

- To:
- Regional director of primary care and public health
  - CCGs:
    - chief operating officers
    - primary care teams
    - public health teams

NHS England and NHS Improvement  
Skipton House  
80 London Road  
London  
SE1 6LH

**7 December 2021**

- cc.
- Regional directors of commissioning

Dear Colleagues,

## **REMINDER: Services for the provision of antiviral drugs for the treatment and post-exposure prophylaxis of influenza like illness (ILI) in at-risk patients**

This letter reminds primary care commissioners on service expectations previously set out in [2017](#) for the provision of influenza antivirals as we approach what is expected to be a very challenging winter and circulating levels of influenza are set to rise.

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 when the Chief Medical Officer confirms 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 patients<sup>1</sup> 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’
  - 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).

Many clinical commissioning groups (CCGs) established the necessary services following the 2017 communications; however a straw poll conducted by UK Health Security Agency (UKHSA) indicates that there is not now complete coverage nor is service provision necessarily consistent.

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

Please ensure your UKHSA HPT is advised of those arrangements by **Monday 13 December 2021** 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 is available here:

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

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<sup>1</sup> 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.

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

Yours sincerely,



**Ed Waller**

Director of Primary  
Care

NHS England and NHS  
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Medical Director for Primary  
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**Dr Keith Ridge CBE**

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