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North East London

Procedure for the management of localised community outbreaks of influenza across North East London with antiviral medication (all year round)

Main Document Information		
Version:	6.0	
Approval By:	Barts Medicines Governance Board and Pharmacy Board	14/2/23
	North East London ICB Integrated Medicines Optimisation Committee	27/3/23
Document Author (original):	Simon Matthews Moira Coughlan	
Review Date:	31st July 2028	
Document Change from Previous:	**NEL ICB Update November 2026** Tower Hamlet OOH GP provider contacts updated **NEL ICB Update October 2026** Updated contact details for UKHSA North London Health Protection Team, NEL OOH GP providers, NUH. New link for 'Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza' **NEL ICB Update October 2025** Update to reflect changes in government legislation regarding access to antivirals year round Remove references to Covid-19 Renal dosing information section expanded to note the British Geriatrics Society (BGS) advice Commissioned providers details updated **NEL ICB Update 24/03/23** Update to reflect the change of hospital provider from King's College Hospital to Barts health. The pathway (section 2 and appendix 1), PSD template (appendix 2) are updated to reflect the changes. **NEL ICB Updates 18/11/22** Update of organisation names and contact details **NEL CCG Updates 14/12/21** Added other settings: care homes, SEND schools, and hostels for homeless people and asylum seekers contingency and bridging hotels Updated Appendix 3, information to supply to PHE to include breakdown of number of patients given prophylaxis or treatment. Added "at least 14 days previously" Antiviral prophylaxis and treatment should be considered for staff who have not	

	had the seasonal influenza vaccination (at least 14 days previously) and in an at-risk group for influenza (including pregnancy), as defined in the PHE antivirals guidance Added link to NHS111 guidance Amended “Child 1-12 months” in dose for prophylaxis and treatment for oseltamavir to “Infant 0-12months” in line with SPC Deleted reference to PHE guidance on premature babies. Replaced with See SPC & PHE guidance for additional information on under 12 months. Deleted reference to longer duration of treatment for oseltamavir for prophylaxis in immunosuppression. Added: Where time permits, checking renal function in specific patients at high risk of significant renal impairment, for example those on high dose diuretics, may be useful. Extended title of heading to Treatment – adult dosing of oseltamavir Deleted categories of renal impairment. Updated LCRC phone number Updated CCG contact details **NEL CCG August 2021** NA – New document

Document Location and History	
Current Document Title:	North East London ICB Service Specification for the management of localised community outbreaks of influenza (both in and out of season) with antiviral medicines
Current Document Location:	NEL Primary Care Intranet
Current Document Replaces:	
Previous Document Name:	Management of localised community outbreaks of influenza (both in and out of season, also during COVID pandemic) with antiviral medicines procedure
Previous Version Number:	5.0
Previous Publication Date:	October 2026
Location of Archived Document (delete as appropriate)**:**	NEL ICB Medicines Optimisation Team: Vaccination Teams Channel

Version Control History				
Version	**Date**	**Type of Change**	**Summary of Changes**	**Author**
1.0	August 2021	New Procedure	New Procedure	Simon Matthews Moira Coughlan
1.3	December 2021	Update	Update – see above	Moira Coughlan
2.0	November 2022	Update	Update contact details and organisation names	Hugo Leung/Alix Johnson/Caroline Santos-Ekwuozor
3.0	March	Change of	Barts – as new Provider- will supply	Hugo Leung

	2023	medication supply provider	the antiviral medication in place of King's Update pathway, contact details and working hours to reflect the change.	Caroline Santos-Ekwuozor Catherine Ollie
4.0	October 2025	Update	Update to reflect changes in government policy regarding access to antivirals year round Remove references to Covid-19 Renal dosing information section expanded to note the British Geriatrics Society (BGS) advice Commissioned providers details updated	Alanna Johnston
5.0	October 2026	Update	Updated contact details for UKHSA North London Health Protection Team, NEL OOH GP providers, NUH New link for 'Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza' updated January 2026	Natalie Whitworth
6.0	November 2026	Update	Tower Hamlet OOH GP provider contacts updated	Zafiat Quadry

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Management of localised community outbreaks of influenza (both in and out of season, also during COVID-19 pandemic) with antiviral medicines procedure

Introduction

ICBs are required to commission services locally to respond to alerts from UK Health Security Agency's (UKHSA) North London (NL) Health Protection Team (HPT) of any localised influenza-like-illness (ILI) outbreaks in community settings. This should include arrangements for the appropriate clinical assessment of patients and timely prescribing and supply of antivirals both in and out of normal working hours, throughout the year.

