

Guidance on use of prophylaxis in the treatment phase of the H1N1v pandemic

Indications

Prophylaxis should not ordinarily be given to the contact of a case of H1N1v infection. However, clinical judgement should be used where risk is identified to particularly vulnerable individuals. In particular prophylaxis may be considered in the following circumstances:

- **Prophylaxis in household settings**

Where there is close prolonged contact in a household setting by someone belonging to a higher risk group with a case of H1N1v infection;

- **Prophylaxis in institutional settings**

Control of disease in an institutional setting, where people at high risk of the complications of influenza live in close proximity to each other sharing common facilities.

Prophylaxis in household settings

The decision to provide prophylaxis to a close contact of a case of influenza in a household setting should be considered if the contact is at particularly high risk of complications from influenza and the likelihood of exposure to the case while infectious is high. The decision should be taken by the primary care clinician, with the assistance of another appropriate expert clinician where necessary (e.g. paediatrician, renal physician, specialist caring for a patient with immunodeficiency).

Close prolonged contact

Examples of close prolonged contact would be persons living and/or sleeping in the same household, pupils in the same dormitory, and boy/girlfriends.

Higher-risk groups

The higher-risk groups shown in the table should be considered for prophylaxis if they are a close prolonged contact in a household setting with a case of H1N1v influenza.

Prophylaxis in institutional settings

Prophylaxis for the prevention or control of infection in an institutional setting where people live in close proximity to each other sharing common facilities, such as a nursing homes may be considered, where at least some of the people who share the facility belong to one, or more, of the higher risk groups.

The decision to provide prophylaxis for control of disease in an institutional setting should be made on a case-by case basis and should usually be made by the local health protection unit.

Children in special schools may be at higher risk of an adverse outcome from H1N1v influenza due to their underlying conditions. When cases of H1N1v influenza occur in a special school, particular consideration should be given to the risks to the other children attending that school. This assessment should be undertaken in association with the local HPU.

Prophylaxis in higher-risk groups

Risk group	Recommended medicine
Long-term lung disease	Oseltamivir
Long-term kidney disease	Zanamivir (if on renal replacement or if GFR < 30ml/min), otherwise Oseltamivir may be used
Long-term neurological disease	Oseltamivir
Long-term liver disease	Oseltamivir
Long-term heart disease	Oseltamivir
Children under 5 years of age*	Oseltamivir
People over 65	Oseltamivir
Immunosuppressed (whether caused by disease or treatment)	Oseltamivir
Diabetes mellitus	Oseltamivir
Patients who have had drug treatment for asthma within the past three year	Oseltamivir (Caution in the use of zanamivir - risk of induction of bronchospasm)
Pregnant women	Zanamivir

* **Note:** the committee [for Medicinal Products for Human Use (CHMP)] agreed that there is enough evidence to support the use of the oseltamivir for the treatment in children younger than one year of age. The committee noted that there is less evidence to support the use of oseltamivir for the prevention of influenza. Therefore doctors should carefully consider the benefits and risks for each infant.

It is, therefore, recommended that prophylaxis should only be given to a child under one year of age when another significant health condition is also present.