



Serial number: 2025/018

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Event: *Seasonal influenza activity in England; prescribing of neuraminidase inhibitor antivirals no longer authorised in primary care*

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Authorised by:

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IRP Level: *n/a*

Incident Lead: *n/a*

Instructions for Cascade

- UKHSA Private Office Groups who cascade onwards within Groups
- UKHSA Health Protection in Regions:
 - UKHSA Field Services
 - UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
 - Deputy Directors in Regions Directorate
- UKHSA Lab Management Teams
- UKHSA Regional Communications
- Generic inbox for each of the Devolved Administrations
- Inboxes for each of the Crown Dependencies
- DHSC CMO (*excluding internal UKHSA briefing notes*)
- OHID Regional Directors of Public Health
- National NHSE EPRR
- NHSE National Operations Centre

- **Regional Deputy Directors** to cascade to Directors of Public Health
- **UKHSA microbiologists** to cascade to non-UKHSA labs (NHS labs and private)
- **UKHSA microbiologists** to cascade to NHS Trust infection leads
- **NHS labs/NHS infection leads/NHS microbiologists/NHS infectious disease specialists**

Summary:

This briefing note is to inform UKHSA and NHS partners that the Deputy Chief Medical Officer (DCMO) and Chief Pharmaceutical Officer (CPhO) have now issued a letter ending the 2025/25 influenza season arrangements for prescribing and supply of antiviral medicines in primary care.

Background and Interpretation:

On 3 December 2024, the Chief Medical Officer (CMO) and CPhO issued a letter authorising general practitioners in England to prescribe neuraminidase inhibitor (NAI) antiviral medicines (oseltamivir and zanamivir) for the treatment and post-exposure prophylaxis of influenza in at-risk patients. This was based on UKHSA surveillance assessment that influenza was circulating in the community.

Decreases in influenza activity have now been observed through the range of UKHSA surveillance systems. Influenza hospitalisation rates have now been at baseline levels for 5 weeks, acute respiratory infection incidents reported to Health Protection Teams (HPTs) are down to levels typically seen out of season with a very small proportion having influenza identified and positivity rates in primary and secondary care are below 3%.

On the basis of these observations, UKHSA has advised that influenza has returned to baseline levels, and the DCMO and CPhO issued a message on 15 May 2025, stating that general practitioners in England may no longer prescribe NAI antivirals in primary care in accordance with NICE guidance and Schedule 2 to the National Health Service (General Medical Services Contracts) (Prescription of drugs etc.) Regulations 2004. The prescribing of antiviral medicines to hospital patients is unchanged.

Sporadic localised community influenza outbreaks may still occur outside of the influenza season in settings such as care homes, and UKHSA HPTs may be contacted for advice by local health professionals. NHS Integrated Care Systems (ICS) should have alternative systems in place for the assessment of patients and supply of NAI antivirals during the times when the CMO has not authorised primary care prescribing.

Implications & Recommendations for UKHSA Regions:

UKHSA HPTs may still receive reports of sporadic influenza outbreaks among at risk groups, in community settings such as care homes. HPTs should be aware of the guidance for the use of antiviral medicines for the treatment and prophylaxis of influenza and managing outbreaks of acute respiratory illness in care homes, and manage these as per normal practice.

NHS England has previously written to local health service commissioners reminding them that it is the responsibility of the local NHS to have in place arrangements for out of season supply of NAI antivirals for outbreaks of influenza.

Where arrangements are not in place and there are issues related to the prescription and supply of NAI antivirals for these incidents, HPTs are advised to escalate this issue within the local NHS. HPTs are not expected to put alternative arrangements in

place themselves.

Implications & Recommendations for UKHSA sites and services:

No change. UKHSA laboratories may receive requests for virological testing in localised community outbreaks, as per existing arrangements.

Implications & Recommendations for NHS:

GPs and other prescribers working in primary care should no longer prescribe NAI antivirals for the prophylaxis and treatment of influenza on an FP10 prescription form or electronic equivalent. Community pharmacists should no longer supply NAI antiviral medicines in primary care against an FP10 prescription form or electronic equivalent.

Implications and recommendations for Local Authorities:

LA public health teams should ensure they are signed up to the Public Health Link and/or Directors of Public Health CAS alert lists as appropriate to receive the CMO messaging directly.

UKHSA HPTs will co-ordinate the health protection response to influenza outbreaks and will keep partners informed as per existing local arrangements.

References/ Sources of information:

CAS alert: Influenza season 2024/25: ending the prescribing and supply of antiviral medicines in primary care: 15 May 2025, CEM/CMO/2025/001:

<https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103262>

NICE: use of neuraminidase inhibitors for prophylaxis for influenza:

www.nice.org.uk/Guidance/TA158

NICE: use of neuraminidase inhibitors for treatment of influenza:

www.nice.org.uk/Guidance/TA168

Antiviral authorization message (3 December 2024):

<https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103259>

UKHSA influenza surveillance reports: gov.uk/government/collections/weekly-national-flu-reports

UKHSA guidance on use of antiviral agents for the treatment and prophylaxis of influenza

www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents

Information from NHS England on localised community outbreaks of influenza

<https://www.england.nhs.uk/publication/localised-community-outbreaks-of-influenza-in-the-out-of-season-period/>