Scope

This document relates to the clinical assessment, authorisation and supply of neuraminidase inhibitors (herein referred to as "antivirals") in response to localised community outbreaks of influenza (including Avian Influenza). This document applies for outbreaks identified all year round, following the change in Department of Health and Social Care (DHSC) legislation which removed the previous seasonal restrictions on prescribing.

Changes to Legislation

From 01 October 2025, the restrictions on the seasonal prescribing of oseltamivir (Tamiflu) and zanamivir (Relenza) have been removed, allowing these antivirals to be prescribed by primary care providers and dispensed by community pharmacies all year round and no longer dependent on the authorisation letter from the Chief Medical and Chief Pharmaceutical Officers. UKHSA guidance Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza - GOV.UK was updated to reflect these changes in January 2026.

Background

This document details the use of antivirals for the treatment or post exposure prophylaxis of at risk people living in long-term residential or nursing settings and their staff as per NICE Technology Appraisals 158 (prophylaxis) and 168 (treatment), UKHSA guidance should be read in conjunction with the **London NHS 111 Integrated Urgent Care, resident registered GP and GP Out of Hours Influenza Outbreak Response.**

This guidance is also applicable to at risk groups in supported living settings for learning disabilities and mental health. Other settings may include; SEND schools, prisons, and hostels for homeless people and asylum seekers hotels. Community residential setting staff that are in at risk groups may also be covered by this procedure.

An outbreak situation is defined as two or more cases which meet the clinical case definition of Influenza like illness (or alternatively 2 or more cases of laboratory confirmed Influenza) arising within the same 48-hour period with an epidemiological link to the institutional environment, predominately care homes. The possibility of dual outbreaks (for example influenza and another pathogen) should also be considered.

For the purposes of this document, the use of a Patient Specific Direction (PSD) is recommended when antivirals are deemed appropriate. Prescribers may choose to prescribe on FP10 and have the medicines dispensed in community pharmacy **or** order via Barts Health NHS Trust pharmacy department.

Where indicated, oseltamivir antiviral treatment for flu should be started as soon as possible, ideally within 48 hours of onset of symptoms. Therefore, the process for clinical assessment and dispensing of antivirals needs to be completed in a very timely fashion. However, there is evidence that oseltamivir treatment may reduce the risk of mortality even if started up to five days after onset, but

this is an off-label use of oseltamivir (Tamiflu®) and requires clinical judgement. Prophylaxis should be started within 48 hours of exposure to a case; or after 48 hours on specialist advice only – usually from UK Health Security Agency or consultant virologist.

The following definitions, based on UKHSA guidance on managing outbreaks of ILI in care homes should be taken into account when implementing the protocol:

Type of outbreak	Definition
Acute Respiratory	Two or more cases that meet the clinical definition of influenza like illness (ILI) in individuals (resident or staff) with an epidemiological link to the care home and onset dates within 14 days but without laboratory confirmation
Confirmed Influenza	At least one laboratory confirmed case of influenza AND one or more cases which meet the clinical case definition of ILI among individuals (residents or staff) with an epidemiological link to the care home, arising within the same 48-hour period

The UKHSA NL HPT will advise on whether influenza is the likely causative agent. The recommendation for use of antivirals in an outbreak situation may be made by UKHSA's North London HPT, following a local risk assessment, usually on the advice of the consultant on duty.

Supporting National Guidance and evidence

NICE Technology Appraisals (TA158 and 168) recommend that during localised outbreaks of influenza in the out of season period, antivirals may be used for treatment or post-exposure prophylaxis in at-risk people living in long-term residential or nursing homes, whether or not they are vaccinated.

- NICE TA 168 | Amantadine, oseltamivir and zanamivir for the treatment of influenza | Guidance | NICE
- NICE TA 158 | Oseltamivir, amantadine (review) and zanamivir for the prophylaxis of influenza | Guidance | NICE
- UKHSA guidance on Management of acute respiratory infection outbreaks in care homes guidance - GOV.UK last updated July 2024
- UKHSA Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza last updated 23 January 2026

European Centre for Disease Prevention and Control, August 2017 Expert opinion on neuraminidase inhibitors for the prevention and treatment of influenza - review of recent systematic reviews and meta-analyses

Procedure (see also summary appendix 1)

1.0. Identification of a localised outbreak

1.1 If 2 or more people show acute respiratory viral symptoms, the local community residential setting (e.g. care homes -nursing homes, residential homes and extra care housing, residential schools for disabled children and young people, etc.) should contact the GP/GP out of hours for consultation and diagnosis.

