HAUTE AUTORITÉ DE SANTÉ

INFECTIOUS DISEASES
New indication
June 2017

BRIEF SUMMARY OF THE TRANSPARENCY COMMITTEE OPINION

TAMIFLU (oseltamivir), antiviral neuraminidase inhibitor

Insufficient clinical benefit in the curative treatment of influenza in infants under 1 year of age during ordinary flu epidemics

Main points

- TAMIFLU has Marketing Authorisation in the treatment of influenza in full-term newborns up to 1 year of age, with typical influenza symptoms when the virus is circulating.
- Its efficacy has not been established in children < 1 year of age. It was extrapolated from data observed in older children and adults.
- There are uncertainties as for the risk of toxicity and resistance to oseltamivir in this age range, in particular in those under 2 weeks of age.
- Flu vaccination is the most effective preventative measure against infection and its complications.

Pre-existing indications*

TAMIFLU has the same indication in adults and in post-exposure prophylaxis of influenza in subjects ≥ 1 year following contact with a clinically diagnosed case of influenza, in the virus circulation period and in infants < 1 year during an influenza pandemic.

Therapeutic strategy

- Flu vaccination is the most effective preventative measure against infection and its complications. It is recommended in adults and children, including full-term newborns, at risk of complications and healthcare professionals (*cf*. French High Council for Public Health [Haut Conseil de la Santé Publique] guidelines).
  In patients with influenza-like illness, the standard symptomatic treatment is not specific and is based on the combination of analgesics/antipyretics. The role of neuraminidase inhibitors in the therapeutic strategy for symptomatic treatment of influenza during ordinary epidemics is limited.
  Prescription of an antiviral treatment to all patients suspected to have influenza is not routine.
- Treatment is recommended regardless of the patient's immunisation status and should be started as soon as possible, without waiting for the results of virological tests.
- **Role of the proprietary medicinal product in the therapeutic strategy**
  In the absence of demonstrated efficacy, the frequency of adverse effects and uncertainties about the risk of toxicity and resistance to oseltamivir in infants < 1 year, TAMIFLU is not recommended in the curative treatment of full-term newborn infants and children < 1 year, with typical influenza symptoms when the virus is circulating.
  Flu vaccination for all infants at risk is recommended.

Clinical data

- The initial evaluation data of oseltamivir had shown low efficacy on a symptomatic criterion (reduction of duration of influenza by about 1 day) in the context of a curative influenza treatment in adults and children over 1 year of age with no particular severity factor.
- No clinical study has been conducted to evaluate the efficacy of TAMIFLU in infants < 1 year. Only pharmacokinetic and pharmacodynamic data are available. No data are available on newborn infants below 2 weeks of age.

* This summary does not cover these indications or in case of influenza pandemic.

- The safety profile was overall similar to that established in older children. Diarrhea and onediaper rash were most commonly reported in infants < 1 year. Studies reported common adverse events (in nearly half of infants), mostly digestive and respiratory.
  The data obtained from the only extrapolation of data suggest a higher toxicity in newborns, for which strong interindividual variability was observed.
- Concerns persist about the emergence of resistance to oseltamivir in infants under 1 year of age.

Benefit of the medicinal product

- The actual clinical benefit* of TAMIFLU is insufficient to justify reimbursement by National Health Insurance in the curative treatment of influenza in infants under 1 year of age during ordinary flu epidemics.
- Does not recommend inclusion on the list of reimbursable products for supply by pharmacists and for hospital use.

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This document was created on the basis of the Transparency Committee Opinion of 07 June 2017 (CT-15861) and is available at **www.has-sante.fr**

* The actual clinical benefit (ACB) of a medicinal product describes its benefit primarily in terms of its clinical efficacy and the seriousness of the condition being treated. The HAS Transparency Committee assesses the ACB, which can be substantial, moderate, low or insufficient for reimbursement of the medicinal product for hospital use.