

Swine influenza

Questions and Answers for pharmacists

What is swine flu?

Swine flu is a respiratory disease normally found in pigs but human cases can, and do, happen. The virus detected in this outbreak is an H1N1 strain of flu type A which has not been previously seen in pigs or humans and contains a mixture of human, pig and avian flu genetic material. H1N1 is the same strain that causes seasonal outbreaks of flu in humans.

The viruses are sensitive to antivirals which are available to effectively prevent and treat the infection. Transmission of this new swine flu virus is thought to occur in the same way as seasonal flu.

What alert level are we at and what does it mean?

The World Health Organisation (WHO) has a six-phased approach to pandemics. The current phase of pandemic alert is 6, the pandemic phase, which means swine flu is now spreading in communities in several countries. This decision by the WHO reflects the geographic spread of the virus and not its severity.

UK alert levels

On 2nd July 2009 the UK response strategy moved from the containment phase to the treatment phase. This means that due to sustained community-based transmission, the focus is now on treating the increasing numbers affected by swine flu.

There will be an immediate end to contact tracing and prophylaxis in all regions; GPs will now provide clinical diagnosis of swine flu cases rather than awaiting laboratory test results; and primary care organisations will now begin to establish antiviral collection points where necessary.

If swine flu is confirmed, individuals will be provided with an authorisation voucher, which a flu friend can take to an antiviral collection point to pick up their antivirals. This may be a pharmacy or community centre.

The Department of Health is monitoring the situation closely and will respond appropriately should the situation change.

What symptoms should I be looking for in patients who believe they have swine flu?

The symptoms of swine flu in people are similar to the symptoms of regular human seasonal flu infection and include fever, fatigue, lack of appetite, coughing and sore throat. Some people with swine flu have also reported vomiting and diarrhoea.

Individuals returning from affected areas, or who have been in contact with confirmed cases of swine flu, who become unwell within seven days should be advised to stay at home and contact their GP or [NHS Direct/NHS24](#) for further advice.

For more information specific to healthcare professionals visit:

England

[Health Protection Agency](#)

Scotland

[Health Protection Scotland](#)

Wales

[National Public Health Service for Wales](#)

Patients are coming into the pharmacy and asking for antiviral treatment, although they are not presenting with flu symptoms – what should I do?

Firstly, you should advise patients not to panic. The majority of cases are not severe. Many people will recover from swine flu without the need for antivirals and may therefore choose not to seek treatment

To reduce the risk of catching or spreading the virus, we recommend the following:

- Cover nose and mouth when coughing or sneezing using a tissue where possible
- Dispose of dirty tissues promptly and carefully
- Maintain good basic hygiene; for example, washing hands frequently with soap and water to reduce the spread of the virus from hands to face or to other people
- Clean hard surfaces (e.g. door handles) frequently using a normal cleaning product
- Make sure children follow this advice.

If people have recently visited one of the countries or areas where human cases of swine flu have been identified, it is important for them to monitor their health closely for seven days after their visit to the affected area. There is no need for them to isolate themselves from other people as long as they remain well.

You can direct members of the public to the following resources for further advice:

England

[NHS Direct](#)

Tel 0845 4647

Scotland

[NHS24](#)

Tel 08454 24 24 24

Wales

[NHS Direct Cymru](#)

Tel 0845 4647

Patients can also call the Swine Flu Information Line on 0800 1 513 513 or visit www.nhs.uk

Patients are asking for antivirals but we don't have any in stock and nor can I obtain supplies from wholesalers – what should I do?

If you do not have antivirals in stock, do not panic. Antivirals will not be available from manufacturers and wholesalers directly, so do not worry if you find you are unable to order more stock.

There is a large amount of confusion around the current supply of antivirals. In a pandemic the supply is controlled very tightly and at the present alert status all supply is controlled by Primary Care Organisations or health boards.

There will be different local mechanisms for access to Tamiflu and Relenza. Your local Primary Care Organisation (PCO) will advise you of what they are expecting in relation to plans for a pandemic.

What is the mechanism for the distribution of antiviral supply in my country?

The current process for distribution of antivirals in England, Scotland and Wales is as follows:

England


Antiviral medication, Tamiflu or Relenza, is only indicated for supply on the NHS, for individuals who are suspected to have flu on clinical grounds and on travel or contact history.

The Primary Care Trusts (PCT) Antiviral Distribution for Pandemic Influenza Directions 2009 came into force in June 2009. PCTs will operate the antiviral collection points for medicine. The supply may be made by staff who are authorised by the PCT to do so. The staff don't need to be qualified healthcare professionals and can be authorised by the person at the collection point.

