

Quick reference guide

Amantadine, oseltamivir and zanamivir for the treatment of influenza (review of NICE technology appraisal guidance 58)

NOTE: This guidance replaces 'NICE technology appraisal guidance 58' issued in February 2003.

The review and re-appraisal of amantadine, oseltamivir and zanamivir for the treatment of influenza has resulted in a change in the guidance. Specifically:

- people with chronic neurological conditions and people with chronic liver disease are now considered 'at risk'
- zanamivir is now recommended as a treatment option for children between the ages of 5 and 12 years in 'at-risk' groups if influenza is circulating and they can start treatment within 36 hours of first symptoms
- oseltamivir and zanamivir are now recommended as treatment options for 'at-risk' people in long-term and residential nursing homes during localised outbreaks (when influenza is not circulating), if there is a high level of certainty that the causative agent is influenza.

Guidance

This guidance has been prepared in the expectation that vaccination against influenza is undertaken in accordance with national guidelines. Vaccination has been established as the first-line intervention to prevent influenza and its complications, and the use of drugs described in this guidance should not in any way detract from efforts to ensure that all eligible people receive vaccination.

This guidance does not cover the circumstances of a pandemic, impending pandemic, or a widespread epidemic of a new strain of influenza to which there is little or no community resistance.

1 Oseltamivir and zanamivir are recommended, 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 circulating¹

- the person is in an 'at-risk' group as defined in 2
- 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.

2 For the purpose of this guidance, people 'at risk' are defined as those who have one of more of the following:

- chronic respiratory disease (including asthma and chronic obstructive pulmonary disease)
- chronic heart disease
- chronic renal disease
- chronic liver disease
- chronic neurological conditions
- diabetes mellitus.

¹ The Health Protection Agency in England (and the equivalent bodies in Wales and Northern Ireland) uses information from a range of clinical, virological and epidemiological influenza surveillance schemes to identify periods when there is a substantial likelihood that people presenting with an influenza-like illness are infected with influenza virus.

People who are aged 65 years or older and people who might be immunosuppressed are also defined as 'at-risk' for the purpose of this guidance.

- 3 The choice of either oseltamivir or zanamivir in the circumstances described in 1 should be made after consultation between the healthcare professional, the patient and carers. The decision should take into account the patient's preferences regarding drug delivery and potential adverse effects and contraindications. If all other considerations are equal, the drug with the lowest acquisition cost should be offered.
- 4 During localised outbreaks of influenza-like illness (outside the periods when national surveillance indicates that influenza virus is circulating in the community), oseltamivir and zanamivir may be offered for the treatment of influenza in 'at-risk' people who live in long-term residential or nursing homes. However, these treatments should be offered only if there is a high level of certainty that the causative agent in a localised outbreak is influenza (usually based on virological evidence of influenza infection in the initial case).
- 5 Amantadine is not recommended for the treatment of influenza.

Implementation tools

NICE has developed tools to help organisations put this guidance into practice (listed below). These are available on our website (www.nice.org.uk/TA168).

- Audit support for monitoring local practice.
- A costing statement explaining the resource impact of this guidance.

Further information

Ordering information

You can download the following documents from www.nice.org.uk/TA168

- A quick reference guide (this document) – the recommendations.
- 'Understanding NICE guidance' – a summary for patients and carers.
- The NICE guidance.
- Details of all the evidence that was looked at and other background information.

For printed copies of the quick reference guide or 'Understanding NICE guidance', phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote:

- N1804 (quick reference guide)
- N1805 ('Understanding NICE guidance').

Related NICE guidance

For information about NICE guidance that has been issued or is in development, see the website (www.nice.org.uk).

Published

- Respiratory tract infections – antibiotic prescribing. Prescribing of antibiotics for self-limiting respiratory tract infections in adults and children in primary care. NICE clinical guideline 69 (2008). Available from www.nice.org.uk/CG69
- Oseltamivir, amantadine (review) and zanamivir for the prophylaxis of influenza. NICE technology appraisal guidance 158 (2008). Available from www.nice.org.uk/TA158

Updating the appraisal

This technology appraisal will be considered for review in November 2013. Information about the progress of a review will be available at www.nice.org.uk/TA168

This guidance represents the view of NICE, which was arrived at after careful consideration of the available evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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