1.2 The GP/GP out of hours carries out the assessment within 2 hours of the alert

If outbreak is suspected after speaking to GP/GP out of hours, the local community residential home contacts the Health Protection Team (HPT):

North London Health Protection Team
london.region@ukhsa.gov.uk or phe.london.region@nhs.net (secure if sending from an nhs.net email account)In and out of hours 0300 303 0450

1.3 The NL HPT investigates this report to verify if it meets the criteria of an outbreak of influenza-like illness (ILI), as per national guidance. The Duty Consultant in the NL HPT considers the risk assessment for the verified ILI outbreak and **makes a recommendation as to whether antivirals are required for the outbreak response.** If this is recommended, the NL HPT will determine if this needs to be considered for either the whole community setting or only part of the community setting, in addition to any staff in influenza at-risk groups. Note that the HPT does not provide the list of exposed persons itself.

1.4 The process for clinical assessment and supply of antivirals must be within set timeframes, following HPT advice as to whether antivirals are required:

Clinical assessment:	Following contact from the Care Provider, the GP/GP Practice should visit or arrange assessment remotely within 2 hours
Treatment:	Give zanamivir within 36 hours (children) and 48 hours (adults) of symptom onset or Give oseltamivir within 48 hours of symptom onset.
Prophylaxis:	Give zanamivir within 36 hours of exposure or Give oseltamivir within 48 hours of exposure.

1.5 The NL HPT uses its routine mechanisms to provide infection control advice. In addition, existing local arrangements for swabbing of symptomatic persons (if not already addressed) remain unchanged.

1.6 The GP and the local community care setting prepare a list of potential people for either treatment or prophylactic antivirals

1.7 The NL HPT will lead on the co-ordination of obtaining samples where needed and communicate the results to the GP of symptomatic residents to advise the use of antivirals for treatment and/or prophylaxis.

1.8 GP arranges prescriptions and supply. This can be via patient specific direction (PSD) or FP10 and may be arranged through community pharmacy or Newham University Hospital.

1.9 The GP/GP out of hours should notify the ICB's incident management team nelondonicb.incident@nhs.net within 24 hours. If there is likely to be an impact on secondary care please immediately alert the via incident email address and nelondonicb.scc@nhs.net

1.10 The GP should ensure that patients' GP Practices are aware of any antivirals which have been authorised in this way.

2.0 Contacting Newham University Hospital (NUH), Barts Health NHS Trust for supply of antivirals

2.1 Contacting NUH pharmacy during normal working hours

2.1.1 Normal working hours at the NUH pharmacy are defined as 09:00 – 17:00, Monday to Friday, excluding public holidays.

2.1.2 The GP/GP out of hours will contact the NUH Pharmacy link contact on 07904275939

2.1.3 If the phone is not answered by NUH Pharmacy reception, the GP will contact the Deputy Head of Pharmacy on 0207 363 8366

2.2 Contacting NUH pharmacy during hours of limited service

2.2.1 Hours of limited service are defined as 10am to 2pm (Saturday, Sundays, and bank holidays).

2.2.2 The GP will contact the contact NUH Pharmacy link contact on 07904275939

2.3 Contacting NUH pharmacy during on-call hours

2.3.1 On-call hours are any time not defined in sections 2.1 and 2.2.

2.3.2 **Note:** It is only in exceptional circumstances that supply will be required during on-call hours

2.3.3 The GP will contact NUH Pharmacy link contact on 07904275939

3.0. Supply and delivery of antivirals by Newham University Hospital, Barts Health NHS Trust

3.1 NUH pharmacy will work with the GP to agree a reasonable and clinically appropriate timeframe for supply on a case-by-case basis but will always ensure that supply of antivirals is made to the primary care institution within 12- 24 hours of the receipt of an accurately and fully completed Patient Specific Direction (PSD). Due diligence must be made to ascertain the PSD is a genuine request. NUH pharmacy can start preparing the antivirals, but the clinician must send the original copy of the PSD before the pharmacist can deliver the antivirals.