Every PCT shall exercise the functions to supply to individuals of antiviral drugs for the prevention or treatment of-

- (i) pandemic influenza (World Health Organisation pandemic alert phase 6); or influenza which is anticipated to be imminently pandemic
- (ii) the assessment of individuals to determine whether such supply is appropriate; and
- (iii) the provision of advice in relation to such supply or assessment.

For further information on current policy and future antiviral distribution refer to guidance on the [Central Alerting System](#).

Letter to pharmacists: For a letter from the RPSGB to English pharmacists, sent on 1 May 2009, click  [here](#)

Scotland


1. The patient is assessed as needing antivirals by a doctor or NHS24
2. The doctor contacts the local health protection team at the local health board to advise them of the situation and the individual's need for antiviral medication. Supplies being made only on public health recommendation
3. Local health boards will implement supply from their most suitable locations which could include community pharmacy, out of hours and GPs

Wales

In order to ensure antivirals are available in this interim phase the NHS in Wales have pre-distributed stock to each major hospital and they in turn have supplied GP out of hours services.

Any prescriptions for antiviral medication, Tamiflu or Relenza, should only be generated following consultation with the local health protection teams and the communicable diseases co-ordinators (CDCs) who are monitoring the emergence of the virus. During normal hours GP prescriptions can be presented at hospital pharmacies to be dispensed, if the patient has been screened by the CDC from the stock supplied.

The Emergency Co-ordinating centre is operational between 8am and 6pm to deal with any queries from the service (e-mail ECCW-Health@wales.gsi.gov.uk, 02920 825708 or 02920 825710).

Letter to pharmacists: For a letter from the Welsh Assembly Government to Welsh pharmacists, sent on 5 May 2009, click  [here](#)

Can I supply antivirals against a private prescription?

Where a patient presents with a private prescription for Tamiflu or Relenza, and you have existing stocks, please consider the following:

1. Whether it is more appropriate for the patient to be treated under the usual supply route.
2. Whether it is appropriate for individuals to stockpile unnecessarily.
3. Whether this behaviour will lead to genuine shortage for genuine patients in the immediate or near future.

I work in pharmacy for a private hospital and I would like to know what the guidelines are for those who are working outside the NHS.

The RPSGB has collaborated with other organisations to develop a document on *Service Continuity Planning in hospital pharmacies for Pandemic Flu*. This can be downloaded from the RPSGB website at www.rpsgb.org/flu.

If there is a pandemic, what will the role of pharmacists be and how will the stockpiles be distributed?

The antivirals that have been stockpiled will be released by the appropriate government agencies for patient treatment, and possibly prophylaxis. These antivirals will be transported to the nominated distribution centres within each PCO, some of which may be pharmacies.

What advice should I give to patients with flu like symptoms?

You should recommend they do the following:

- Stay at home and rest

- Take medicines such as aspirin, ibuprofen or paracetamol to relieve the symptoms (following the instructions with the medicines). Children under 16 must not be given aspirin or ready-made flu remedies containing aspirin
- Drink plenty of fluids

Telephone their GP or NHS Direct on 0845 4647 in England and Wales or NHS 24 08454 242424 in Scotland, if they have recently travelled to Mexico or another affected area, have been in contact with confirmed cases of swine 'flu or if they develop complications such as shortness of breath.

If people think they have swine flu, they can go online and check their symptoms on www.nhs.uk or call the swine flu information line on 0800 1 513 513. If they are still concerned they should then call their GP, who can provide a diagnosis over the phone. People should not go to A&E if they suspect they have swine flu.

In the event of a serious escalation of cases in the UK is the RPSGB able to draft in non-practising pharmacists to help?

The Health Care and Associated Professions (Miscellaneous Amendments and Practitioner Psychologists) Order 2009 (Order 1b) has been passed in Parliament. This means that the RPSGB has powers to temporarily register suitably experienced persons as practising pharmacists to practise in either a full or limited capacity in an emergency. These powers will only be used if the Secretary of State advises us that an emergency situation has been declared.

What contingency plans has the RPSGB put in place in the event of an emergency?

Suitably experienced and fit to practise pharmacists on the non-practising register will be automatically moved to part one of the register in the event of an emergency being declared. Pharmacists may also liaise with their Primary Care Organisation should they wish to offer their service.

If I practise during an emergency, will I still be subject to the Code of Ethics and the Standards?

The RPSGB is working closely with the [Department of Health](#) (DH), [Medicines and Healthcare products Regulatory Agency](#) (MHRA) and other pharmacy bodies on a number of issues around:

- Mobilising the workforce
- Potential changes to legislation to enable the medicines supply chain to operate as effectively as possible in an emergency provision scenario
- Enabling pharmacists to work outside their normal scope of practice – but always within their competencies

Pharmacists need to feel confident that they are working within agreed standards and principles, and will not be subject to criticism because of difficult decisions they may need to make, or the standards of care provided, during a pandemic.

