the transfer of responsibilities to ICBs, the design and delivery of these services should be assured via local system teams. Given their clinical vulnerability, it is vital that these include provision for care home residents.

Where primary care networks (PCNs) are delivering enhanced health in care homes, the PCN and the care home will need to be made aware of how they can inform the locally commissioned flu antiviral service/public health if an outbreak is suspected.

We are therefore asking all systems to assure they have the necessary services in place and take action where not (commissioned or mutual aid arrangements) to respond to a UKHSA Health Protection Team (HPT) alerts, to provide appropriate clinical assessment, prescribing and supply of antivirals.

¹ At-risk patients include patients with chronic respiratory disease, chronic heart disease, chronic renal disease, chronic liver disease, chronic neurological disease, immunosuppression and diabetes mellitus. People who are aged 65 years or older are also defined as at-risk for the purpose of this guidance.

Please ensure your UKHSA HPT is advised of those arrangements, where this has not already been completed, by **11 November 2022** to support the notification and activation of the local NHS response, seven days a week so that information about local ILI outbreaks can be acted upon without delay.

Contact details for UKHSA HTPs are available here:

<https://www.gov.uk/guidance/contacts-phe-health-protection-teams>

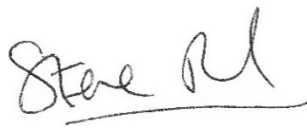
Thank you in advance for your prompt action in this matter.

Yours sincerely,



Kiren Collison

Deputy Medical Director for
Primary Care
NHS England



Steve Russell

National Director for
Vaccinations and Screening
NHS England



David Webb

Chief Pharmaceutical
Officer
NHS England