3.2 The GP will agree the following with the NUH pharmacist:

- When the supply of antivirals is required by.
- The name, delivery address, telephone number and named contact at the institution to be supplied
- The secure nhs.net email address of the NUH pharmacy contact to send a scanned copy of the completed PSD to
- The name and telephone number of the doctor or independent prescriber signing the PSD to discuss any queries with the PSD
- The signed PSD will be scanned and sent from the secure nhs.net email address of the prescriber as assurance that it has come from the right person

3.3 The GP will complete a Patient Specific Direction (PSD) (Appendix 2) for those individuals who require antivirals and contact the NUH pharmacist to discuss the details of this prescription. The GP must provide their GMC number for the NUH pharmacist to validate the authority via the medical register.

3.4 A copy of the PSD must be retained by the care home/institution for a minimum of 2 years. The original copy of the PSD must be posted to NUH Pharmacy within 24 hours to the following address:

For Attention of:
Pharmacy Department Newham University Hospital
Head of Pharmacy
Newham University Hospital (NUH)
Inpatient Pharmacy Department
Ground Floor, Junction 4
Glen Rd, London
E13 8SL

3.5 Data protection Act and Information Governance principles to be adhered to by all parties.

3.6 The PSD will need to be supported by a locally approved procedure or guideline to support safe supply and/ or administration of the medicine by an appropriately trained and competent healthcare professional in the relevant community setting (e.g., care homes).

3.7 On receipt of the signed PSD by email, the NUH Pharmacist will countersign the PSD in indelible ink. NUH Pharmacy will dispense the antivirals for named-patients on the PSD using ring-fenced stock for ICB use. This will usually be with pre-labelled stock. The dispensing and supply of stock will be in accordance with Barts Health standard operating procedure.

3.8 The GP who prescribes the antivirals takes full responsibility for the choice and dosage regimen of the antiviral as NUH pharmacists do not have access to the patient's medical records. This will include a check and consideration of the patient's allergy status, medication history, past medical history, pregnancy status and renal function. Please note that this is not an exhaustive list. The NUH pharmacist will check the appropriateness of the prescription against the information available (e.g., dose and age). There are limitations to this check in the absence of other clinical information (e.g., renal function).

3.9 NUH pharmacy will arrange transport of the dispensed medicines to the care home/ institution. This will usually be via trust approved courier.

4.0. Actions to take after supply

4.1 The NUH pharmacist who has made the supply of antiviral will contact the Newham Head or Deputy Head of Pharmacy and provide full details of the supply. Details as outlined in the Barts Health Pharmacy standard operating procedure.

4.2 Barts Health NHS Trust will invoice NEL ICB for all costs associated with the dispensing and supply of antivirals, including the cost of the supplied stock, storage, administration, staffing and transport costs. This will include costs of the ring-fenced stock in advance and for any replacement stock required if ring-fenced stockholding expires prior to supply.

4.3 The GP must send a summary (by risk group and patient/ carer status) of the number of individuals who have been assessed and the number supplied with antiviral treatment or prophylaxis to the NL HPT within 7 days of supply (see Appendix 3)

4.4 The commissioned GP should inform the ICB Medicines Optimisation team nelondonicb.prescribingqueries@nhs.net of the quantities and medicines prescribed – *individual patient details should not be sent.* (Appendix 6)

4.5 If any exposed person develops ILI symptoms while on antiviral prophylaxis, this should be reported to the GP by the care home manager/ person in charge of the affected institution. If this clinician suspects ILI, they should notify NL HPT for advice.

4.6 The NL HPT will follow its existing procedures for reporting, follow-up and closure of the localised outbreak. The **definition of a flu outbreak** is:

- At least one laboratory confirmed case of influenza AND one or more cases which meet the clinical case definition of ILI among individuals (residents or staff) with an epidemiological link to the care home, arising within the same 48-hour period

The UKHSA ILI case definition for use in care homes is as follows**:**

(i) Oral or tympanic temperature ≥ 37.8 C

AND one of the following:

Acute onset of at least one of the following acute respiratory (AR) symptoms: cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing

OR

(ii) an acute deterioration in physical or mental ability without other known cause.

