

Evolving guidelines for the management of patients with Influenza A (H1N1)
23rd July 2009

The government has announced important changes to the way it is managing the swine flu pandemic in the UK.

Cases of swine flu will now be confirmed clinically rather than through lab testing. The way in which the antiviral medicines **OSELTAMIVIR (TAMIFLU)** and **ZANAMIVIR (RELENZA)** are used and distributed has also changed:

In England, symptomatic individuals will be able to contact the **Pandemic Flu Information Line: 0800 1 513 513** to hear about flu and its symptoms. If their symptoms are suggestive of flu they should use the telephone or web-based assessment using the National Pandemic Flu Service, to identify whether they need antiviral drugs. If they do, they will be given a reference number entitling their flu friend to pick up the medication at a local collection point. Currently this service does not cover Scotland, Wales or Northern Ireland as the demand is not as great. The current arrangements in place in the different home countries are summarized at http://www.direct.gov.uk/en/groups/dg_digitalassets/@dg/@en/documents/digitalasset/dg_178842.htm

Patients in Scotland can phone
Patients in Wales can phone
Patients in Northern Ireland can phone

NHS 24: 08454 24 24 24,
NHS Direct Wales: 0845 46 47
Northern Ireland Swine Flu Helpline:
0800 0514 142 (Monday to Friday,
9am to 5pm)

Patients in those countries currently will continue to receive antiviral drugs, when indicated, from their GPs.

The use of antiviral drugs in adult patients with chronic kidney disease is summarized in the:

“Briefing and guidance for adult renal units in the UK during an influenza pandemic” which was prepared by the Renal Association Clinical Affairs Board / JSC Renal Medicine and can be found at http://www.renal.org/pages/media/download_gallery/RenalFluPlanrev070709.pdf

ZANAMIVIR (RELENZA) requires NO dose adjustment according to GFR.
OSELTAMIVIR (TAMIFLU) dose must be reduced in those patients with a GFR <30ml/min/1.73m²

When accessing the National Pandemic Flu Service, patients will be asked whether they have chronic kidney disease and whether they attend a specialist renal or kidney clinic for the care of renal or kidney failure? If they answer YES to this and are older than 5 years of age they will be authorised ZANAMIVIR (RELENZA). Those under 5 will be authorised OSELTAMIVIR (TAMIFLU) and advised to take the first dose and then to contact their renal specialist for advice on second dose.

Patients under the care of a kidney specialist will be advised to contact their GP or renal unit for further advice if they develop worsening symptoms.

Any patient on dialysis, will be asked to inform their renal team immediately, that they have flu as the local renal unit may need to make appropriate isolation arrangements.

Practical considerations for patients with CKD.

The algorithm is of necessity designed for broad application to the general public. As such anyone older than 5 years self identifying themselves as having CKD will be offered ZANAMIVIR (RELENZA). The antiviral actions of ZANAMIVIR (RELENZA) and OSELTAMIVIR (TAMIFLU) are considered equivalent for the treatment of H1N1. Whilst any patient over 5 years of age with CKD 1-3 could have used OSELTAMIVIR (TAMIFLU) at the standard dose it was felt unlikely that the patient would reliably know their GFR.

Some patients may find ZANAMIVIR (RELENZA) tricky to use, in which case they should seek further advice and can be given OSELTAMIVIR (TAMIFLU) tablets at a reduced dose as recommended in “**Briefing and guidance for adult renal units in the UK during an influenza pandemic**”.

The usual way for a patient to obtain antiviral drugs in England will be to have their 'flu friend' collect their antiviral medicine from the local collection point on the advice of the telephone helpline (in Scotland, Wales and Northern Ireland their 'flu friend' will need to collect a prescription from the GP). These arrangements will also apply to any outpatients on renal replacement who should NOT be expected to obtain supplies of antiviral agents from the dialysis unit. Patients who have dialysis should take their medicine with them to the session, so that they can take the dose after the dialysis session.

However, should any patient be hospitalised the usual arrangements for prescribing drugs including antiviral drugs within hospitals apply.

It is recognised that a number of individuals may be at high risk from H1N1. This includes people with long-term conditions (particularly those with underlying lung conditions), those over 65, children under five and pregnant women. Currently pending further information it would be reasonable to consider the following groups of our patients as being at “high risk” and clinicians may wish to advise their patients accordingly.

- chronic kidney disease stages 1-3 if on immunosuppression,
- chronic kidney disease stages 4 & 5,
- nephrotic syndrome and
- renal transplant patients.

Ends.