

**From the Chief Medical Officer
Professor Sir Michael McBride**



HSS(MD)32/2025

FOR ACTION

Chief Executives, Public Health Agency/HSC Trusts/NIAS
Chief Operating Officer, SPPG
GP Medical Advisers, SPPG
All General Practitioners and GP Locums (for onward
distribution to practice staff)
OOHs Medical Managers (for onward distribution to staff)

PLEASE SEE ATTACHED FULL CIRCULATION LIST

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Our Ref: HSS(MD)32/2025

Date: 23 September 2025

Dear Colleague

**CONFIRMED INFLUENZA IN NORTHERN IRELAND - NICE GUIDANCE ON USE
OF ANTIVIRALS NOW APPLIES**

ACTION REQUIRED

**Chief Executives must ensure that this information is drawn to the
attention of all staff involved in treating patients with suspected influenza.**

**SPPG must ensure that this information is cascaded to all General
Practitioner Practices and Community Pharmacies immediately**

INTRODUCTION

1. The purpose of this letter is to inform you that Public Health Agency (PHA) Health Protection Influenza surveillance data indicates that influenza is circulating in the community in Northern Ireland. GPs (and other prescribers) may now prescribe, and pharmacists may now supply, antiviral medicines for the prophylaxis and treatment of influenza at the expense of the HSC. This is in accordance with NICE guidance and the amended HPSS (GMS Contracts) (Prescription of Drugs etc.) Regulations (NI) 2004.
2. Clinicians should be aware of the regular updates on Influenza activity which are available on the Public Health Agency website at:
<https://www.publichealth.hscni.net/services-and-teams/public-health-services/health-protection/surveillance-data/respiratory-0>

3. Antiviral medicines may be prescribed in the community for:
 - patients with uncomplicated influenza illness who are in clinical at risk groups;
 - patients with complicated influenza illness that are being managed in the community;
 - anyone the clinician feels is at risk of serious complications from influenza if not treated.
4. Please note the above at No 3 only applies to the General Practice setting. Hospital clinicians should continue to prescribe antiviral medicines for patients whose illness is confirmed or clinically suspected to be due to influenza, in accordance with the treatment of complicated influenza.

DEFINITIONS

5. **Uncomplicated Influenza:** Influenza presenting with fever, coryza, generalised symptoms (headache, malaise, myalgia, arthralgia) and sometimes gastrointestinal symptoms, but without any features of complicated influenza.
6. **Complicated Influenza:** Influenza requiring hospital admission and/or with symptoms and signs of lower respiratory tract infection (hypoxaemia, dyspnoea, lung infiltrate), central nervous system involvement and/or a significant exacerbation of an underlying medical condition.
7. Individuals at increased risk of complicated influenza illness:
 - Individuals over 65 years of age
 - Women who are pregnant (including up to 2 weeks post-partum)
 - Children under 6 months of age
 - Individuals in a clinical risk group:
 - Chronic respiratory disease (including asthma and chronic obstructive pulmonary disease)
 - Chronic heart disease
 - Chronic renal disease
 - Chronic liver disease
 - Chronic neurological disease
 - Immunosuppression
 - Diabetes mellitus
 - Morbid obesity (BMI ≥ 40)

CLINICAL DIAGNOSIS AND TESTING FOR INFLUENZA

8. Clinical diagnosis of influenza is challenging given its similarity in presentation to Covid-19. This context complicates recommendations for antiviral use based on clinical-epidemiologic evidence alone. As such, virological testing should be increasingly considered to guide case management and outbreak response, especially in closed settings (e.g. care homes) and among at-risk populations.

9. The UK Health Security Agency (UKHSA) has produced guidance on recommendations for testing, and information on clinical at risk groups and patients eligible for treatment in primary care with either oseltamivir or zanamivir: [Influenza: treatment and prophylaxis using anti-viral agents - GOV.UK](https://www.gov.uk/guidance/influenza-treatment-and-prophylaxis-using-anti-viral-agents)

PRESCRIBING ANTIVIRALS IN ACCORDANCE WITH NICE GUIDANCE

10. NICE guidance on the use of antiviral drugs for the treatment of influenza is available at: <http://guidance.nice.org.uk/TA168>
11. NICE guidance on the use of antiviral drugs for the prophylaxis of influenza is available at: <http://guidance.nice.org.uk/TA158>
12. Oseltamivir and zanamivir are licensed for the treatment and prophylaxis of influenza. Refer to BNF section 5.6.5 for further details.
13. Treatment is most effective if taken within 48 hours of onset of symptoms. It is indicated for people in at risk groups (outlined above) that present 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.
14. The amended HPSS (GMS Contracts) (Prescription of Drugs Etc) Regulations (NI) 2004 enables GPs (and other eligible prescribers) to prescribe antivirals on the Health Service for the treatment of people that are at increased risk of complications of flu in accordance with NICE recommendation (para 7).
15. Prophylaxis is indicated for people in at risk (outlined above) where a patient has been exposed to an influenza-like illness and is able to begin prophylaxis within the timescale specified in the marketing authorisations of the individual drugs (within 36 hours of contact with an index case for zanamivir and within 48 hours of contact with an index case for oseltamivir).

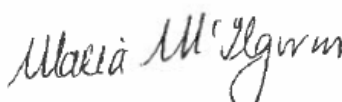
SUPPLYING ANTIVIRALS FROM COMMUNITY PHARMACIES

16. Community pharmacies should order antiviral medicines through their usual pharmaceutical wholesalers. GP Out-of-Hours services should also consider keeping a supply of antivirals as part of their stock medication.
17. It is important that pharmacists ensure antiviral medicines are issued to patients promptly, to avoid treatment delay. If unable to fulfil the whole prescription, they should consider how best they can assist patients to gain timely access.

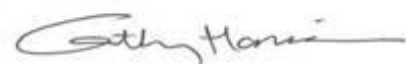
Yours sincerely



Prof Sir Michael McBride
Chief Medical Officer



Prof Maria McIlgorm
Chief Nursing Officer



Prof Cathy Harrison
Chief Pharmaceutical Officer

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Assistant Director of Pharmacy and Medicines Management, SPPG (*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, SPPG
Family Practitioner Service Leads, SPPG (*for cascade to GP Out of Hours services*)
Medical Directors, HSC Trusts (*for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads*)
Nursing Directors, HSC Trusts (*for onward distribution to all Community Nurses, and Midwives*)
Directors of Children's Services, HSC Trusts
RQIA (*for onward transmission to all independent providers including independent hospitals*)
Regional Medicines Information Service, Belfast HSC Trust
Regional Pharmaceutical Procurement Service, Northern HSC Trust
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This letter is available on the Department of Health website at <https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>