At risk definitions

For the purposes of this guidance at risk patients are defined as people aged 65 years or older or those who fall into one or more of the clinical risk groups defined, and updated, each year by the Chief Medical Officer (NICE TA158). The current list includes people with:

- Chronic respiratory disease (including asthma that requires continuous or repeated use of inhaled or systemic steroids or with previous exacerbations requiring hospital admission)
- Chronic heart/ renal/ liver / neurological disease
- Immunosuppression
- Diabetes mellitus
- Morbid obesity (BMI ≥40)
- Children aged under 6 months
- Pregnancy (including up to 2 weeks post-partum)

TREATMENT

Every effort should be made to commence antivirals within the SPC and NICE stipulated time frame and in line with HPT advice.
Note: UKHSA guidance on care homes says that although there is very likely to be benefit of antivirals provided up to 5 days after symptom onset and is encouraged, this would be an **off-label** and should be based on an individual clinical decision.[4]
For treatment, the choice between antiviral therapy (oseltamivir or zanamivir) will depend on several aspects, including the dominant circulating subtype at the time, the patient's characteristics, and whether or not the patient presents with complicated influenza.

PROPHYLAXIS

Both oseltamivir and zanamivir can be used for prophylaxis, and the use of one or another will depend on the health status of the resident, and the characteristics of the dominant circulating strains.
UKHSA guidance on ILI in care homes states: If there are concerns about high attack rates or high case fatality rates, prophylaxis could be considered more than 48 hours after contact with a case or for longer durations following a risk assessment of the situation; however it should be noted that such use is currently **off-label**. This would require specialist input.[4]

Care Home staff

Antiviral prophylaxis and treatment should be considered for staff who have not had the seasonal influenza vaccination (at least 14 days previously) and in an at-risk group for influenza (including pregnancy), as defined in the UKHSA antivirals guidance [4]

Prescribing Guidance

Please refer to the current Summary of Product Characteristics (SPC) on https://www.medicines.org.uk/emc or the BNF https://www.bnf.org/products/bnf-online/ for up-to-date information including drug interactions and contraindications.

Where a product is recommended off label consider, as part of the consent process, informing the individual/patient/carer that the product is being offered in accordance with national guidance but that this is outside the product licence.

When prescribing consider dose adjustments for weight, renal dysfunction and children.

1. Oseltamivir (Tamiflu®)

Post-exposure prophylaxis by mouth:

*[1] Infant 0-12 months:	3mg/kg once daily for 10 days
Child 1-12 years (10-15kg):	30mg once daily for 10 days
Child 1-12 years (>15-23kg):	45mg once daily for 10 days
Child 1-12 years (>23-40kg):	60mg once daily for 10 days
Child 1-12 years (≥40kg):	75mg once daily for 10 days
*[2] Child 13-17 years (≥40kg):	75mg once daily for 10 days
*[2] Adult (≥40kg):	75mg once daily for 10 days

Treatment of influenza by mouth:

*[1] Infant 0-12 months:	3mg/kg twice daily for 5 days
Child 1-12 years (10-15kg):	30mg twice daily for 5 days
Child 1-12 years (>15-23kg):	45mg twice daily for 5 days
Child 1-12 years (>23-40kg):	60mg twice daily for 5 days
Child 1-12 years (≥40kg):	75mg twice daily for 5 days

*[2] Child 13-17 years (≥40kg):	75mg twice daily for 5 days
*[2] Adult (≥40kg):	75mg twice daily for 5 days

*[1]This dosing recommendation is not intended for premature infants, i.e. those with a post-conceptual age less than 36 weeks.
See SPC and UKHSA guidance for full information on use in infants under 12 months old.
*[2] If a person (13 years and over) weighs 40kg or less, it is suggested that the >23-40kg dose for those aged >1-12 years, is used.

Use of oseltamivir oral suspension or capsule
UKHSA recommend reserving the powder for suspension for the under one year age group. Children over one year of age and adults with swallowing difficulties, and those receiving nasogastric oseltamivir, should use capsules, which are opened and mixed into an appropriate sugary liquid (unlicensed use) as oseltamivir has a very bitter taste.

Immunocompromised patients
Refer to oseltamivir (Tamiflu) SPC and UKHSA for longer duration of treatment in **immunocompromised patients.**[5]

Renal function

In November 2017, the British Geriatrics Society (BGS) issued advice about consideration of renal impairment in prescribing of antivirals in localised community outbreaks of seasonal influenza. If an individual has a documented renal function within the last 6 months, which does not indicate renal impairment, the standard dose of oseltamivir antivirals can be prescribed. For individuals with a known renal impairment and where the prescriber has access to their renal function during an emergency outbreak, they can be prescribed an adjusted dose according to the UKHSA influenza guidelines or sources such as the British National Formulary (BNF) or summaries of product characteristics

However, in an emergency outbreak response, where there is no information about the presence or absence of renal impairment (or lack of available routine renal function results from the past 6 months), there is a high likelihood of abnormal renal function in care home residents, so we would recommend a reduced daily dose of oseltamivir in all care home residents. This would be for a dose appropriate to creatinine clearance of 31 to 60 mL/min. We would not recommend routine measurement of renal function prior to treatment due to the logistical challenges of collecting bloods en masse in care home populations and the likely delays introduced by waiting for lab results to return in the community. Where time permits, checking renal function in specific patients at high risk of significant renal impairment, for example those on high dose diuretics, may be useful.