All pharmacists will be expected to work under the current [Code of Ethics and the Standards](#) that support it. However, there are aspects of emergency service provision

that might give rise to a complaint in 'normal' service provision, e.g. refusal to supply. Should complaints reach the RPSGB then each complaint would be reviewed and managed appropriately, with due consideration given to any extraordinary circumstances caused by a pandemic situation.

How will pharmacists know if this contingency plan comes into effect and an emergency situation has been declared?

The Secretary of State for Health in the UK will announce if there is a change in the UK's response to dealing with swine flu.

Information will be posted on the [RSPGB website](#) and pharmacists who have supplied their e-mail address will be informed via e-mail.

The RPSGB's website will display an updated register including those persons temporarily transferred to the practising part so that employers and members of the public are aware of the change of registration status.

Pharmacists must check they have been transferred to the practising part of the register and must not practise while still on the non-practising register.

Where do I go for more information on swine flu or the contingency plan?

If you do not currently receive e-mail communications from the RPSGB please submit your e-mail address via www.rpsgb.org/flu in order to be kept up-to-date with information on matters relating to the profession including the flu pandemic.

If you have any enquiries on swine flu specifically, email the RPSGB at pandemicflu@rpsgb.org.

For the most up-to-date information on swine flu and alert levels, please visit:

[World Health Organization](#)

England

[Health Protection Agency](#)

[Department of Health](#)

[DH Central Alerting System](#)

[NHS Choices](#)

[NHS Direct](#)

Scotland

[Health Protection Scotland](#)

[Scottish Government \(Health & Community Care\)](#)

[NHS24](#)

Wales

[National Public Health Service for Wales](#)

[Department for Health & Social Services \(Wales\)](#)

[NHS Direct Cymru](#)

Pharmacy delivery drivers are understandably unhappy delivering medicines to swine flu patients if this involves close contact at the point of delivery. The patient is happy to have a delivery via the letterbox. Will the Code of Ethics requirement for a “verifiable audit trail” be fulfilled?

Under all normal circumstances medicines must not be posted through a letterbox. However, the circumstances of a pandemic flu are exceptional and pharmacists must make the care of patients their first concern.

A pharmacist must exercise their professional judgement in deciding whether a patient’s medicines should be posted through a letterbox, and be able to justify their decisions.

Pharmacists must consider and explore any alternative delivery methods that are available, for example whether there is a flu friend who could collect the medicines on behalf of the patient. The consent of the patient, their carer or other designated person must be obtained prior to posting medicines through a letterbox.


Consideration must be given to:

- Whether there are any young children or pets at the residence; if there are the pharmacist is advised to speak to the patient, their carer or flu friend to ensure appropriate precautions are taken so that the medicines are not taken by the children or pets.
- The records the pharmacy should keep in lieu of a signature from the recipient, to show a complete audit trail.

What is the process for reporting suspected side-effects to H1N1 swine flu antivirals?

As of 6 July, a system was put in place for reporting suspected side-effects to the H1N1 swine flu antivirals, Tamiflu and Relenza.

The Medicines and Healthcare products Regulatory Agency (MHRA), who are responsible for ensuring that medicines and medical devices in the UK work and are acceptably safe, collect information on suspected side-effects from healthcare professionals and members of the public via their national reporting system, the Yellow Card Scheme. However, a separate system has been implemented for reporting suspected side-effects to Tamiflu and Relenza - the [Swine Flu ADR Portal](#).

All healthcare professionals have been issued with a  [letter](#) from the MHRA providing them with information about the new Portal and how to report any suspected side-effects to Tamiflu and Relenza.

My pharmacy is being used as an Antiviral Collection Point for the PCT. The PCT has advised that I do not have to label the antivirals as I normally would when supplying a prescription only medicine (POM) against a prescription, is this correct?

Yes, this is correct.

Under normal circumstances, when a medicinal product is dispensed against a legally valid prescription, (or patient group direction) it must be labelled in accordance with the requirements of the law. The information that must be included on the label

can be found on page 23 of the Medicines, Ethics and Practice guide
www.rpsgb.org/pdfs/MEP33s1-2a.pdf .

However, when your pharmacy is acting as an Antiviral Collection Point, the full labelling requirements do not apply to the antiviral medicines. When you are acting as an antiviral collection point you do so outside of your core pharmaceutical services contracts, i.e. it is not a required service and you are not obliged to provide it. Medicines legislation has been changed so that when antivirals are provided under an authorised protocol a prescription is not required and the provisions that require a POM to be supplied from a pharmacy are set aside. Many local schemes are using vouchers, unique reference numbers and / or FP10s with 'convenience stationery' written on them – these are not legal prescriptions and therefore the labelling requirements under the Medicines Act do not apply.

You should contact your local PCT who will advise how the collection points in their locality should label the antiviral.

