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All GP's

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Dear Colleague

Re: Tamiflu for the prophylaxis of influenza in nursing and care homes

We are writing to you to clarify the position with regard to the prescribing of prophylactic Tamiflu (Oseltamivir) for nursing and care home residents following the recent e-mail exchanges between the LMC, Public Health England (PHE) and NHS England's Thames Valley Area Team.

The last few weeks have seen a steep rise in the number of cases of influenza; Influenza-like illness (ILI) consultations rates in Thames Valley increased from 16 per 100,000 in week 52 to 24 in week 1 (national rate being 18 in week 1). There has been some antigenic drift in the prevalent H3N2 virus strain which means that immunisation may not have been as effective this season as anticipated. The hospitals are admitting large numbers of elderly patients with respiratory illness. There have been outbreaks of influenza in residential homes and these have resulted in hospital admissions and also, unfortunately, in the deaths of some patients.

NICE technology appraisal guidance 158 approved the prophylactic use of antivirals when authorized by the Chief medical Officer. The CMO authorized the use of antivirals in this flu season in December 2014. PHE nationally is recommending the prophylactic use of Tamiflu at this time. Professor Paul Cosford, Director for Health Protection and Medical Director for Public Health England, has said recently: *"The severe impact that flu can have on the health of people at risk in our communities and on our health services is unquestionable and the evidence to support the appropriate use of antivirals when flu is circulating is clear. When prescribed appropriately, they can reduce the risk of death in patients hospitalised with flu or in those at greater risk from the complications of the virus – and this often includes elderly residents in care homes where mortality during outbreaks is often substantial."*

It is concerning that doctors may be deterred from prescribing antivirals and ultimately this could be putting lives at risk. Many studies and reviews, including the recent Cochrane

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review, have concluded that the antiviral drugs Oseltamivir and Zanamivir, when used for post-exposure prophylaxis, are effective in preventing the occurrence of secondary cases of symptomatic influenza. Another recent study of patients hospitalised with flu showed that among adults, treatment with antivirals was associated with a 25% reduction in the likelihood of death compared with no antiviral treatment. Early treatment within 48 hours of onset of symptoms halved the risk of death compared with no antiviral treatment."

We are aware that differing interpretations of the evidence base are being put forward which is why we have sought clarification from PHE's national director of health protection. We have also sought advice from the MDU. That advice is that there would be an expectation on the part of the public and the legal profession that NICE guidance and PHE advice would be followed.

GPs have clinical responsibility for their patients and it is expected that they would make a decision to prescribe based on the needs of their patient and the evidence of best practice and guidance from national bodies such as NICE and PHE. There is also an expectation defined in the GMC's *Good Medical Practice* that a doctor will respond to an organisation advising on public health.

We have agreed locally that the Consultant in Communicable Disease Control (CCDC) will be available on behalf of PHE so that an informed discussion with GPs can take place. We are also seeking to provide some web-based information on observing strict infection control measures. PHE cannot prescribe and we are asking GPs to make informed decisions in the best interests of their patients when receiving a recommendation from PHE. We do appreciate that everyone is working extremely hard at present but we do need to seek your co-operation in protecting a particularly vulnerable patient group.

Yours sincerely



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