Inhaled Zanamivir should be primarily used for cognitively intact residents requiring antiviral therapy, such as those with recognised renal dysfunction or with suspected or confirmed oseltamivir-resistant influenza. (Guidelines for UKHSA guidance on managing outbreaks of ILI in care homes, Appendix 3)

The following dose adjustments can be made where there is access to current renal function results indicating renal impairment:

Treatment dose in Adults or adolescents (13-17 years) for oseltamivir

Renal impairment (Creatinine Clearance Cr Cl)	Dose
CrCl >60ml/min	One 75mg capsule twice a day for 5 days
CrCl > 30-60 mL/min	One 30mg capsule twice a day for 5 days
CrCl >10-30mL/min	One 30mg capsule once a day for 5 days
CrCl ≤10mL/min	SPC states not recommended. Further dosing information in UKHSA guidance. Click here
For those patients on haemo-dialysis, haemo(dia)filtration see SPC and UKHSA guidance.	

Prophylaxis dose in adults and adolescents for oseltamivir	
Renal impairment Creatinine Clearance	**Dose (preferably in the morning with breakfast)**
Cr Cl >60ml/min	One 75mg capsule once daily for 10 days
CrCl 31-60 mL/min	One 30mg capsule once daily for 10 days
CrCl 11-30mL/min	One 30mg capsule every 48 hours for 10 days
CrCl ≤10mL/min	SPC says not recommended. Refer to UKHSA if dosing information is required.
For those patients on haemo-dialysis, haemo(dia)filtration see SPC and UKHSA guidance	

Dose adjustments in renal impairment in children:
SPC: states that there is insufficient clinical data available in infants and children (12 years of age and younger) with renal impairment to be able to make any dosing recommendation.
BNFC states for children aged less than 13 years, adjust the oseltamivir dose as per the Oseltamivir chapter in the BNF for children:
https://bnfc.nice.org.uk/drug/oseltamivir.html#renalImpairment

Clinical judgement should be exercised.

Use of oseltamivir and zanamivir in pregnant women.
Please refer to the latest UKHSA guidance and SPCs. At the time of publication, see link below for the most recent publication[5]:
Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza - GOV.UK

2. Zanamivir (Relenza®):
Post-exposure prophylaxis by inhalation of powder:
Child 5-17 years: 10mg (2 x 5mg) once daily for 10 days
Adult: 10mg (2 x 5mg) once daily for 10 days
Treatment of influenza by inhalation of powder:
Child 5-17 years: 10mg (2 x 5mg) twice daily for 5 days
Adult: 10mg (2 x 5mg) twice daily for 5 days
If zanamivir resistance is believed to be a possibility (for example as a potential reason for failure to improve), then continue zanamivir treatment and arrange urgent resistance testing. Seek advice from local infection specialists. Additional advice is available from regional public health virologists and from the Respiratory Virus Unit at UKHSA.[5]
Impaired Renal or Hepatic Function: No dose modification is required.
Older patients: No dose modification is required.

References

1. London NHS 111 Integrated Urgent Care, resident registered GP and GP Out of Hours Influenza Outbreak Response during a COVID-19 Pandemic. Standard Operating Procedure (SOP) for Care Provider https://www.healthylondon.org/resource/accelerated-improvement-resources/enhanced-health-in-care-homes/seasonal-readiness/winter-readiness/influenza-flu/. Accessed 09/12/21

2. **NICE guidance- prophylaxis** https://www.nice.org.uk/guidance/ta158/resources/oseltamivir-amantadine-review-and-zanamivir-for-the-prophylaxis-of-influenza-pdf-82598321461957

3. **NICE guidance- treatment** https://www.nice.org.uk/guidance/ta168/resources/amantadine-oseltamivir-and-zanamivir-for-the-treatment-of-influenza-pdf-82598381928133

4. **UKHSA guidance on managing outbreaks of ILI in care homes** updated July 2024 https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes

5. **UKHSA guidance on the use of antivirals for treatment and prophylaxis of seasonal influenza updated January 2026** https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents

6. **UKHSA guidance on investigating and managing outbreaks of ILI in schools** - updated July 2024 https://www.gov.uk/government/publications/influenza-like-illness-ili-managing-outbreaks-in-schools/investigation-and-management-of-outbreaks-of-suspected-acute-viral-respiratory-infection-in-schools-guidance-for-health-protection-teams

7. **Summary of Product Characteristics for Relenza** https://www.medicines.org.uk/emc/product/3809

8. **Summary of Product Characteristics for Tamiflu** https://www.medicines.org.uk/emc/search?q=tamiflu

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Appendix 1- Prophylaxis and treatment of localised community outbreaks of influenza

GP/GP OOH to assess affected residents within 2 hours of alert. If outbreak suspected: in a localised community setting (e.g. care home) to contact local NL HPT , 0300 303 0450

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HPT declares local contained outbreak and enacts Outbreak Control Measures.
If flu confirmed, continue below.

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NL HPT, GP and localised community setting to discuss and prepare a list of residents who require treatment or a prophylactic course of antivirals

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The GP should notify the Incident management team nelondonicb.incident@nhs.net of the outbreak within 24hrs. If necessary (e.g. numbers of cases rapidly escalating), HPT will declare a local outbreak and convene an Outbreak Control Team meeting.

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GP arranges prescriptions and supply. This can be PSD or FP10 via community pharmacy or NUH. If NUH send the patient specific direction (PSD)in Appendix 2 to an agreed NHS.Net account (a copy should be retained by the institution). The original PSD will be posted to NUH Pharmacy at the same time.

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The pharmacy dispenses the antivirals for the named patients. If NUH, they will arrange transport within 24 hours, and if community pharmacy, this should be arranged locally. **The process for clinical assessment, dispensing and supply of antivirals needs to be completed by 36-48 hours depending on indications.**

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GP provides a summary of the number of individuals assessed and number supplied with antivirals (by risk group and patient/carer status) to NL HPT (Appendix 3)

↓

If any exposed person develops ILI symptoms while on antiviral prophylaxis this should be reported to the GP by the care home manager/ person in charge of the affected institution. If this clinician suspects ILI, they should notify NL HPT for advice.

↓

The clinician should ensure that patients' GP(s) are aware of any antivirals which have been authorised in this way. The GP should send details of the quantities of medicines received from NUH to their ICB Medicines Management team. (Appendix 6)

Updated by: Zafiat Quadry, Lead Medicines Optimisation Pharmacist-November 2026
Approved by: NEL System Prescribing and Medicines Optimisation Board-June 2026

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Appendix 2 - Patient Specific Direction (PSD) template – Please complete all boxes
Supply of antivirals by Barts Health NHS Trust

Refer to the 'Localised community outbreaks of influenza requiring antiviral medicines' SOP for information on the process to follow when supplying antivirals in a localised pandemic

FOR URGENT ATTENTION:
Newham University Hospital
Inpatient Pharmacy Department,
Ground Floor, Junction 4,
Newham University Hospital,
Glen Rd, London E13 8SL

Prescriber's work address:

Prescriber's GMC number:

Prescriber's telephone number:

Date:

Please arrange supply of

Name of Antiviral:

For the following patients:

Patient Name	NHS Number	DOB* state age if <12 years.	Dosage	Form	Duration (days)	Pharmacy use only
			mg times a day			
			mg times a day			
			mg times a day			
			mg times a day			
			mg times a day			
			mg times a day			
			mg times a day			

These medicines are required as part of the urgent management of an influenza outbreak at:
Institution's name and address:……

UKHSA North London Health Protection Team,
Email: london.region@ukhsa.gov.uk or phe.london.region@nhs.net (secure if sending from an nhs.net email account)
Phone: 0300 303 0450

Prescriber's printed name (first name and surname):	
Prescriber's GMC number:	
Prescriber's signature:	
Date:	

The prescriber takes full responsibility for the choice and dosage regimen of the antiviral as NUH pharmacists do not have access to the patient's medical records. This includes a check and consideration of the patient's allergy status, medication history, past medical history, pregnancy status and renal function. Please note that this is not an exhaustive list.