I have a prescription / authorisation to supply an anti-viral medicine for a child under 1 year, do I need to contact the prescriber to make them aware that this is an unlicensed medicine?

In the current situation unlicensed anti-viral preparations, and licensed anti-viral medicines for use outside the terms of their licence are being used for the treatment of children.

The pharmacist should use their professional judgement to decide whether or not it is necessary to contact the prescriber in order to establish that they are fully aware that they have prescribed an unlicensed medicine. The supply of unlicensed anti-viral medicines for infants is part of the national protocol for pandemic flu, and this should be taken into account when deciding whether or not to contact the doctor. Healthcare professionals involved with the prescribing and supply of anti-viral medicines are likely to be fully aware of the status of these medicines in the current situation.

If a pharmacist has a particular concern about the prescribing of an unlicensed anti-viral medicine for an infant they should exercise their professional judgement to decide whether to contact the prescriber.

A parent who has obtained an anti-viral medicine for their child via the internet comes into your pharmacy and asks what dose they should give to their young child or baby. What advice do you give?

The national protocols for the supply of anti-virals can be viewed in the following documents. They contain details of the doses that should be given to particular persons:

Doses for Oseltamivir for children can be found in the following national protocols

XXXX Insert following attached pdf documents here XXXX

- **NATIONAL PROTOCOL - Oseltamivir Oral Solution v-2 20 Jul 09;**
- **NATIONAL PROTOCOL - Oseltamivir 30mg 45mg Children v-2 20 Jul 09,**

Doses for Oseltamivir for adults can be found in the following national protocols:

XXXX Insert following attached pdf documents here XXXX

- **NATIONAL PROTOCOL - Oseltamivir 75mg Adult v-2 20 Jul 09,**

Doses for Relenza for children over 5 years old and adults can be found in the following national protocols:

XXXX Insert following attached pdf documents here XXXX

- **NATIONAL PROTOCOL – Relenza v-2 20 Jul 09;**

Someone has been prescribed Tamiflu capsules, or is asking on behalf of someone else who has, asks for advice when the patient is unable to swallow capsules and the oral suspension is unavailable. What advice can I give?

You can give the following advice:

During situations when commercially manufactured Tamiflu oral suspension is not readily available, adults, adolescents or children who are unable to swallow capsules may receive appropriate doses of Tamiflu by opening capsules and pouring the contents of capsules into a suitable, small amount (1 teaspoon maximum) of sweetened food product such as regular or sugar-free chocolate syrup, honey (only for children two years or older), light brown or table sugar dissolved in water, dessert toppings, sweetened condensed milk, apple sauce or yogurt to mask the bitter taste. The mixture should be stirred and the entire contents given to the patient. The mixture must be swallowed immediately after its preparation.

For patients requiring 30 – 60 mg doses, please follow these instructions to ensure proper dosing.

- 1. Hold one Tamiflu 75 mg capsule over a small bowl, carefully pull the capsule open and pour the powder into the bowl.
- 2. Add 5 ml water to the powder using a syringe with markings (called a "graduated syringe") to show how much fluid has been drawn up. Stir for about two minutes.
- 3. Draw up into the syringe the correct amount of mixture from the bowl. See the table below to determine the correct amount of mixture, based upon the patient's weight. It is not necessary to draw up any undissolved white powder as this is inert material. Push down on the plunger of the syringe, to empty its entire contents into a second bowl. Discard any unused mixture.

For patients of body weight less than or equal to 15 kg the recommended dose 2ml (equal to 30mg).

For patients of body weight more than 15 kg and up to 23 kg the recommended dose 3ml (equal to 45mg).

For patients of body weight more than 23 kg and up to 40 kg the recommended dose 4ml (equal to 60mg).

- 4. The recommended dose is 30 mg, 45 mg or 60 mg twice daily for 5 days for treatment, and once daily for prevention
- 5. In the second bowl, add a suitable, small amount (1 teaspoon maximum) of sweetened food product to the mixture (to mask the bitter taste) and mix well.
- 6. Stir this mixture and give the entire contents of the second bowl to the patient. This mixture must be swallowed immediately after its preparation. If there is some mixture left inside the bowl, rinse the bowl with a small amount of water and have the patient drink this remaining mixture.

For patients requiring 75 mg dose, please follow these instructions.

- 1. Hold one 75 mg capsule over a small bowl, carefully pull the capsule open and pour the powder into the bowl.

- 2. Add a suitable, small amount (1 teaspoon maximum) of sweetened food product (to mask the bitter taste) to the bowl and mix well.
- 3. Stir the mixture and give the entire contents of the bowl to the patient. The mixture must be swallowed immediately after its preparation. If there is some mixture left inside the bowl, rinse the bowl with a small amount of water and have the patient drink this remaining mixture.