

Antivirals for 'flu

Oseltamivir and Zanamavir reduce replication of influenza A and B by inhibiting viral neuraminidase. They are most effective for the treatment of influenza when taken as soon as possible after the onset of symptoms. The BNF states that in otherwise healthy individuals they reduce the duration of symptoms by about one to one and a half days. These are relatively expensive treatments and can cause side effects. To prevent resistance and to ensure appropriate use of finite public funds, it is important that they are used wisely.

They should not be considered a substitute for influenza vaccination, which remains the most effective way of preventing illness from influenza.

These drugs are on the prescribing list for use only accoarding to NICE guidance (TA 158), as follows

- For the post-exposure prophylaxis of high risk individuals only who are not already effectively protected. At risk patients include those over 65 years or those who have one or more of the following: Chronic heart disease, chronic respiratory disease, chronic renal disease, chronic liver disease, chronic neurological disease, immunosuppression or diabetes mellitus and
- When started within a few hours, but no later than 48 hours in the case of oseltamivir or 36 hours in the case of zanamivir, of the onset of symptoms

During local outbreaks, when there is a high level of certainty that influenza is present they may be used for post-exposure prophylaxis or treatment in all high risk groups living in long- term residential or nursing homes. During a pandemic, an impeding pandemic or a widespread epidemic this advice may change, but will come from the Director of Public Health.

N.B. Please note that at the time of writing the latest figures from the GP practices indicate that there were between fifteen and thirty eight cases per practice per week reporting 'flu like illnesses. Therefore antivirals should only be offered to high risk patients who have not been vaccinated and who have been recently exposed.

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