Note: The original signed copy of this PSD must be sent to the Pharmacy Department Newham University Hospital Barts Health NHS Trust within 3 working days. Retain a copy of the PSD in the primary care institution

NHS
North East London

Appendix 3 –Summary of patients assessed and treated for localised Community outbreaks of influenza

The clinician must complete this form and send to the NL HPT within 7 days of supply

Location of outbreak (Institutions name and address):

Assessing clinician:
Date:

Treatment Group	Number of patients assessed	Number of patients supplied antivirals for Treatment	Number of patients supplied antivirals for Prophylaxis
Residents >65 years			
Residents <65 years in at-risk groups			
Residents <65 years not at-risk			
Staff in an at risk group/pregnant			
Total			

Never send personally identifiable information (PII) in the subject line of an email. Encrypt any PII you send by email.

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North East London

Appendix 4 – NEL ICB Commissioned Provider Details

Borough	ICB Commissioned Service/ GP Provider			
	In Hours PCN name	**In Hours/ Days of Operation**	**Out of Hours**	**Hours/ Days of Operation**
Tower Hamlets	Tower Hamlets Network 1 PCN Tower Hamlets Network 2 PCN Tower Network (NW9, FKA NW3 and NW4) Tower Hamlets Network 5 PCN B@SH PCN (NW6) Tower Hamlets Network 7 PCN Tower Hamlets Network 8 PCN	08:00-18:30 Monday-Friday	Tower Hamlets GP Care Group Esther Jules thgpcg.scn@nhs.net 0300 033 5000	Out of hours
Waltham Forest	E4 Network Forest Integrated Heath South Leytonstone Walthamstow Central Forest 8 Walthamstow West Leyton Collaborative	08:00-18:30 Monday-Friday	NELFT Rapid response team Woodbury Unit, 1st Floor James Lane Leytonstone E11 1NR **Tel:** 0300 300 1710	Out of hours
Newham	Stratford North Newham NW2 Newham Central North East 2 Leaside Leaside/ NW4 Docklands South 1 Central 1	08:00-18:30 Monday-Friday	Newham Co-Operative Balaam Park Health Centre 113 Balaam Street, London E13 8AF United Kingdom 0207 511 8880	Out of hours
Barking & Dagenham	East East One North Central New West West One	08:00-18:30 Monday-Friday	Partnership of East London Co-operatives (PELC) Unit 3, Bourne Court Southend Road IG8 8HD Woodford , Tel no 0208 911 1130	Out of hours
Havering	Crest Marshalls North South	08:00-18:30 Monday-Friday	Partnership of East London Co-operatives (PELC) Unit 3, Bourne Court Southend Road IG8 8HD Woodford , Tel no 0208 911 1130	Out of hours

Borough	ICB Commissioned Service/ GP Provider			
	In Hours PCN name	Hours/ Days of Operation	Out of Hours	Hours/ Days of Operation
Redbridge	Cranbrook Fairlop Loxford New Care Alliance Seven Kings Wanstead & Woodford	08:00-18:30 Monday-Friday	Partnership of East London Co-operatives (PELC) Unit 3, Bourne Court Southend Road IG8 8HD Woodford , Tel no: 0208 911 1130	Out of hours
City and Hackney	Latimer Practice, Barton House Practice, Allerton Road (Hurley Group)	08:00-18:30 Monday-Friday	Paradoc referral telephone number for health and social care staff only 0300 033 9930	Weekends noon to midnight

Homeless practices and Outreach Services

Borough	Current Provider	Contract until
BHR	One Health Lewisham	30/09/27
City & Hackney	ELFT	31/03/27
Newham		31/03/27
Tower Hamlets		
Waltham Forest	No current provision	N/A

Appendix 5- NEL ICB Medicines and Pharmacy team

Service name	Operational Hours	Contact email
NEL ICB Medicines and Pharmacy team	Mon- Fri 9am-5pm (excluding Bank holidays)	nelondonicb.prescribingqueries@nhs.net

Appendix 6- Receipt of stock

Please email local Medicines Optimisation Team (contact details in Appendix 5) to reconcile Invoice for medicines supplied from Barts Health NHS Trust

Name of organisation supplied to

Date

Name of medicine and strength	Pack size	No. of Packs received
Oseltamivir 30 mg capsules	Box of 10	
Oseltamivir 45 mg capsules	Box of 10	
Oseltamivir 75 mg capsules	Box of 10	
Oseltamivir 6mg/mL powder for suspension	65ml	
Zanamivir 5mg/dose inhalation powder.	20 doses	